

Approvals and Denials

Information below is a detailed view of services that were requested prior authorizations with approval and denial rates by specific service code or APS group. Denial reasons explain why a service or APS group that was requested was not approved. Molina authorization data includes APS in the service code data field. APS is a bundle of same or similar codes. We authorize services in groups for certain procedures and for hospital stays. This is done to reduce provider administrative burden to match claim exactly to single code authorizations. APS service code groups allow us to pay the claim when the claim is billed within the APS group range instead of the specific code. Please refer to [Pre-Authorization Statistic Abbreviation Guide](#) to view the descriptions of the APS abbreviations.

Service Code	Service Code Description	APS Service Code Group Description	APPROVED	DENIED	Total Prior Authorizations
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY		1	0	1
APPROVED			1	0	1
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES		6	32	38
APPROVED			6	0	6
DENIED			0	32	32
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	2	2
0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK CCOB		1	0	1
APPROVED			1	0	1
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE		1	0	1

APPROVED			1	0	1
0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR		1	0	1
APPROVED			1	0	1
0054T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES		1	0	1
APPROVED			1	0	1
00630	ANESTHESIA LUMBAR REGION NOS		1	0	1
APPROVED			1	0	1
0080U	ONC LUNG 5 CLINICAL RISK FACTORS ALG PRBLTY MAL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS		1	0	1
APPROVED			1	0	1
0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG		1	0	1
APPROVED			1	0	1
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS		1	0	1
APPROVED			1	0	1
0088U	TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG		0	2	2
DENIED			0	2	2
Denied Appeal Denial Upheld			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0121			1	0	1
APPROVED			1	0	1

0124			62	1	63
APPROVED			62	0	62
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0126			11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT		2	0	2
APPROVED			2	0	2
01440	ANES ARTERIES OF KNEE AND POPLITEAL AREA NOS		2	0	2
APPROVED			2	0	2
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS		2	0	2
APPROVED			2	0	2
0171	Nursery - Newborn - Level I		18	2	20
APPROVED			18	0	18
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0172	Nursery - Newborn - Level II		40	2	42
APPROVED			40	0	40
DENIED			0	2	2

Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0172U	ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG		0	1	1
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
0173	Nursery - Newborn - Level III		26	3	29
APPROVED			26	0	26
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
0174	Nursery - Newborn - Level IV		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAP "		1	0	1
APPROVED			1	0	1
0191T	ANT SEGMENT INSERTION DRAINAGE W/O RESERVOIR INT		1	0	1
APPROVED			1	0	1
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL		2	0	2
APPROVED			2	0	2
01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTI		1	0	1

APPROVED			1	0	1
01937	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP CRV/TURC		1	0	1
APPROVED			1	0	1
0200			4	0	4
APPROVED			4	0	4
0206			3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied for Hospital Late Notification per Contract			0	1	1
0210			1	0	1
APPROVED			1	0	1
0214			2	0	2
APPROVED			2	0	2
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION		1	0	1
APPROVED			1	0	1
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311 Plex		3	22	25
APPROVED			3	0	3
DENIED			0	22	22
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	8	8
0242U	TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74		3	23	26
APPROVED			3	0	3

DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	1	1
0244U	ONC SOLID ORGN DNA COMPRE GENOMIC PRFLG 257 GENE		5	4	9
APPROVED			5	0	5
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
0275T	PERC LAMINO- /LAMINECTOMY INDIR IMAG GUIDE LUMBAR		5	0	5
APPROVED			5	0	5
0326U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83 Plus		3	12	15
APPROVED			3	0	3
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
Experimental Service or Procedure			0	3	3
0334U	ONC SLD ORGN TGSA FFPE TUM TISS DNA 84/ Plus GEN		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0402T	COLLAGEN CROSS-LINKING CORNEA and PACHYMETRY		2	0	2
APPROVED			2	0	2

0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W/US GDN RF	4	0	4
APPROVED		4	0	4
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 60CM	2	0	2
APPROVED		2	0	2
0499T	CYSTO W/DIL and URTL RX DEL F/URLT STRIX/STENOSIS	1	0	1
APPROVED		1	0	1
0502T	COR FFR DERIVED CTA DATA PREP AND TRANSMIS	2	0	2
APPROVED		2	0	2
0503T	COR FFR CTA DATA ALYS AND GNRJ ESTIMATED FFR MODEL	2	0	2
APPROVED		2	0	2
0504T	COR FFR CTA DATA REVIEW W/INTERPJ and FINAL REPORT	2	0	2
APPROVED		2	0	2
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	3	0	3
APPROVED		3	0	3
0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	2	0	2
APPROVED		2	0	2
0539T	CAR-T THERAPY RECEIPT and PREP CAR-T CELLS F/ADMN	2	0	2
APPROVED		2	0	2
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	4	0	4
APPROVED		4	0	4
0550		0	1	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
0648T	QUAN MR ALYS TISS COMPJ W/O MRI SAME SESS 1ORGN		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
Experimental Service or Procedure			0	1	1
0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT		1	0	1
APPROVED			1	0	1
0905			15	0	15
APPROVED			15	0	15
0906			3	0	3
APPROVED			3	0	3
0912			31	2	33
APPROVED			31	0	31
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
0913			3	0	3
APPROVED			3	0	3
0915			5	0	5
APPROVED			5	0	5
10005	FINE NEEDLE ASPIRATION BX W/IIS GDN 1ST LESION		3	2	5
APPROVED			3	0	3

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
1002			55	0	55
APPROVED			55	0	55
10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION		1	0	1
APPROVED			1	0	1
10040	Acne surgery		2	0	2
APPROVED			2	0	2
10120	INCISION AND REMOVAL FOREIGN BODY SUBQ TISS SAMPLE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
10180	INCISION AND DRAINAGE COMPLEX PO WOUND INFECTION		1	0	1
APPROVED			1	0	1
11001	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10 RCT, PRX CURE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM OR LT		19	9	28
APPROVED			19	0	19
DENIED			0	9	9
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied for No Pre- authorization			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	2	2
11043	DEBRIDEMENT MUSCLE and FASCIA 20 SQ CM OR LT		20	6	26
APPROVED			20	0	20
DENIED			0	6	6
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
11044	DEBRIDEMENT BONE MUSCLE and /FASCIA 20 SQ CM OR LT		21	6	27
APPROVED			21	0	21
DENIED			0	6	6
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
11045	DBRDMT SUBCUTANEOUS TISSUE FA ADDL 20 SQ CM		19	6	25
APPROVED			19	0	19
DENIED			0	6	6
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1

11046	DEBRIDEMENT MUSCLE and /FASCIA EA ADDL 20 SQ CM	22	6	28
APPROVED		22	0	22
DENIED		0	6	6
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Non Participating Provider		0	1	1
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	19	5	24
APPROVED		19	0	19
DENIED		0	5	5
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	1	1
11104	PUNCH BIOPSY SKIN SINGLE LESION	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
11406	EXC B9 LESION MRGN XCP SK TG T/A/L GT 4.0 CM	1	0	1
APPROVED		1	0	1
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1

11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M GT 4.0CM	1	0	1
APPROVED		1	0	1
11471	EXCISION H/P/P/U COMPLEX REPAIR	1	0	1
APPROVED		1	0	1
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM OR LT	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
11626	EXCISION MALIGNANT LESION S/N/H/F/G GT 4.0 CM	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	1	0	1
APPROVED		1	0	1
11721	DEBRIDEMENT NAIL ANY METHOD 6 OR GT	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Denied Non Participating Provider			0	1	1
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
11760	REPAIR NAIL BED		1	0	1
APPROVED			1	0	1
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
11970	REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT		2	0	2
APPROVED			2	0	2
11981	INSERTION DRUG DELIVERY IMPLANT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
11982	REMOVAL NON- BIODEGRADABLE DRUG DELIVERY IMPLANT		2	0	2
APPROVED			2	0	2
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
12037	REPAIR INTERMEDIATE S/A/T/E GT 30.0 CM		2	0	2
APPROVED			2	0	2
12052	REPAIR INTERMEDIATE F/E/E/N/L and /MUC 2.6-5.0 CM		2	0	2
APPROVED			2	0	2

13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM OR LT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM OR LT	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTEN/COMBUC	1	0	1
APPROVED		1	0	1
14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM OR LT	1	0	1
APPROVED		1	0	1
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM OR LT	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1- 30.0 SQ CM	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Not a Covered Benefit		0	1	1
14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM OR LT	2	0	2
APPROVED		2	0	2
14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	1	0	1
APPROVED		1	0	1
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	2	3	5
APPROVED		2	0	2
DENIED		0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Not a Covered Benefit			0	1	1
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT		2	0	2
APPROVED			2	0	2
15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT		1	0	1
APPROVED			1	0	1
15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT		1	0	1
APPROVED			1	0	1
15100	SPLIT AGRFT T/A/L 1ST 100 CM/ and /1 PCT BDY INFT/CLUB		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1 PCT BDY INFT/CHLD	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
15110	EPIDRM AGRFT T/A/L 1ST 100 CM/ and /1 PCT BDY INFT/CHLD	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1 PCT BDY INFT/CHLD	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM OR LT	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM OR LT	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Not a Covered Benefit		0	1	1
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F FACCM OR LT	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

Denied Not a Covered Benefit			0	1	1
15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM OR LT		3	0	3
APPROVED			3	0	3
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM OR LT 1ST 25		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM		1	0	1
APPROVED			1	0	1
15274	APP SKN SUB GRFT T/A/L AREA GT or equal to 100SCM ADL 100C		2	0	2
APPROVED			2	0	2
15275	SUB GRFT F/S/N/H/F/G/M/D LT 100SQ CM 1ST 25 SQ CM		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
15733	MUSC MYOQ/FSCQ FLAP HEAD and NECK W/NAMED MASS RECON		3	0	3
APPROVED			3	0	3
15734	MUSC MYOCUTANEOUS/FASCIOCUT ANEOUS FLAP TRUNK		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1

15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	1	0	1
APPROVED		1	0	1
15750	FLAP NEUROVASCULAR PEDICLE	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MYOC ANAST	1	0	1
APPROVED		1	0	1
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	2	0	2
APPROVED		2	0	2
15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	14	1	15
APPROVED		14	0	14
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
15770	GRAFT DERMA-FAT-FASCIA	2	0	2
APPROVED		2	0	2
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	41	1	42
APPROVED		41	0	41
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	4	0	4
APPROVED		4	0	4
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	11	0	11

APPROVED			11	0	11
15781	DERMABRASION SEGMENTAL FACE		1	0	1
APPROVED			1	0	1
15789	CHEMICAL PEEL FACIAL DERMAL		1	0	1
APPROVED			1	0	1
15820	BLEPHAROPLASTY LOWER EYELID		1	0	1
APPROVED			1	0	1
15822	BLEPHAROPLASTY UPPER EYELID		1	0	1
APPROVED			1	0	1
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN		19	2	21
APPROVED			19	0	19
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
15830	EXCISION SKIN ABD INFRAUMBILICAL DANNULECTOMY		6	3	9
APPROVED			6	0	6
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT		8	0	8

APPROVED			8	0	8
15877	SUCTION ASSISTED LIPECTOMY TRUNK		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
17004	DESTRUCTION PREMALIGNANT LESION 15 OR GT		3	0	3
APPROVED			3	0	3
17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE LT 10CM		1	0	1
APPROVED			1	0	1
17108	DSTRJ CUTANEOUS VASCULAR LESIONS GT 50.0 50 CM		1	0	1
APPROVED			1	0	1
17110	DESTRUCTION BENIGN LESIONS UP TO 14		1	0	1
APPROVED			1	0	1
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE		1	0	1
APPROVED			1	0	1
17999	UNLISTED PX SKIN MUC MEMBRANE AND SUBQ TISSUE		1	0	1
APPROVED			1	0	1
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES		1	0	1
APPROVED			1	0	1
19300	MASTECTOMY GYNECOMASTIA		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

19301	MASTECTOMY PARTIAL	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
19303	MASTECTOMY SIMPLE COMPLETE	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS	2	0	2
APPROVED		2	0	2
19316	MASTOPEXY	4	0	4
APPROVED		4	0	4
19318	BREAST REDUCTION	28	3	31
APPROVED		28	0	28
DENIED		0	3	3
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
19325	BREAST AUGMENTATION WITH IMPLANT	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
19328	REMOVAL INTACT BREAST IMPLANT	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1

19330	RMVL RUPTURED BREAST IMPLANT W/IMPLANT	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	4	0	4
APPROVED		4	0	4
19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	15	0	15
APPROVED		15	0	15
19350	NIPPLE/AREOLA RECONSTRUCTION	9	3	12
APPROVED		9	0	9
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Not a Covered Benefit		0	1	1
19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	9	0	9
APPROVED		9	0	9
19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	1	0	1
APPROVED		1	0	1
19364	BREAST RECONSTRUCTION W/ERFF FLAP	8	2	10
APPROVED		8	0	8
DENIED		0	2	2

Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
19370	REVISION PERI-IMPLANT CAPSULE BREAST		6	0	6
APPROVED			6	0	6
19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE		5	0	5
APPROVED			5	0	5
19380	REVISION OF RECONSTRUCTED BREAST		12	2	14
APPROVED			12	0	12
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
19499	UNLISTED PROCEDURE BREAST		2	0	2
APPROVED			2	0	2
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE		1	0	1
APPROVED			1	0	1
20225	BIOPSY BONE TROCAR/NEEDLE DEEP		1	0	1
APPROVED			1	0	1
20245	BIOPSY BONE OPEN DEEP		1	0	1
APPROVED			1	0	1
20550	INJECTION 1 TENDON SHEATH/LIGAMENT ARONEUROLOGIC		1	0	1
APPROVED			1	0	1
20553	INJECTION SINGLE/MLT TRIGGER POINT 3 OR GT MUSCLES		2	0	2
APPROVED			2	0	2
20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES		11	5	16

APPROVED			11	0	11
DENIED			0	5	5
Denied Additional Therapies			0	1	1
Denied Benefit limits exceeded			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES		8	4	12
APPROVED			8	0	8
DENIED			0	4	4
Denied Additional Therapies			0	1	1
Denied Benefit limits exceeded			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
20610	ARTHROCENTESIS ASPIR and /INJ MAJOR JT/BURSA W/O US		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
20611	ARTHROCENTESIS ASPIR and /INJ MAJOR JT/BURSA W/US		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
20660	APPL CRANIAL TONG/STRCTC FRAME W/REMOVAL CRV		1	0	1
APPROVED			1	0	1

20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL		1	0	1
APPROVED			1	0	1
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE		1	0	1
APPROVED			1	0	1
20680	REMOVAL IMPLANT DEEP		7	4	11
APPROVED			7	0	7
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM		2	0	2
APPROVED			2	0	2
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES		2	0	2
APPROVED			2	0	2
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE		1	0	1
APPROVED			1	0	1

20920	FASCIA LATA GRAFT BY STRIPPER		1	0	1
APPROVED			1	0	1
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED		46	7	53
APPROVED			46	0	46
DENIED			0	7	7
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	3	3
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION		22	5	27
APPROVED			22	0	22
DENIED			0	5	5
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	2	2
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION		4	1	5
APPROVED			4	0	4
DENIED			0	1	1

Denied Additional Information Not Received			0	1	1
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY		13	3	16
APPROVED			13	0	13
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE		4	0	4
APPROVED			4	0	4
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL		1	0	1
APPROVED			1	0	1
21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM OR GT		1	0	1
APPROVED			1	0	1
21025	EXCISION BONE MANDIBLE		1	0	1
APPROVED			1	0	1
21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL and CURT		1	0	1

APPROVED			1	0	1
21050	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SURV		1	0	1
APPROVED			1	0	1
21080	IMPRESSION AND PREP DEFINITIVE OBTURATOR PROSTHESIS		1	0	1
APPROVED			1	0	1
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT		3	0	3
APPROVED			3	0	3
21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF LT		1	0	1
APPROVED			1	0	1
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF GT 40 LT 80		1	0	1
APPROVED			1	0	1
21184	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF GT 80SQ		1	0	1
APPROVED			1	0	1
21188	RCNSTJ MDFC OTH/THN LEFORT OSTEOT and BONE GRAFTS		1	0	1
APPROVED			1	0	1
21196	RCNSTJ MNDBLR RAMI and /BDY SGTI SPLT W/INT RGD FI		1	0	1
APPROVED			1	0	1
21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS		2	0	2
APPROVED			2	0	2
21215	GRAFT BONE MANDIBLE		1	0	1

APPROVED			1	0	1
21230	GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR		1	0	1
APPROVED			1	0	1
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR		2	0	2
APPROVED			2	0	2
21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE		3	0	3
APPROVED			3	0	3
21245	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL		2	0	2
APPROVED			2	0	2
21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRA CRANIAL		1	0	1
APPROVED			1	0	1
21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC		2	0	2
APPROVED			2	0	2
21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT		2	0	2
APPROVED			2	0	2
21501	I and D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL LT SCM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

21600	EXCISION RIB PARTIAL		3	0	3
APPROVED			3	0	3
21615	EXCISION 1ST and /CERVICAL RIB		2	0	2
APPROVED			2	0	2
21627	Sternal debridement		1	0	1
APPROVED			1	0	1
21743	REPAIR PECTUS EXCAVATM/CARINATM MINIM W/TUBS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM OR GT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM TUBS		1	0	1
APPROVED			1	0	1
22220	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM CRV		2	0	2
APPROVED			2	0	2
22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR		2	0	2
APPROVED			2	0	2
22226	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA APPR		2	0	2
APPROVED			2	0	2
22325	OPTX and /RDCTJ VRT FX and /DISLC PST 1 VRT SGM LM		2	0	2
APPROVED			2	0	2

22328	OPTX and /RDCTJ VRT FX and /DISLC PST 1 VRT SGM EA	1	0	1
APPROVED		1	0	1
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	2	0	2
APPROVED		2	0	2
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THOR/LMBR	1	0	1
APPROVED		1	0	1
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	45	7	52
APPROVED		45	0	45
DENIED		0	7	7
Denied Additional Information Not Received		0	1	1
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Non Participating Provider		0	1	1
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL INTERDY	31	5	36
APPROVED		31	0	31
DENIED		0	5	5
Denied Additional Information Not Received		0	1	1

Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2		4	0	4
APPROVED			4	0	4
22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR		33	4	37
APPROVED			33	0	33
DENIED			0	4	4
Denied Non Participating Provider			0	4	4
22585	ARTHRD ANT NTRBD MIN DSC FA ADDL INTERSPACE		16	1	17
APPROVED			16	0	16
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT		8	0	8
APPROVED			8	0	8
22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC		2	0	2
APPROVED			2	0	2
22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR		38	3	41
APPROVED			38	0	38
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	2	2

22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	28	2	30
APPROVED		28	0	28
DENIED		0	2	2
Denied Additional Information Not Received		0	1	1
Denied Non Participating Provider		0	1	1
22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
22632	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC EA ADDL	1	0	1
APPROVED		1	0	1
22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	20	1	21
APPROVED		20	0	20
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	6	0	6
APPROVED		6	0	6
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM		1	0	1
APPROVED			1	0	1
22830	EXPLORATION SPINAL FUSION		6	0	6
APPROVED			6	0	6
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION		20	3	23
APPROVED			20	0	20
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG		22	2	24
APPROVED			22	0	22
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS		23	6	29
APPROVED			23	0	23
DENIED			0	6	6

Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS		9	2	11
APPROVED			9	0	9
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	1	1
22848	PELVIC FIXATION OTHER THAN SACRUM		1	0	1
APPROVED			1	0	1
22849	REINSERTION SPINAL FIXATION DEVICE		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION		2	0	2
APPROVED			2	0	2
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION		2	0	2
APPROVED			2	0	2
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHR		49	10	59
APPROVED			49	0	49
DENIED			0	10	10

Denied Additional Information Not Received			0	1	1
Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	4	4
22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRP		5	0	5
APPROVED			5	0	5
22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL		3	0	3
APPROVED			3	0	3
22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
22869	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL		0	1	1
DENIED			0	1	1
Experimental Service or Procedure			0	1	1
22870	INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL		0	1	1
DENIED			0	1	1
Experimental Service or Procedure			0	1	1
22899	UNLISTED PROCEDURE SPINE		3	1	4
APPROVED			3	0	3

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ LT		2	0	2
APPROVED			2	0	2
23120	CLAVICULECTOMY PARTIAL		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE		8	0	8
APPROVED			8	0	8
23395	MUSCLE TRANSFER SHOULDER/UPPER ARM		2	0	2
APPROVED			2	0	2
23405	TENOTOMY SHOULDER AREA 1 TENDON		1	0	1
APPROVED			1	0	1
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC		15	0	15
APPROVED			15	0	15
23415	CORACOACROMIAL LIGAMENT RELEAS		1	0	1
APPROVED			1	0	1
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC		2	0	2

APPROVED			2	0	2
23430	TENODESIS LONG TENDON BICEPS		13	0	13
APPROVED			13	0	13
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR		3	0	3
APPROVED			3	0	3
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR		1	0	1
APPROVED			1	0	1
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST MANUBRIUM		1	0	1
APPROVED			1	0	1
23470	ARTHROPLASTY GLENOHUMERAL JT HEMARTHROPLASTY		1	0	1
APPROVED			1	0	1
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT		1	0	1
APPROVED			1	0	1
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT		1	0	1
APPROVED			1	0	1
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION		1	0	1
APPROVED			1	0	1

23700	MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS	10	0	10
APPROVED		10	0	10
24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	1	0	1
APPROVED		1	0	1
25315	FLEXOR ORIGIN SLIDE FOREARM and WRIST	2	0	2
APPROVED		2	0	2
25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	5	0	5
APPROVED		5	0	5
25607	OPTX DSTL RADL X-ARTIC FX/EPIDHYSL SEP	1	0	1
APPROVED		1	0	1
25609	OPTX DSTL RADL I-ARTIC FX/EPIDHYSL SEP & FRAG	1	0	1
APPROVED		1	0	1
25924	DISARTICULATION THRU WRIST RE-AMPUTATION	1	0	1
APPROVED		1	0	1
26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	1	0	1
APPROVED		1	0	1
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	1	0	1
APPROVED		1	0	1

26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA		1	0	1
APPROVED			1	0	1
26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA		1	0	1
APPROVED			1	0	1
26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR		1	0	1
APPROVED			1	0	1
27043	EXCISION TUMOR SOFT TISSUE PELVIS and HIP SUBQ 2CM OR GT		1	0	1
APPROVED			1	0	1
27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA		1	0	1
APPROVED			1	0	1
27096	INJECT SI JOINT ARTHRGPRHY and /ANES/STEROID W/IMA		76	13	89
APPROVED			76	0	76
DENIED			0	13	13
Denied Additional Information Not Received			0	3	3
Denied Elective Service - Out of Area/Non-contract residence			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
27120	ACETABULOPLASTY		1	0	1
APPROVED			1	0	1
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD		1	0	1
APPROVED			1	0	1

27125	HEMIARTHROPLASTY HIP PARTIAL		1	0	1
APPROVED			1	0	1
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT		81	3	84
APPROVED			81	0	81
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
27132	CONV PREV HIP TOT HIP ARTHRP W/VO AGRET/ALGRET		4	0	4
APPROVED			4	0	4
27134	REVJ TOT HIP ARTHRP BTH W/VO AGRET/ALGRET		2	0	2
APPROVED			2	0	2
27137	REVJ TOT HIP ARTHRP ACTBLR W/VO AGRET/ALGRET		1	0	1
APPROVED			1	0	1
27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE		1	0	1
APPROVED			1	0	1
27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA		1	0	1
APPROVED			1	0	1
27254	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL and FEM HEAD		1	0	1
APPROVED			1	0	1
27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD		1	0	1
APPROVED			1	0	1

27279	ARTHRODESIS SI JOINT PERCUTANEOUS/MIN IMAGINE	2	0	2
APPROVED		2	0	2
27280	ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRUM	1	0	1
APPROVED		1	0	1
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	3	0	3
APPROVED		3	0	3
27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	1	0	1
APPROVED		1	0	1
27327	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ LT SCM	1	0	1
APPROVED		1	0	1
27335	ARTHRT W/SYNOVCT KNE ANT and POST W/POP AREA	2	0	2
APPROVED		2	0	2
27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	1	0	1
APPROVED		1	0	1
27405	RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL	7	0	7
APPROVED		7	0	7
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC PL	2	0	2
APPROVED		2	0	2
27425	LATERAL RETINACULAR RELEASE OPEN	2	0	2
APPROVED		2	0	2
27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	6	0	6
APPROVED		6	0	6

27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	1	0	1
APPROVED		1	0	1
27430	QUADRICEPSPLASTY	2	0	2
APPROVED		2	0	2
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	1	0	1
APPROVED		1	0	1
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	2	0	2
APPROVED		2	0	2
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	1	0	1
APPROVED		1	0	1
27446	ARTHRP KNEE CONDYLE and PLATEAU MEDIAL/LAT CMPRT	19	2	21
APPROVED		19	0	19
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	197	10	207
APPROVED		197	0	197
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
Denied Non Participating Provider		0	2	2
27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	1	0	1
APPROVED		1	0	1
27486	REVJ TOTAL KNEE ARTHRP W/VO ALGRFT 1 COMPONENT	5	0	5

APPROVED			5	0	5
27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE		7	0	7
APPROVED			7	0	7
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE		1	0	1
APPROVED			1	0	1
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA		12	0	12
APPROVED			12	0	12
27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION		1	0	1
APPROVED			1	0	1
27599	UNLISTED PROCEDURE FEMUR/KNEE		1	0	1
APPROVED			1	0	1
27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG and /ANKLE		1	0	1
APPROVED			1	0	1
27665	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT		1	0	1
APPROVED			1	0	1
27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR		1	0	1
APPROVED			1	0	1
27680	TENOLYSIS FLXR/XTRNSR TENDON LEG and /ANKLE 1		2	0	2
APPROVED			2	0	2

27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	1	0	1
APPROVED		1	0	1
27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	1	0	1
APPROVED		1	0	1
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTER	1	0	1
APPROVED		1	0	1
27702	ARTHROPLASTY ANKLE W/IMPLANT	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	1	0	1
APPROVED		1	0	1
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	1	0	1
APPROVED		1	0	1
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA AND FIBULA	1	0	1
APPROVED		1	0	1
28002	I AND D BELOW FASCIA FOOT 1 BIIRSAI SPACE	1	0	1
APPROVED		1	0	1
28005	INCISION BONE CORTEX FOOT	1	0	1
APPROVED		1	0	1
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	1	0	1
APPROVED		1	0	1

28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
28035	RELEASE TARSAL TUNNEL	3	0	3
APPROVED		3	0	3
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE LT 3CM	2	0	2
APPROVED		2	0	2
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPY	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE FACIL	3	0	3
APPROVED		3	0	3
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNOVCT FOOT	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	1	0	1
APPROVED		1	0	1
28110	OSTECTOMY PRTL 5TH METAR HEAD SPY	3	2	5
APPROVED		3	0	3

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD		1	0	1
APPROVED			1	0	1
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD		2	0	2
APPROVED			2	0	2
28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANX		1	0	1
APPROVED			1	0	1
28118	OSTECTOMY CALCANEUS		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL BAND		3	0	3
APPROVED			3	0	3
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS		6	0	6
APPROVED			6	0	6
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS		6	0	6
APPROVED			6	0	6
28124	PARTIAL EXCISION BONE PHALANX TOE		6	0	6
APPROVED			6	0	6

28126	RESECTION PARTIAL/COMPLETE DUAL ANCEAL BASE EACH		1	0	1
APPROVED			1	0	1
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON		2	0	2
APPROVED			2	0	2
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON		1	0	1
APPROVED			1	0	1
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX		1	0	1
APPROVED			1	0	1
28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON		1	0	1
APPROVED			1	0	1
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR		4	0	4
APPROVED			4	0	4
28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC		2	0	2
APPROVED			2	0	2
28270	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX		3	0	3
APPROVED			3	0	3
28280	SYNDACTYLIZATION TOES		1	0	1
APPROVED			1	0	1
28285	CORRECTION HAMMERTOES		26	1	27
APPROVED			26	0	26
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE		1	0	1
APPROVED			1	0	1
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD		4	0	4
APPROVED			4	0	4
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMBRT		7	0	7
APPROVED			7	0	7
28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMBRT		5	0	5
APPROVED			5	0	5
28292	CORRJ HALLUX VALGUS W/SESMD C W/RESCJ PROX PHAL		6	0	6
APPROVED			6	0	6
28295	CORRJ HALLUX VALGUS W/SESMD C W/PROX METAR OSTEOT		1	0	1
APPROVED			1	0	1
28296	CORRJ HALLUX VALGUS W/SESMD C W/DIST METAR OSTEOT		14	0	14
APPROVED			14	0	14
28297	CORRJ HALLUX VALGUS W/SESMD C W/1METAR MEDIAL CNF		5	0	5
APPROVED			5	0	5
28298	CORRJ HALLUX VALGUS W/SESMD C W/PROX PHLNX OSTEOT		7	0	7
APPROVED			7	0	7
28299	CORRJ HALLUX VALGUS W/SESMD C W/2 OSTEOT		12	2	14

APPROVED			12	0	12
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Non Participating Provider			0	1	1
28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION		7	0	7
APPROVED			7	0	7
28302	OSTEOTOMY TALUS		1	0	1
APPROVED			1	0	1
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS		2	0	2
APPROVED			2	0	2
28306	OSTEOT W/WO LNGTH SHRT/CORR 1ST METAR		5	0	5
APPROVED			5	0	5
28308	OSTEOT W/WO LNGTH SHRT/CORR METAR XCP 1ST		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE		3	0	3
APPROVED			3	0	3
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY		1	0	1
APPROVED			1	0	1
28320	REPAIR NONUNION/MALUNION TARSAL BONES		1	0	1
APPROVED			1	0	1
28415	OPEN TREATMENT CALCANEAL FRACTURE		1	0	1
APPROVED			1	0	1

28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
28705	ARTHRODESIS PANTALAR	1	0	1
APPROVED		1	0	1
28715	ARTHRODESIS TRIPLE	2	0	2
APPROVED		2	0	2
28725	ARTHRODESIS SUBTALAR	7	0	7
APPROVED		7	0	7
28730	ARTHRODESIS MIDTARSAL/TARSOMETATARSAL MULTI/TRANSVERSE	5	0	5
APPROVED		5	0	5
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	4	0	4
APPROVED		4	0	4
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	1	0	1
APPROVED		1	0	1
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	1	0	1
APPROVED		1	0	1
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	1	0	1

APPROVED			1	0	1
28890	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA		1	0	1
APPROVED			1	0	1
28899	UNLISTED PROCEDURE FOOT/TOES		1	0	1
APPROVED			1	0	1
29075	APPLICATION CAST ELBOW FINGER SHORT ARM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Additional Therapies			0	1	1
29085	APPLICATION CAST HAND AND LOWER FOREARM GAUNTLET		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Additional Therapies			0	1	1
29305	APPLICATION HIP SPICA CAST 1 LEG		1	0	1
APPROVED			1	0	1
29325	APPL HIP SPICA CAST ONE and ONE-HALF SPICA/BOTH LEGS		1	0	1
APPROVED			1	0	1
29345	APPLICATION LONG LEG CAST THIGH-TOE		1	0	1
APPROVED			1	0	1
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE		2	0	2
APPROVED			2	0	2
29445	APPLICATION RIGID TOTAL CONTACT LEG CAST		0	1	1
DENIED			0	1	1

Denied for No Pre-authorization			0	1	1
29580	STRAPPING UNNA BOOT		1	0	1
APPROVED			1	0	1
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT		1	0	1
APPROVED			1	0	1
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND AND FING		1	0	1
APPROVED			1	0	1
29805	DIAGNOSTIC ARTHROSCOPY SHOULDER Plus - SYNOVIAL		7	0	7
APPROVED			7	0	7
29806	SURGICAL ARTHROSCOPY SHOULDER		11	0	11
APPROVED			11	0	11
29807	SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION		21	3	24
APPROVED			21	0	21
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
29820	SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY		6	0	6
APPROVED			6	0	6
29822	SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT		21	1	22
APPROVED			21	0	21
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3		34	1	35

APPROVED			34	0	34
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC		37	5	42
APPROVED			37	0	37
DENIED			0	5	5
Denied Non Participating Provider			0	5	5
29825	SURGICAL ARTHROSCOPY SHOULDER W/LSS and RESCJ		13	2	15
APPROVED			13	0	13
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM		62	5	67
APPROVED			62	0	62
DENIED			0	5	5
Denied Non Participating Provider			0	5	5
29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF		93	6	99
APPROVED			93	0	93
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	5	5
29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS		38	3	41
APPROVED			38	0	38
DENIED			0	3	3

Denied Non Participating Provider			0	3	3
29846	ARTHRS WRST EXC and /RPR TRIANG FIBROcart and JOINT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM		2	0	2
APPROVED			2	0	2
29860	ARTHROSCOPY HIP DIAGNOSTIC W/VO SYNOVIAL BY CRV		4	0	4
APPROVED			4	0	4
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOCAICRAFT		1	0	1
APPROVED			1	0	1
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOCAST		1	0	1
APPROVED			1	0	1
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT		1	0	1
APPROVED			1	0	1
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/VO SYNOVIAL BY CRV		21	0	21
APPROVED			21	0	21
29873	ARTHROSCOPY KNEE LATERAL RELEASE		3	0	3
APPROVED			3	0	3
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY		4	0	4
APPROVED			4	0	4
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX		32	0	32

APPROVED			32	0	32
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2 OR GT COMPARTMENTS		22	1	23
APPROVED			22	0	22
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTICULAR SURF		48	0	48
APPROVED			48	0	48
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX		35	1	36
APPROVED			35	0	35
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
29880	ARTHRS KNEE W/MENISCECTOMY MED and LAT W/SHAVING		75	2	77
APPROVED			75	0	75
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SURG		139	1	140
APPROVED			139	0	139
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL /LATERAL		49	0	49
APPROVED			49	0	49

29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL AND LATERAL	11	0	11
APPROVED		11	0	11
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/VO MANJ SPX	8	0	8
APPROVED		8	0	8
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIVE	5	0	5
APPROVED		5	0	5
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	66	2	68
APPROVED		66	0	66
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	2	0	2
APPROVED		2	0	2
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DEFCT	1	0	1
APPROVED		1	0	1
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	1	0	1

APPROVED			1	0	1
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED		2	0	2
APPROVED			2	0	2
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE		6	0	6
APPROVED			6	0	6
29914	ARTHROSCOPY HIP W/FEMOROPLASTY		7	0	7
APPROVED			7	0	7
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY		4	0	4
APPROVED			4	0	4
29916	ARTHROSCOPY HIP W/LABRAL REPAIR		7	0	7
APPROVED			7	0	7
29999	UNLISTED PROCEDURE ARTHROSCOPY		6	0	6
APPROVED			6	0	6
30115	EXCISION NASAL POLYP EXTENSIVE		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
30117	EXCISION/DESTRUCTION INTRANASAL LESION INT ADDD		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE		5	16	21
APPROVED			5	0	5
DENIED			0	16	16
Denied Additional Information Not Received			0	1	1

Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical			0	3	3
Denied Non Participating Provider			0	11	11
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
30150	RHINECTOMY PARTIAL		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR		1	0	1
APPROVED			1	0	1
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION		1	0	1
APPROVED			1	0	1
30465	REPAIR NASAL VESTIBULAR STENOSIS		18	4	22
APPROVED			18	0	18
DENIED			0	4	4
Denied Non Participating Provider			0	4	4
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL		6	1	7

APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
30520	SEPTOPLASTY/SUBMUCOUS RESECT W/WO CARTILAGE GRF		128	18	146
APPROVED			128	0	128
DENIED			0	18	18
Denied Additional Information Not Received			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	12	12
30560	LYSIS INTRANASAL SYNECHIA		1	0	1
APPROVED			1	0	1
30802	ABLTY SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC		2	0	2
APPROVED			2	0	2
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT CRV	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	2	2
31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	26	3	29
APPROVED		26	0	26
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
31254	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	2	0	2
APPROVED		2	0	2
31255	NASAL/SINUS NDSC W/TOTAL ETHMOIDECTOMY	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1

31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	11	2	13
APPROVED		11	0	11
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS MAX	26	5	31
APPROVED		26	0	26
DENIED		0	5	5
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	4	8	12
APPROVED		4	0	4
DENIED		0	8	8
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	5	5
31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

Denied Non Participating Provider			0	3	3
31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY		3	0	3
APPROVED			3	0	3
31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
31290	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID		3	0	3
APPROVED			3	0	3
31291	NASAL/SINUS NDSC RPR CEREBSF FLUID LEAK ETHMOID		1	0	1
APPROVED			1	0	1
31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN		1	0	1
APPROVED			1	0	1
31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS		56	2	58
APPROVED			56	0	56
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS		12	0	12
APPROVED			12	0	12
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS		11	0	11

APPROVED			11	0	11
31298	NASAL/SINUS NDSC SURG W/DILATION FRNT and SPHN SINUS		40	2	42
APPROVED			40	0	40
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
31299	UNLISTED PROCEDURE ACCESSORY SINUSES		1	0	1
APPROVED			1	0	1
31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTECAL		1	0	1
APPROVED			1	0	1
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACHE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Non Participating Provider			0	3	3
31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO TELESCOPE		2	0	2
APPROVED			2	0	2
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY		1	0	1
APPROVED			1	0	1

31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
31579	LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
31592	CRICOTRACHEAL RESECTION	1	0	1
APPROVED		1	0	1
31599	UNLISTED PROCEDURE LARYNX	2	0	2
APPROVED		2	0	2
31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	4	0	4
APPROVED		4	0	4
31615	TRACHEOBRNCHSC THRU EST TRACHS INC	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	9	4	13
APPROVED		9	0	9

DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE		1	0	1
APPROVED			1	0	1
31625	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 4 Distal Sites		2	0	2
APPROVED			2	0	2
31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM and /BRNCL		1	0	1
APPROVED			1	0	1
31630	BRNCHSC W/TRACHEAL/BRONCHIAL BIAT/CLIP BRONCHY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
31634	BRONCHOSCOPY BALLOON OCCLUSION		1	0	1
APPROVED			1	0	1
31640	BRONCHOSCOPY W/EXCISION TUMOR		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN FXC		1	0	1
APPROVED			1	0	1
31653	BRNCHSC EBUS GUIDED SAMPL 3 OR GT NODE STATION/STRUK		1	0	1
APPROVED			1	0	1

31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICAL		1	0	1
APPROVED			1	0	1
32100	THORACOTOMY WITH EXPLORATION		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
32408	CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
32442	REMOVAL LUNG PNEUMONECTOMY RESXN CCANT TRACHEA		1	0	1
APPROVED			1	0	1
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT		4	0	4
APPROVED			4	0	4
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESECT INITIAL		1	0	1
APPROVED			1	0	1
32551	TUBE THORACOSTOMY INCLUDES WATER SEAL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING		1	1	2
APPROVED			1	0	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
32601	THORSC DX LUNGS/PERICAR/MED/PLEUR AL SPACE W/O BX		1	0	1
APPROVED			1	0	1
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL		1	0	1
APPROVED			1	0	1
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL		1	0	1
APPROVED			1	0	1
32609	THORACOSCOPY WITH BIOPSIES OF PLEURA		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS		1	0	1
APPROVED			1	0	1
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE		3	0	3
APPROVED			3	0	3
32666	THORACOSCOPY W/THERA WEDGE RESEXX INITIAL UNILAT		3	0	3
APPROVED			3	0	3
32674	THORCOSCPY W/MEDIASTINL and REGIONL LYMPHDENECTOMY		3	0	3
APPROVED			3	0	3
32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS		4	0	4
APPROVED			4	0	4

32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	1	0	1
APPROVED		1	0	1
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL and VENT	14	2	16
APPROVED		14	0	14
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	2	0	2
APPROVED		2	0	2

33225	INSJ ELTRD CAR VEN SYS TM	7	0	7
	INSJ DER/PM PLS GEN			
APPROVED		7	0	7
33228	REMLV PERM PM PLS GEN	2	1	3
	W/REPL PLSE GEN 2 LEAD SYS			
APPROVED		2	0	2
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract		0	1	1
33233	REMOVAL PERMANENT	1	1	2
	PACEMAKER PULSE			
	GENERATOR ONLY			
APPROVED		1	0	1
DENIED		0	1	1
Denied Elective Service - Out of Area/Non-contract		0	1	1
33235	RMVL TRANSVNS PM ELTRD	1	0	1
	DUAL LEAD SYS			
APPROVED		1	0	1
33240	INSJ IMPLNTBL DEFIB PULSE	1	0	1
	GEN W/1 EXISTING LD			
APPROVED		1	0	1
33249	INSJ/RPLCMT PERM DFB	33	0	33
	W/TRNSVNS LDS 1/DUAL			
	QUAD			
APPROVED		33	0	33
33256	ABLATION and RCNSTJ	1	0	1
	ATRIA EXTNSV W/RVDACC			
APPROVED		1	0	1
33259	ATRIA ABLTJ and RCNSTJ	1	0	1
	W/OTHER PX EXTEN			
	W/RVDACC			
APPROVED		1	0	1
33262	RMVL IMPLTBL DFB PLSE GEN	2	0	2
	W/REPL PLSE GEN 1 LEAD			
APPROVED		2	0	2

33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	1	0	1
APPROVED		1	0	1
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	1	0	1
APPROVED		1	0	1
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/PMG	1	0	1
APPROVED		1	0	1
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/DRGMC	21	0	21
APPROVED		21	0	21
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	5	0	5
APPROVED		5	0	5
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	9	0	9
APPROVED		9	0	9
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPROCH	1	0	1
APPROVED		1	0	1
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOCORE/STENT	12	0	12
APPROVED		12	0	12
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC CIRCULR	1	0	1
APPROVED		1	0	1
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	2	0	2
APPROVED		2	0	2

33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/ANOMALY		1	0	1
APPROVED			1	0	1
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH		1	0	1
APPROVED			1	0	1
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TCL		1	0	1
APPROVED			1	0	1
33508	NDSC SURG W/VIDEO- ASSISTED HARVEST VEIN GARG		12	1	13
APPROVED			12	0	12
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
33517	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 1 VEIN		4	1	5
APPROVED			4	0	4
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
33518	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 2 VEIN		12	0	12
APPROVED			12	0	12
33519	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 3 VEIN		6	0	6
APPROVED			6	0	6
33521	CORONARY ARTERY BYP W/VEIN and ARTERY GRAFT 4 VEIN		2	0	2
APPROVED			2	0	2
33530	ROPRTJ CAB/VALVE PX GT 1 MO AFTER ORIGINAL OPERJ		2	0	2
APPROVED			2	0	2
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT		24	1	25
APPROVED			24	0	24
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS		2	0	2
APPROVED			2	0	2
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH		1	0	1
APPROVED			1	0	1
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRC		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

33863	AS-AORT GRF W/CARD BYP and AORTIC ROOT RPLCMT	1	0	1
APPROVED		1	0	1
33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYDROTHERMIA	1	0	1
APPROVED		1	0	1
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/VO BYPASS	1	0	1
APPROVED		1	0	1
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	3	0	3
APPROVED		3	0	3
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	3	0	3
APPROVED		3	0	3
33945	HEART TRANSPLANT W/VO RECIPIENT CARDIECTOMY	4	0	4
APPROVED		4	0	4
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	1	0	1
APPROVED		1	0	1
34705	EVASC RPR DPLMNT AORTO- RI-II IAC NDGET	1	0	1
APPROVED		1	0	1
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	1	0	1
APPROVED		1	0	1
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH LIMI	1	0	1
APPROVED		1	0	1
35081	DIR RPR ANEURYSM ABDOMINAL AORTA	1	0	1
APPROVED		1	0	1

35206	REPAIR BLOOD VESSEL DIRECT		1	0	1
	UPPER EXTREMITY				
APPROVED			1	0	1
35301	TEAEC W/PATCH GRF		4	0	4
	CAROTID VERTB SUBCLAV				
	NECKING				
APPROVED			4	0	4
35558	BYPASS W/VEIN FEMORAL-		1	0	1
	FEMORAL				
APPROVED			1	0	1
35606	BYP OTH/THN VEIN CAROTID-		3	0	3
	SUBCLAVIAN				
APPROVED			3	0	3
35646	BYP OTH/THN VEIN		1	0	1
	AORTOFEMORAL				
APPROVED			1	0	1
35661	BYP OTH/THN VEIN FEMORAL-		1	0	1
	FEMORAL				
APPROVED			1	0	1
35703	EXPLORATION N/FLWD SURG		1	0	1
	LOWER EXTREMITY ARTERY				
APPROVED			1	0	1
35800	EXPL PO HEMRRG		1	0	1
	THROMBOSIS/INFECT INCK				
APPROVED			1	0	1
36005	NJX PX XTR VNGRPH		0	1	1
	W/INTRO NDL/INTRACATH				
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36010	INTRO CATHETER		0	1	1
	SUPERIOR/INFERIOR VENA				
	CAVA				
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
36200	INTRODUCTION CATHETER		4	0	4
	AORTA				

APPROVED			4	0	4
36217	SLCTV CATHJ 3RD Plus ORD SLCTV THRC/BRCH/CPHLC BRNCH		1	0	1
APPROVED			1	0	1
36221	NONSLCTV CATH THOR AORTA ANGIO INTRACRANL ART		1	0	1
APPROVED			1	0	1
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART		1	0	1
APPROVED			1	0	1
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART		4	0	4
APPROVED			4	0	4
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART		5	0	5
APPROVED			5	0	5
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY		3	0	3
APPROVED			3	0	3
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY		2	0	2
APPROVED			2	0	2
36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC		1	0	1
APPROVED			1	0	1
36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT		2	0	2
APPROVED			2	0	2
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH		3	0	3

APPROVED			3	0	3
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
36247	SLCTV CATHJ 3RD Plus ORD SLCTV ABDL PEL/LXTR BRNCH		9	0	9
APPROVED			9	0	9
36248	SLCTV CATHJ EA 2ND Plus ORD ABDL PEL/LXTR ART BRNCH		2	0	2
APPROVED			2	0	2
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE		8	6	14
APPROVED			8	0	8
DENIED			0	6	6
Denied for No Pre- authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	2	2
36430	TRANSFUSION BLOOD/BLOOD COMPONENTS		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
36465	NJX NONCMPND SCLEROSANT SINGLE INCUBATED VEIN		257	6	263
APPROVED			257	0	257

DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	2	2
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPNT VEIN		143	4	147
APPROVED			143	0	143
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
36470	INJECTION SCLEROSANT SINGLE INCMPNT VEIN		54	0	54
APPROVED			54	0	54
36471	INJECTION SCLEROSANT MULTIPLE INCMPNT VEINS		209	7	216
APPROVED			209	0	209
DENIED			0	7	7
Denied Additional Information Not Received			0	1	1
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
36473	ENDOVEN ABLTJ INCMPNT VEIN MCHNCHEM 1ST VEIN		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3

36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	447	12	459
APPROVED		447	0	447
DENIED		0	12	12
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
Denied Non Participating Provider		0	3	3
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	49	2	51
APPROVED		49	0	49
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	139	8	147
APPROVED		139	0	139
DENIED		0	8	8
Denied Additional Information Not Received		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
Denied Non Participating Provider		0	1	1
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	12	0	12
APPROVED		12	0	12
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	15	25	40
APPROVED		15	0	15
DENIED		0	25	25

Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	5	5
Experimental Service or Procedure			0	1	1
36483	ENDOVEN ABLT THER CHEM ADHESIVE SBSQ VEIN		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Experimental Service or Procedure			0	1	1
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS		1	0	1
APPROVED			1	0	1
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS		3	0	3
APPROVED			3	0	3
36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 15 YR		3	0	3
APPROVED			3	0	3
36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR OR CT		3	0	3
APPROVED			3	0	3
36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR OR CT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR OR CT		5	1	6

APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36569	INSERTION PICC W/O IMG GDN 5 YR OR GT		1	0	1
APPROVED			1	0	1
36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP		1	0	1
APPROVED			1	0	1
36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
36589	RMVL TUN CVC W/O SUBQ PORT/PMP		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ		3	0	3
APPROVED			3	0	3
36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE		1	0	1
APPROVED			1	0	1
36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG AND REPT		1	0	1
APPROVED			1	0	1
36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX		3	0	3
APPROVED			3	0	3

36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS		1	0	1
APPROVED			1	0	1
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Non Participating Provider			0	1	1
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Non Participating Provider			0	1	1
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF		1	0	1
APPROVED			1	0	1
36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S AND I		11	4	15
APPROVED			11	0	11
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

Denied Non Participating Provider			0	3	3
36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIO		10	4	14
APPROVED			10	0	10
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
36903	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT		10	4	14
APPROVED			10	0	10
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
36904	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH		10	4	14
APPROVED			10	0	10
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
36905	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIO		10	4	14
APPROVED			10	0	10
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3

36906	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	10	4	14
APPROVED		10	0	10
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S and I	10	4	14
APPROVED		10	0	10
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
36908	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	10	4	14
APPROVED		10	0	10
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
36909	DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S AND I	10	4	14
APPROVED		10	0	10
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3

37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT		1	0	1
APPROVED			1	0	1
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN		1	0	1
APPROVED			1	0	1
37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS and I		3	0	3
APPROVED			3	0	3
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS and I		3	0	3
APPROVED			3	0	3
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS AND I INIT TV		1	0	1
APPROVED			1	0	1
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECT		2	0	2
APPROVED			2	0	2
37217	TCATH STENT PLACENT RETROGRAD CAROTID/INNOMINATE		1	0	1
APPROVED			1	0	1
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL		66	3	69
APPROVED			66	0	66
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT and ANGIOPLASTY		71	3	74
APPROVED			71	0	71
DENIED			0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
37222	REVASCULARIZATION ILIAC ART ANGIOPLASTY VSL		5	0	5
APPROVED			5	0	5
37223	REVSC OPN/PRQ ILIAC ART W/STNT and ANGIOPLASTY		2	0	2
APPROVED			2	0	2
37224	REVSC OPN/PRQ FEM/POP W/ANGIOPLASTY VSL		74	3	77
APPROVED			74	0	74
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOPLASTY VSL		89	3	92
APPROVED			89	0	89
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOPLASTY VSL		71	2	73
APPROVED			71	0	71
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOPLASTY VSL		85	4	89
APPROVED			85	0	85

DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY IINI		79	4	83
APPROVED			79	0	79
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL		95	3	98
APPROVED			95	0	95
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL		55	3	58
APPROVED			55	0	55
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL		63	3	66
APPROVED			63	0	63
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3

37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL		3	0	3
APPROVED			3	0	3
37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL		2	0	2
APPROVED			2	0	2
37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL		2	0	2
APPROVED			2	0	2
37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL		2	0	2
APPROVED			2	0	2
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST		1	0	1
APPROVED			1	0	1
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS AND I		1	0	1
APPROVED			1	0	1
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS AND I		1	0	1
APPROVED			1	0	1
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INEARCT		52	5	57
APPROVED			52	0	52
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE		1	0	1

APPROVED			1	0	1
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S and I 1ST VEIN		2	0	2
APPROVED			2	0	2
37252	INTRAVASCULAR US NONCORONARY RS AND I INITIAL VESSEL		2	0	2
APPROVED			2	0	2
37253	INTRAVASCULAR US NONCORONARY RS AND I ADBL VESSEL		2	0	2
APPROVED			2	0	2
37609	LIGATION/BIOPSY TEMPORAL ARTERY		1	0	1
APPROVED			1	0	1
37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN		1	0	1
APPROVED			1	0	1
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG		1	0	1
APPROVED			1	0	1
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG		1	0	1
APPROVED			1	0	1
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS		71	3	74
APPROVED			71	0	71
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
37766	STAB PHLEBT VARICOSE VEINS 1 XTR GT 20 INCS		47	2	49
APPROVED			47	0	47
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
37785	LIGJ DIVJ and /EXCJ VARICOSE VEIN CLUSTER 1 LEG		1	0	1
APPROVED			1	0	1
37799	UNLISTED PROCEDURE VASCULAR SURGERY		9	1	10
APPROVED			9	0	9
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
38120	LAPAROSCOPIC SURGICAL SPLENECTOMY		2	0	2
APPROVED			2	0	2
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN		1	0	1
APPROVED			1	0	1
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUIS		13	0	13
APPROVED			13	0	13
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC		2	0	2
APPROVED			2	0	2
38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV CTOP		4	1	5

APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
38214	TRANSPL PREPJ HEMATOP PROGEN BLSTM VOL DEPL I		1	0	1
APPROVED			1	0	1
38220	DIAGNOSTIC BONE MARROW ASPIRATIONS		5	0	5
APPROVED			5	0	5
38221	DIAGNOSTIC BONE MARROW BIOPSIES		14	0	14
APPROVED			14	0	14
38222	DIAGNOSTIC BONE MARROW BIOPSIES AND ASPIRATIONS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
38240	TRANSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
38241	TRANSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR		17	2	19
APPROVED			17	0	17
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS		1	0	1
APPROVED			1	0	1

38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL		2	0	2
APPROVED			2	0	2
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE		1	0	1
APPROVED			1	0	1
38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
38562	LMTD LMPHADEC STAGING SPX PEL AND PARA-AORTIC		5	0	5
APPROVED			5	0	5
38564	LMTD LMPHADEC STAGING SPX RPR AORTIC and /SPLENIC		2	0	2
APPROVED			2	0	2
38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MT		4	0	4
APPROVED			4	0	4
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY		8	0	8
APPROVED			8	0	8
38572	LAPS BI TOT PEL LMPHADEC AND PRI-AORTIC LYMPH BX 1		4	0	4
APPROVED			4	0	4

38573	LAPS W/BI TOT PEL LMPHADEC and OMNTC	5	0	5
APPROVED		5	0	5
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	4	0	4
APPROVED		4	0	4
38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	6	0	6
APPROVED		6	0	6
38740	AXILLARY LYMPHADENECTOMY	1	0	1
APPROVED		1	0	1
38746	THORCOM THRC W/MEDSTNL and REGIONAL LMPHADEC	1	0	1
APPROVED		1	0	1
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	5	0	5
APPROVED		5	0	5
38770	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR and ORTURATOR	2	0	2
APPROVED		2	0	2
38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC and RNL	4	0	4
APPROVED		4	0	4
38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	3	0	3
APPROVED		3	0	3
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	2	0	2
APPROVED		2	0	2
39220	RESECTION MEDIASTINAL TUMOR	2	0	2

APPROVED			2	0	2
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY		1	0	1
APPROVED			1	0	1
39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC		1	0	1
APPROVED			1	0	1
40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF		1	0	1
APPROVED			1	0	1
40819	EXC FRENUM LABIAL/BUCCAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
40844	VESTIBULOPLASTY ENTIRE ARCH		1	0	1
APPROVED			1	0	1
41010	INCISION LINGUAL FRENUM FRENOTOMY		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
41120	GLOSSECTOMY LT ONE-HALF TONGUE		1	0	1
APPROVED			1	0	1
41130	GLOSSECTOMY HEMIGLOSSECTOMY		1	0	1
APPROVED			1	0	1
41140	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DIS		1	0	1
APPROVED			1	0	1
41820	GINGIVECTOMY EXC GINGIVA EACH QUADRANT		0	1	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Provider			0	1	1
41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES		0	2	2
DENIED			0	2	2
Denied Not a Covered Benefit			0	2	2
42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRACRANIAL		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
42420	EXC PRTD TUM/PRTD GLND TOT DSJ and PRSRV FACIAL NR		1	0	1
APPROVED			1	0	1
42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD		1	0	1
APPROVED			1	0	1
42820	TONSILLECTOMY and ADENOIDECTOMY LT AGE 12		3	2	5
APPROVED			3	0	3
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
42821	TONSILLECTOMY and ADENOIDECTOMY AGE 12 OR GT		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12 OR GT		4	3	7
APPROVED			4	0	4
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Non Participating Provider			0	2	2
42830	ADENOIDECTOMY PRIMARY LT AGE 12		1	0	1
APPROVED			1	0	1
42975	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DY		3	0	3
APPROVED			3	0	3
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH		4	5	9
APPROVED			4	0	4
DENIED			0	5	5

Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Non Participating Provider			0	4	4
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC		16	7	23
APPROVED			16	0	16
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ CTGUS		20	13	33
APPROVED			20	0	20
DENIED			0	13	13
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	8	8
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE		85	25	110
APPROVED			85	0	85
DENIED			0	25	25

Denied Additional Information Not Received			0	1	1
Denied Elective Service - Out of Area/Non-contract			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
Denied Non Participating Provider			0	12	12
43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES		1	0	1
APPROVED			1	0	1
43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE		1	0	1
APPROVED			1	0	1
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL		1	0	1
APPROVED			1	0	1
43249	EGD BALLOON DILATION ESOPHAGUS LT 30 MM DIAM		6	5	11
APPROVED			6	0	6
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	4	4
43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH		6	3	9

APPROVED			6	0	6
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
43253	EGD US GUIDED TRANSMURAL BIopsy/ENDOSCOPIC MARKER		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM		2	0	2
APPROVED			2	0	2
43260	ERCP DX COLLECTION SPECIMEN BRUSHING/MACHINE		1	0	1
APPROVED			1	0	1
43261	ERCP W/BIOPSY SINGLE/MULTIPLE		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
43262	ERCP W/SPHINCTEROTOMY/PAPILL OTOMY		1	0	1
APPROVED			1	0	1
43265	ERCP DESTRUCTION/LITHOTRIPSY CALCULANY METHOD		2	0	2
APPROVED			2	0	2
43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT		1	0	1

APPROVED			1	0	1
43279	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED		1	0	1
APPROVED			1	0	1
43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY		4	0	4
APPROVED			4	0	4
43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
43288	ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
43499	UNLISTED PROCEDURE ESOPHAGUS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC		1	0	1
APPROVED			1	0	1

43620	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	3	0	3
APPROVED		3	0	3
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	2	0	2
APPROVED		2	0	2
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	3	0	3
APPROVED		3	0	3
43633	GSTRCT PRTL DSTL W/ROUX- EN-Y RCNSTJ	1	0	1
APPROVED		1	0	1
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB LT 150 CM	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
43645	LAPS GSTR RSTCV PX W/BYP and SM INT RCNSTJ	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	1	0	1
APPROVED		1	0	1
43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	4	0	4
APPROVED		4	0	4
43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	1	0	1
APPROVED		1	0	1

43763	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC		1	0	1
APPROVED			1	0	1
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY		1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	2	2
43820	GASTROJEJUNOSTOMY W/O VAGOTOMY		1	0	1
APPROVED			1	0	1
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX		2	0	2
APPROVED			2	0	2
44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD		1	0	1
APPROVED			1	0	1
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ AND ANAST		11	2	13
APPROVED			11	0	11
DENIED			0	2	2

Denied Non Participating Provider			0	2	2
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT		1	0	1
APPROVED			1	0	1
44140	COLECTOMY PARTIAL W/ANASTOMOSIS		11	0	11
APPROVED			11	0	11
44143	COLECTOMY PRTL W/END COLOSTOMY and CLSR DSTL SGMT		2	0	2
APPROVED			2	0	2
44144	COLECTOMY PRTL W/COLOST/ILEOST and MUCOPISTULA		2	0	2
APPROVED			2	0	2
44145	COLECTOMY PRTL W/COLOPROCTOSTOMY		5	0	5
APPROVED			5	0	5
44146	COLECTOMY PRTL W/COLOPROCTOSTOMY and COLECTOMY		3	0	3
APPROVED			3	0	3
44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS		1	0	1
APPROVED			1	0	1
44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM and ILEOCEC		4	0	4
APPROVED			4	0	4
44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE		6	0	6

APPROVED			6	0	6
44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY		4	0	4
APPROVED			4	0	4
44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ AND ANA		1	0	1
APPROVED			1	0	1
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS		22	0	22
APPROVED			22	0	22
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM		11	0	11
APPROVED			11	0	11
44206	LAPS COLECTOMY PRTL W/END CLST and CLSR DSTL CCM		1	0	1
APPROVED			1	0	1
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST		33	1	34
APPROVED			33	0	33
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST		11	0	11
APPROVED			11	0	11
44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS		1	0	1
APPROVED			1	0	1
44211	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMOSIS		1	0	1
APPROVED			1	0	1

44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	6	0	6
APPROVED		6	0	6
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ and ANASTOMOSIS	18	0	18
APPROVED		18	0	18
44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	3	0	3
APPROVED		3	0	3
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	4	0	4
APPROVED		4	0	4
44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
44345	REVJ COLOSTOMY COMP CONST IN-DEPTH SBY	1	0	1
APPROVED		1	0	1
44346	REVJ COLOSTOMY W/RPR PARACIST HERNIA SBY	1	0	1
APPROVED		1	0	1
44602	ENTERORRHAPHY SINGLE PERFORATION	1	0	1
APPROVED		1	0	1
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	23	0	23
APPROVED		23	0	23
44625	CLSR NTRSTM LG/SM RESCJ and ANAST OTH/THN CLRCT	13	0	13
APPROVED		13	0	13
44626	CLSR NTRSTM LG/SM RESCJ and COLORECTAL ANASTOMOSIS	22	0	22

APPROVED			22	0	22
44640	CLOSURE INTESTINAL CUTANEOUS FISTULA		1	0	1
APPROVED			1	0	1
44650	CLSR ENTEROENTERIC/ENTEROCOLI CECT		1	0	1
APPROVED			1	0	1
45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST		1	0	1
APPROVED			1	0	1
45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU BY		1	0	1
APPROVED			1	0	1
45119	PRCTECT CMBN PULL-THRU W/RSVR W/NTRCTM		1	0	1
APPROVED			1	0	1
45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA CDX		2	0	2
APPROVED			2	0	2
45320	PROCTOSGMDSC RIGID ABLATION LESION		1	0	1
APPROVED			1	0	1
45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PERMD		7	0	7
APPROVED			7	0	7
45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE		4	0	4
APPROVED			4	0	4
45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY		4	0	4
APPROVED			4	0	4
45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCERS		4	0	4
APPROVED			4	0	4

45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING		4	0	4
APPROVED			4	0	4
45335	SGMDSC FLX DIREX SBMCSL NIX ANY SRST		4	0	4
APPROVED			4	0	4
45337	SGMDSC FLX W/DCMPRN W/DI MT DCMPRN TURE		4	0	4
APPROVED			4	0	4
45338	SGMDSC FLX RMVL TUM POLYP/OTHEL ESNAPE TO		4	0	4
APPROVED			4	0	4
45340	SIGMOIDOSCOPY FLX TNDSC BALO DIL AT		4	0	4
APPROVED			4	0	4
45341	SIGMOIDOSCOPY FLX NDSC IIS XM		5	0	5
APPROVED			5	0	5
45342	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX		3	0	3
APPROVED			3	0	3
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD		71	18	89
APPROVED			71	0	71
DENIED			0	18	18
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Denied Non Participating Provider			0	10	10
Pended for Additional Information			0	1	1
45380	COLONOSCOPY W/BIOPSY SINGL E/M/II TPI F		78	14	92
APPROVED			78	0	78
DENIED			0	14	14
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	8	8
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST		7	3	10
APPROVED			7	0	7
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD		1	0	1
APPROVED			1	0	1
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TO		22	6	28
APPROVED			22	0	22
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	5	5
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL MUCOSTOMY		5	0	5
APPROVED			5	0	5
45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR		1	0	1
APPROVED			1	0	1
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)		1	0	1
APPROVED			1	0	1
45400	LAPAROSCOPY PROCTOPEXY PROLAPSE		1	0	1
APPROVED			1	0	1
45560	REPAIR RECTOCELE SEPARATE PROCEDURE		1	0	1

APPROVED			1	0	1
45562	EXPL RPR AND PRESACRAL DRG RECTAL INJURY		1	0	1
APPROVED			1	0	1
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX		2	0	2
APPROVED			2	0	2
46260	HEMORRHOIDECTOMY INT and XTRNL 2 OR GT COLUMN/CDO		2	0	2
APPROVED			2	0	2
46288	CLSR ANAL FSTL W/RCT ADVMMNT FI AP		2	0	2
APPROVED			2	0	2
46948	INT HRHC TRANSANAL HROID DARTLZJ 2 Plus W/US GDN		3	0	3
APPROVED			3	0	3
46999	UNLISTED PROCEDURE ANUS		0	1	1
DENIED			0	1	1
Denied for No Pre- authorization			0	1	1
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
47100	BIOPSY LIVER WEDGE		1	0	1
APPROVED			1	0	1
47120	HEPATECTOMY RESCJ PARTIAL LORECTOMY		7	0	7
APPROVED			7	0	7
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE		19	1	20
APPROVED			19	0	19

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
47370	LAPS SURG ABLTJ 1 OR GT LVR TUM RE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
47379	UNLISTED LAPAROSCOPIC PROCEDURE LIVER		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
47380	ABL TJ OPN 1 OR GT LVR TUM RE		1	0	1
APPROVED			1	0	1
47382	ABL TJ 1 OR GT LVR TUM PRQ RE		7	0	7
APPROVED			7	0	7
47531	NJX CHOLANGIO PRQ W/IMG GID RS and I EXISTING ACCESS		1	0	1
APPROVED			1	0	1
47562	LAPAROSCOPY SURG CHOLECYSTECTOMY		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY		4	2	6
APPROVED			4	0	4
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
47600	CHOLECYSTECTOMY		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
47605	CHOLECYSTECTOMY W/CHOL ANGIOGRAPHY		12	3	15
APPROVED			12	0	12
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT		1	0	1
APPROVED			1	0	1
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
48153	PNCRTECT W/PANCREATOJEJUNOSTOMY		1	0	1
APPROVED			1	0	1

48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST		1	0	1
APPROVED			1	0	1
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX		16	0	16
APPROVED			16	0	16
49010	EXPL RETROPERITONEUM W/WO BX SPX		1	0	1
APPROVED			1	0	1
49020	DRAINAGE PERITON ABSCCESS/LOCAL PERITONITIS OPEN		1	0	1
APPROVED			1	0	1
49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE		3	0	3
APPROVED			3	0	3
49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM OR LT		1	0	1
APPROVED			1	0	1
49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS GT 10.0 CM		3	0	3
APPROVED			3	0	3
49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX		8	0	8
APPROVED			8	0	8
49320	LAPS ABD PRTM and OMENTUM DX W/WO SPEC BRANA SPX		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER		2	2	4

APPROVED			2	0	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
49329	UNLISTED LAPAROSCOPY PX ABD PERTONEUM and OMENTUM		17	2	19
APPROVED			17	0	17
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
49418	INSJ INTRAPERITONEAL CATHETER W/IMG GUID		1	0	1
APPROVED			1	0	1
49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN		1	0	1
APPROVED			1	0	1
49429	RMVL PERITONEAL-VENOUS SHUNT		1	0	1
APPROVED			1	0	1
49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
49495	RPR 1ST INGUN HRNA FULL TERM INFT LT 6 MO RDC		1	0	1
APPROVED			1	0	1
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE		2	0	2

APPROVED			2	0	2
49505	RPR 1ST INGUN HRNA AGE 5 YRS OR GT REDUCIBLE		2	0	2
APPROVED			2	0	2
49507	RPR 1ST INGUN HRNA AGE 5 YRS OR GT INCARCERATED		1	0	1
APPROVED			1	0	1
49560	REPAIR FIRST ABDOMINAL WALL HERNIA		4	3	7
APPROVED			4	0	4
DENIED			0	3	3
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
49565	RPR RECT INCAL/VNT HERNIA REDUCIBLE		1	0	1
APPROVED			1	0	1
49566	RPR RECT INCAL/VNT HERNIA INCARCERATED		2	0	2
APPROVED			2	0	2
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
49585	RPR UMBILICAL HRNA 5 YRS OR GT REDUCIBLE		1	0	1
APPROVED			1	0	1
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA		3	1	4
APPROVED			3	0	3

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
49653	LAP RPR HRNA XCPT INCAL/INGUN NONREDUCIBLE/STRANGULATED		1	0	1
APPROVED			1	0	1
49659	UNLISTED LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY		1	0	1
APPROVED			1	0	1
49905	OMENTAL FLAP INTRA- ABDOMINAL		1	0	1
APPROVED			1	0	1
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
50080	PERQ NL/PL LITHOTRP SIMPLE UP TO 2 CM 1 LOCATION		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

50081	PERQ NL/PL LITHOTRP COMPLEX GT 2 CM MLT LOCATIONS	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
50200	RENAL BIOPSY PRQ TROCAR/NEEDLE	1	0	1
APPROVED		1	0	1
50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	7	0	7
APPROVED		7	0	7
50225	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	1	0	1
APPROVED		1	0	1
50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
50234	NEPHRECTOMY W/TOT URETERECT and BLDR CUFF CAME INC	1	0	1
APPROVED		1	0	1
50240	NEPHRECTOMY PARTIAL	4	0	4
APPROVED		4	0	4
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	22	0	22
APPROVED		22	0	22
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	11	0	11
APPROVED		11	0	11
50544	LAPAROSCOPY SURG PYELOPLASTY	0	1	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
50545	LAPAROSCOPY RADICAL NEPHRECTOMY		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT		4	0	4
APPROVED			4	0	4
50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY		2	0	2
APPROVED			2	0	2
50590	LITHOTRIPSY XTRCORP SHOCK WAVE		50	2	52
APPROVED			50	0	50
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY		1	0	1
APPROVED			1	0	1
50695	PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH		1	0	1
APPROVED			1	0	1
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER		1	0	1
APPROVED			1	0	1
51550	CYSTECTOMY PARTIAL SIMPLE		1	0	1
APPROVED			1	0	1

51585	CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	2	0	2
APPROVED		2	0	2
51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PELV LMPH NODES	1	0	1
APPROVED		1	0	1
51610	NJX RETROGRADE URETHROCSTOGRAPHY	1	0	1
APPROVED		1	0	1
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
51705	CHANGE CYSTOSTOMY TUBE SIMPLE	0	2	2
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
51741	COMPLEX UROFLOMETRY	3	0	3
APPROVED		3	0	3
51785	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	9	5	14
APPROVED		9	0	9
DENIED		0	5	5

Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
51798	MEAS POST-VOIDING RESIDUAL URINE and /BLADDER CAP		3	0	3
APPROVED			3	0	3
51900	CLSR VESICOVAGINAL FISTUL ABADL APPROACH		1	0	1
APPROVED			1	0	1
51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS		1	0	1
APPROVED			1	0	1
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT		2	0	2
APPROVED			2	0	2
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER		1	0	1
APPROVED			1	0	1
52000	CYSTOURETHROSCOPY		19	2	21
APPROVED			19	0	19
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
52005	CYSTO BLADDER W/URETERAL CATHETERIZATION		7	0	7
APPROVED			7	0	7
52204	CYSTOURETHROSCOPY WITH BIOPSY		1	0	1
APPROVED			1	0	1
52224	CYSTO W/REMOVAL OF LESIONS SMALL		1	0	1
APPROVED			1	0	1

52234	CYSTO W/REMOVAL OF TUMORS SMALL		1	0	1
APPROVED			1	0	1
52235	CYSTOURETHROSCOPY W/DEST and /RMVL MED BLADDER TUM		1	0	1
APPROVED			1	0	1
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH		0	1	1
DENIED			0	1	1
Denied Administrative			0	1	1
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER		1	0	1
APPROVED			1	0	1
52310	CYSTO W/SIMPLE REMOVAL STONE and STENT		2	0	2
APPROVED			2	0	2
52317	LITHOLAPAXY SMPL/SM LT 2.5 CM		1	0	1
APPROVED			1	0	1
52327	CYSTO W/SUBURTRIC NJX IMPLT MATRI		1	0	1
APPROVED			1	0	1
52332	CYSTO W/INSERT URETERAL STENT		11	0	11
APPROVED			11	0	11
52351	CYSTO W/URTROSCOPY and /PYELOSCOPY DX		2	0	2
APPROVED			2	0	2
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY		1	0	1
APPROVED			1	0	1
52356	CYSTO/URETERO W/LITHOTRIPSY and IMPLT STENT INCR		3	1	4
APPROVED			3	0	3
DENIED			0	1	1

Denied Non Participating Provider			0	1	1
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE		14	0	14
APPROVED			14	0	14
52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT FA ADDI		2	0	2
APPROVED			2	0	2
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW		1	0	1
APPROVED			1	0	1
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION		5	0	5
APPROVED			5	0	5
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
53520	CLSR URETHROSTOMY/URETHROQ FETL MALE CRY		1	0	1
APPROVED			1	0	1
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH		1	0	1
APPROVED			1	0	1
53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY		4	0	4
APPROVED			4	0	4

53899	UNLISTED PROCEDURE URINARY SYSTEM		1	0	1
APPROVED			1	0	1
54065	DSTRJ LESION PENIS EXTENSIVE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
54125	AMPUTATION PENIS COMPLETE		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
54161	CIRCUMCISION AGE GT 28 DAYS		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
54304	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR		1	0	1
APPROVED			1	0	1
54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED		1	0	1
APPROVED			1	0	1
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH		4	6	10
APPROVED			4	0	4
DENIED			0	6	6
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Not a Covered Benefit			0	1	1
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH		1	1	2

APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH		1	0	1
APPROVED			1	0	1
54640	ORCHIOPEXY INGUINAL OR SCROTAL APPROACH		1	0	1
APPROVED			1	0	1
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS		1	0	1
APPROVED			1	0	1
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY		1	0	1
APPROVED			1	0	1
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES		2	0	2
APPROVED			2	0	2
55845	PROSTECT RETROPUB RAD W/WO NRV SPAR and BI PLV LYMPH		2	0	2
APPROVED			2	0	2
55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT		7	1	8

APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL		8	2	10
APPROVED			8	0	8
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL		1	0	1
APPROVED			1	0	1
56800	PLASTIC REPAIR INTROITUS		1	0	1
APPROVED			1	0	1
56805	CLITOROPLASTY INTERSEX STATE		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA and		1	0	1
APPROVED			1	0	1
57240	ANTERIOR COLPORRHAPHY RPR CYSTOCLE W/CYSTO		2	0	2
APPROVED			2	0	2
57250	POST COLPORRHAPHY RECTOCELE W/VO		1	0	1

APPROVED			1	0	1
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO		2	0	2
APPROVED			2	0	2
57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE		1	0	1
APPROVED			1	0	1
57280	COLPOPEXY ABDOMINAL APPROACH		1	0	1
APPROVED			1	0	1
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH		2	0	2
APPROVED			2	0	2
57288	SLING OPERATION STRESS INCONTINENCE		79	2	81
APPROVED			79	0	79
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH		1	0	1
APPROVED			1	0	1
57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH		1	0	1
APPROVED			1	0	1
57330	CLSR VESICOVAG FSTL TRANSVESICAL AND VAG APPR		1	0	1

APPROVED			1	0	1
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL		4	0	4
APPROVED			4	0	4
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT		1	0	1
APPROVED			1	0	1
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX		1	0	1
APPROVED			1	0	1
57520	CONIZATION CERVIX W/WO D and C RPR KNIFE/LASER		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
58120	DILATION and CURETTAGE DX and /THER NONOBSTETRIC		2	0	2
APPROVED			2	0	2
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM OR LT ABDOMINAL APPROX		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58146	MYOMECTOMY 5 OR GT MYOMAS and OR GT 250 GM ABDOMINAL APPROX		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Non Participating Provider			0	1	1

58150	TOTAL ABDOMINAL HYSTERECT W/VO RMVL TUBE OVARY	87	8	95
APPROVED		87	0	87
DENIED		0	8	8
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
Denied Non Participating Provider		0	1	1
58152	TOT ABD HYST W/VO RMVL TUBE OVARY W/COLEMETURBY	1	0	1
APPROVED		1	0	1
58180	SUPRACERVICAL ABDL HYSTER W/VO RMVL TUBE OVARY	1	0	1
APPROVED		1	0	1
58200	TOT ABD HYST W/PARAORTIC and PELVIC LYMPH NODE SAM	5	0	5
APPROVED		5	0	5
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	2	0	2
APPROVED		2	0	2
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LT	9	3	12
APPROVED		9	0	9
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
58262	VAG HYST 250 GM OR LT W/RMVL TUBE and /OVARY	14	0	14
APPROVED		14	0	14
58263	VAG HYST 250 GM OR LT W/RMVL TUBE OVARY W/RPR MTRG	2	0	2

APPROVED			2	0	2
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58291	VAG HYST GT 250 GM RMVL TUBE and OVARY		3	0	3
APPROVED			3	0	3
58294	VAGINAL HYSTERECTOMY GT 250 GM RPR ENTEROCELE		1	0	1
APPROVED			1	0	1
58345	TRANSCERV FALLOPIAN TUBE CATH W/VO HYSTOSALPING		4	0	4
APPROVED			4	0	4
58350	CHROMOTUBATION OVIDUCT W/MATERIALS		2	0	2
APPROVED			2	0	2
58356	ENDOMETRIAL CRYOABLATION W/US and ENDOMETRIAL CB		2	0	2
APPROVED			2	0	2
58540	HYSTEROPLASTY RPR UTERINE ANOMALY		1	0	1
APPROVED			1	0	1
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58542	LAPS SUPRACRV HYSTERECT 250 GM OR LT RMVL TUBE/OVAR		11	0	11

APPROVED			11	0	11
58543	LAPS SUPRACERVICAL HYSTERECTOMY GT 250		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LT		10	0	10
APPROVED			10	0	10
58546	LAPS MYOMECTOMY EXC 5 OR GT MYOMAS GT 250 GRAMS		1	0	1
APPROVED			1	0	1
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY		5	0	5
APPROVED			5	0	5
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LT		7	0	7
APPROVED			7	0	7
58552	LAPS W/VAG HYSTERECT 250 GM/ and RMVL TUBE and OVARIES		36	3	39
APPROVED			36	0	36
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
58554	LAPS VAGINAL HYSTERECT GT 250 GM RMVL TUBE and OVARY		5	0	5
APPROVED			5	0	5

58558	HYSTEROSCOPY BX ENDOMETRIUM and /POLYPC		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA		2	0	2
APPROVED			2	0	2
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 CM OR LT		44	2	46
APPROVED			44	0	44
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
58571	LAPS TOTAL HYSTERECT 250 GM OR LT W/RMVL TUBE/OVARY		253	19	272
APPROVED			253	0	253
DENIED			0	19	19
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
Denied Non Participating Provider			0	2	2
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS GT 250 GM		8	1	9
APPROVED			8	0	8

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58573	LAPAROSCOPY TOT HYSTERECTOMY GT 250 G M/TUBE/OVAR		56	1	57
APPROVED			56	0	56
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58575	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC		2	0	2
APPROVED			2	0	2
58600	LIG/TRNSXJ FLP TUBE ABDI /VAG APPR IINI/RI		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS		1	0	1
APPROVED			1	0	1
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES		143	6	149
APPROVED			143	0	143
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE		60	1	61
APPROVED			60	0	60
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

58670	LAPAROSCOPY FULGURATION OVIDUCTS		2	0	2
APPROVED			2	0	2
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS		1	0	1
APPROVED			1	0	1
58674	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US CDM		1	0	1
APPROVED			1	0	1
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI CDM		9	0	9
APPROVED			9	0	9
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX		22	1	23
APPROVED			22	0	22
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
58740	LYSIS OF ADHESIONS SALPINX/OVARY		3	0	3
APPROVED			3	0	3
58925	OVARIAN CYSTECTOMY UNI/BI		2	0	2
APPROVED			2	0	2
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI		4	0	4
APPROVED			4	0	4
58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY		1	0	1
APPROVED			1	0	1
58950	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO		2	0	2
APPROVED			2	0	2

58951	RESCJ PRIM PRTL MAL W/BSO and OMNTC TAH and LAPAROSC	5	0	5
APPROVED		5	0	5
58952	RESCJ PRIM PRTL MAL W/BSO and OMNTC RAD DEBULKING	2	0	2
APPROVED		2	0	2
58953	BSO W/OMENECTOMY TAH and RAD DEBULKING DISSECTION	5	0	5
APPROVED		5	0	5
58954	BSO W/OMENECTOMY TAH DEBULKING W/OMPHARECTOMY	4	0	4
APPROVED		4	0	4
58956	BSO W/TOT OMENECTOMY and HYSTERECTOMY MALIGNANC	8	0	8
APPROVED		8	0	8
58957	RESECJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	2	0	2
APPROVED		2	0	2
58958	RESECTION RECRT MAL W/OMENECTOMY PEL LAPAROSC	1	0	1
APPROVED		1	0	1
58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	1	0	1
APPROVED		1	0	1
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	3	0	3
APPROVED		3	0	3
59000	AMNIOCENTESIS DIAGNOSIC	5	0	5
APPROVED		5	0	5
59025	FETAL NONSTRESS TEST	1	0	1

APPROVED			1	0	1
59151	LAPS TX ECTOPIC PREG W/SALPING and CORNUECTOMY		1	0	1
APPROVED			1	0	1
59400	OB CARE ANTEPARTUM VAG DLVR AND POSTPARTUM		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
59409	VAGINAL DELIVERY ONLY		1	0	1
APPROVED			1	0	1
59510	OB ANTEPARTUM CARE CESAREAN DLVR AND POSTPARTUM		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
59514	CESAREAN DELIVERY ONLY		2	0	2
APPROVED			2	0	2
59620	CESAREAN DELIVERY ATTEMPTED VAG		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

60220	TOTAL THYROID LOBECTOMY UNI W/WO ISTHUSECTOMY	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
60240	THYROIDECTOMY TOTAL /COMPLETE	4	0	4
APPROVED		4	0	4
60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
60500	PARATHYROIDECTOMY/EXPL ORATION PARATHYROIDS	1	0	1
APPROVED		1	0	1
60650	LAPAROSCOPY ADRENALECTOMY PRTL /COMPLETE	3	0	3
APPROVED		3	0	3
61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	1	0	1
APPROVED		1	0	1
61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	1	0	1
APPROVED		1	0	1
61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	3	0	3
APPROVED		3	0	3
61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA AND CORD	1	0	1

APPROVED			1	0	1
61458	CRNEC SOPL EXPL/DCMPRN		1	0	1
	CRNI NRV				
APPROVED			1	0	1
61510	CRANIEC TREPHINE BONE FLP		6	0	6
	BRAIN TUMOR SUPRTENTOR				
APPROVED			6	0	6
61512	CRNEC TREPHINE BONE FLAP		1	0	1
	MENINGIOMA SUPRATENTOR				
APPROVED			1	0	1
61518	CRNEC EXC BRAIN TUMOR		2	1	3
	INFRATENTORIAL/POST				
	FOSSA				
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
61548	HYPOPHYSEC/EXC PITUITARY		2	1	3
	TUM TRANSNASAL/SEPTAL				
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
61618	SECONDARY RPR DURA CSF		2	0	2
	LEAK FREE TISSUE GRAFT				
APPROVED			2	0	2
61624	TCAT PERMANENT		4	0	4
	OCCLUSION/EMBOLIZATION				
	PRO CNS				
APPROVED			4	0	4
61626	TCAT PERMANT		1	0	1
	OCCLUSION/EMBOLIZATION				
	PRO NON CNS				
APPROVED			1	0	1
61630	BALLOON ANGIOPLASTY		1	0	1
	INTRACRANIAL				
	PERCUTANEOUS				

APPROVED			1	0	1
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOPLASTY PFRMD		2	0	2
APPROVED			2	0	2
61645	PERQ ART TRULUM M- THROMBECTOMY and /NFS INTRACRANIAL		1	0	1
APPROVED			1	0	1
61650	EVASC INTRACRANIAL PROLONG ADMN RX AGENT ART 1ST		1	0	1
APPROVED			1	0	1
61651	EVASC INTRACRANIAL PROLONG ADMN RX AGENT ART ADDL		1	0	1
APPROVED			1	0	1
61711	ANAST ARTL EXTRACRANIAL- INTRACRANIAL ARTERIES		2	0	2
APPROVED			2	0	2
61736	LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION		1	0	1
APPROVED			1	0	1
61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES		1	0	1
APPROVED			1	0	1
61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL		17	1	18
APPROVED			17	0	17
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
61782	STRCTC CPTR ASSTD PX EXTRADURAL CRANIAL		3	0	3
APPROVED			3	0	3
61783	STEREOTACTIC COMPUTER ASSISTED BY SPINAL		10	1	11

APPROVED			10	0	10
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES		1	0	1
APPROVED			1	0	1
61797	STRCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE		1	0	1
APPROVED			1	0	1
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES		1	0	1
APPROVED			1	0	1
61799	STRCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX		1	0	1
APPROVED			1	0	1
61800	APPL STRCTC HEADFRAME STEREOTACTIC RADIOSURGERY		1	0	1
APPROVED			1	0	1
62140	CRANIOPLASTY SKULL DEFECT LT 5 CM DIAMETER		4	0	4
APPROVED			4	0	4
62141	CRANIOPLASTY SKULL DEFECT GT 5 CM DIAMETER		4	0	4
APPROVED			4	0	4
62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL		1	0	1
APPROVED			1	0	1
62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL		3	0	3

APPROVED			3	0	3
62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG		1	0	1
APPROVED			1	0	1
62147	CRANIOPLASTY W/AUTOGRAFT GT 5 CM DIAMETER		1	0	1
APPROVED			1	0	1
62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID		6	0	6
APPROVED			6	0	6
62223	CRTJ SHUNT VENTRICULO- PERITNEAL-PLEURAL TERMINUS		2	0	2
APPROVED			2	0	2
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GT DAYS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	1	1
62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE		8	0	8
APPROVED			8	0	8
62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSE		3	0	3
APPROVED			3	0	3

62304	MYELOGRAPHY VIA LUMBAR INJECT RS AND I LUMBOSACRAL	1	0	1
APPROVED		1	0	1
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG CDM	158	14	172
APPROVED		158	0	158
DENIED		0	14	14
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	9	9
Denied Non Participating Provider		0	3	3
Denied Not a Covered Benefit		0	1	1
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG CDM	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Additional Information Not Received		0	1	1
Denied Non Participating Provider		0	1	1
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG CDM	279	28	307
APPROVED		279	0	279
DENIED		0	28	28
Denied Additional Information Not Received		0	1	1
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	25	25

Denied Non Participating Provider			0	1	1
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG CRN		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Experimental Service or Procedure			0	1	1
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGMC		1	0	1
APPROVED			1	0	1
62369	ELECT ANALYS IMPLT ITHCL/EDRL PMP W/REPRG and REPR		2	0	2
APPROVED			2	0	2
62370	ELEC ANALYS IMPLT ITHCL/EDRL PMP W/REPR PUMP/OUT		2	0	2
APPROVED			2	0	2
62380	NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR		1	0	1
APPROVED			1	0	1
63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR		1	0	1
APPROVED			1	0	1
63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL		1	0	1
APPROVED			1	0	1
63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR		3	0	3
APPROVED			3	0	3

63015	LAMINECTOMY W/O FFD GT 2 VERT SEG CERVICAL	1	0	1
APPROVED		1	0	1
63017	LAMINECTOMY W/O FFD GT 2 VERT SEG LUMBAR	3	0	3
APPROVED		3	0	3
63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTERSPG CERVIC	4	0	4
APPROVED		4	0	4
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTERSPG LUMBR	32	6	38
APPROVED		32	0	32
DENIED		0	6	6
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	3	3
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	7	0	7
APPROVED		7	0	7
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	7	0	7
APPROVED		7	0	7
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	1	0	1
APPROVED		1	0	1
63045	LAM FACETECTOMY and FORAMOTOMY 1 VRT SGM CERVICAL	4	0	4
APPROVED		4	0	4
63046	LAM FACETECTOMY and FORAMOTOMY 1 VRT SGM THORACIC	2	0	2

APPROVED			2	0	2
63047	LAM FACETECTOMY and FORAMOTOMY 1 VRT SGM LUMBAR		50	3	53
APPROVED			50	0	50
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
63048	LAM FACETECTOMY and FORAMOT 1 VRT SGM EA ADDL SGM		32	2	34
APPROVED			32	0	32
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GT SEG DCNSTL		1	0	1
APPROVED			1	0	1
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM		2	0	2
APPROVED			2	0	2

63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	1	0	1
APPROVED		1	0	1
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	9	0	9
APPROVED		9	0	9
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	6	0	6
APPROVED		6	0	6
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	4	0	4
APPROVED		4	0	4
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	4	0	4
APPROVED		4	0	4
63090	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	4	0	4
APPROVED		4	0	4
63091	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	4	0	4
APPROVED		4	0	4
63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	1	0	1
APPROVED		1	0	1
63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	1	0	1
APPROVED		1	0	1
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	1	0	1
APPROVED		1	0	1
63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	1	0	1
APPROVED		1	0	1

63282	LAM BX/EXC ISPI NEO IDRL XMED IIMRDR		1	0	1
APPROVED			1	0	1
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL		15	4	19
APPROVED			15	0	15
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR		1	0	1
APPROVED			1	0	1
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR		1	0	1
APPROVED			1	0	1
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR		1	0	1
APPROVED			1	0	1

63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE		1	0	1
APPROVED			1	0	1
63710	DURAL GRAFT SPINAL		4	0	4
APPROVED			4	0	4
64400	INJECTION AA and /STRD TRIGEMINAL NERVE EACH BRANCH		1	0	1
APPROVED			1	0	1
64405	INJECTION AA and /STRD GREATER OCCIPITAL NERVE		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
64421	INJECTION AA and /STRD INTERCOSTAL NRV EA ADDL		1	0	1
APPROVED			1	0	1
64450	INJECTION AA and /STRD OTHER PERIPHERAL NERVE/BRANCH		48	15	63
APPROVED			48	0	48
DENIED			0	15	15
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	1	1
64451	INJECTION AA and /STRD NERVES NRV TG SI JOINT		11	1	12
APPROVED			11	0	11

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
64454	INJECTION AA and /STRD GENICULAR NRV BRANCHES W/IMG		4	16	20
APPROVED			4	0	4
DENIED			0	16	16
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	1	1
64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
64462	PVB THORACIC SECOND and ADDL INJ SITE W/IMG GID		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
64479	NJX AA and /STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL		13	2	15
APPROVED			13	0	13
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
64480	NJX AA and /STRD TFRML EPI CERVICAL/THORACIC EA ADDL		5	2	7
APPROVED			5	0	5

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
64483	NJX AA and /STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL		374	25	399
APPROVED			374	0	374
DENIED			0	25	25
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
Denied Non Participating Provider			0	10	10
64484	NJX AA and /STRD TFRML EPI LUMBAR/SACRAL EA ADDL		222	16	238
APPROVED			222	0	222
DENIED			0	16	16
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Non Participating Provider			0	4	4
64486	TAP BLOCK UNILATERAL BY INJECTION(S)		1	0	1
APPROVED			1	0	1
64488	TAP BLOCK BILATERAL BY INJECTION(S)		1	0	1
APPROVED			1	0	1
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL		103	17	120
APPROVED			103	0	103
DENIED			0	17	17

Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	1	1
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL		99	16	115
APPROVED			99	0	99
DENIED			0	16	16
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	1	1
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3 Plus LEVEL		23	2	25
APPROVED			23	0	23
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL		318	31	349
APPROVED			318	0	318
DENIED			0	31	31
Denied Medical Necessity Criteria Not Met Medical Director			0	29	29
Denied Non Participating Provider			0	2	2
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL		303	26	329
APPROVED			303	0	303
DENIED			0	26	26

Denied Medical Necessity Criteria Not Met Medical Director			0	24	24
Denied Non Participating Provider			0	2	2
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3 Plus LEVEL		43	5	48
APPROVED			43	0	43
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	1	1
64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD RESPIRERIAL NRV		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
64568	OPEN IMPLANTATION CRANIAL NERVE NEA and PULSE GEN		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
64581	OPEN IMPLANTATION NEA SACRAL NERVE		2	0	2
APPROVED			2	0	2
64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG and RESPIR SENSOR		2	3	5
APPROVED			2	0	2
DENIED			0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
64590	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR		13	3	16
APPROVED			13	0	13
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
64595	REVISION/RMVL PERIPHERAL/GASTRIC NPGR		1	0	1
APPROVED			1	0	1
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG		3	0	3
APPROVED			3	0	3
64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN		9	5	14
APPROVED			9	0	9
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRNCL THORA		39	3	42
APPROVED			39	0	39
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1

64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRNCL/THORA		37	3	40
APPROVED			37	0	37
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBB/CACRA		160	13	173
APPROVED			160	0	160
DENIED			0	13	13
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBB/CACRA		155	12	167
APPROVED			155	0	155
DENIED			0	12	12
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE		12	6	18
APPROVED			12	0	12
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6

64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	1	0	1
APPROVED		1	0	1
64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	1	0	1
APPROVED		1	0	1
64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	1	0	1
APPROVED		1	0	1
64718	NEUROPLASTY and /TRANSPPOSITION ULNAR NERVE ELBOW	1	0	1
APPROVED		1	0	1
64721	NEUROPLASTY and /TRANSPPOS MEDIAN NRV CARPAL TUNNEL	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
64885	NERVE GRAFT HEAD/NECK LT 4 CM	1	0	1
APPROVED		1	0	1
64897	NERVE GRAFT MLT STRANDS ARM/LEG LT 4 CM	2	0	2
APPROVED		2	0	2
64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	2	0	2
APPROVED		2	0	2
64905	NERVE PEDICLE TRANSFER FIRST STAGE	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Additional Information Not Received		0	1	1

64910	NERVE REPAIR W/CONDUIT EACH NERVE		1	0	1
APPROVED			1	0	1
64912	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND		1	0	1
APPROVED			1	0	1
64999	UNLISTED PROCEDURE NERVOUS SYSTEM		3	0	3
APPROVED			3	0	3
65105	ENUCLEATION EYE IMPLT MISC ATTACHED IMPLT		1	0	1
APPROVED			1	0	1
65400	EXCISION LESION CORNEA YCD DTERYGIIIM		3	0	3
APPROVED			3	0	3
65426	EXCISION/TRANSPOSITION DTERYGIIIM W/GRAEG		3	0	3
APPROVED			3	0	3
65730	KERATOPLASTY PENTRG EXCEPT ADHAKIA /SCHEUDORHAKIA		1	0	1
APPROVED			1	0	1
65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG and /AIR ...		1	0	1
APPROVED			1	0	1
65855	TRABECULOPLASTY BY LASER SURGERY		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	1	0	1
APPROVED		1	0	1
66711	ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	2	0	2
APPROVED		2	0	2
66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	3	0	3
APPROVED		3	0	3
66821	POST-CATARACT LASER SURGERY	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
66852	RMVL LENS MATERIAL PARS PLANA W/VO VITRECTOMY	1	0	1
APPROVED		1	0	1
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	12	6	18
APPROVED		12	0	12
DENIED		0	6	6
Denied Non Participating Provider		0	6	6
66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	23	10	33
APPROVED		23	0	23
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	9	9
66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	1	1	2
APPROVED		1	0	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
66986	EXCHANGE INTRAOCULAR LENS		1	0	1
APPROVED			1	0	1
66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1 Plus		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1 Plus		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
67036	VITRECTOMY MECHANICAL PARS PLANA		9	3	12
APPROVED			9	0	9
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC		4	0	4
APPROVED			4	0	4
67040	VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC		18	0	18
APPROVED			18	0	18
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE		13	0	13

APPROVED			13	0	13
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH		8	0	8
APPROVED			8	0	8
67113	RPR COMPLEX RETINA DETACH VITRECT AND MEMBRANE REFL		20	0	20
APPROVED			20	0	20
67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRACULAR		6	0	6
APPROVED			6	0	6
67145	PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION		4	0	4
APPROVED			4	0	4
67210	DSTRJ LOCLZD LESION RETINA 1 OR GT SESS PC		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
67218	DSTRJ LESION RETINA 1 OR GT SESS RADLIMBITI		1	0	1
APPROVED			1	0	1

67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
67800	EXCISION CHALAZION SINGLE		1	0	1
APPROVED			1	0	1
67875	TEMPORARY CLOSURE EYELIDS SUTURE		2	0	2
APPROVED			2	0	2
67900	REPAIR BROW PTOSIS		1	0	1
APPROVED			1	0	1
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATERIAL		1	0	1
APPROVED			1	0	1
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL		3	0	3
APPROVED			3	0	3
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT EXTERNAL		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
67908	RPR BLPOS CONJUNCTIVO- TARSO-MUSC-LEVATOR RESCJ		1	0	1
APPROVED			1	0	1
67914	REPAIR ECTROPION SUTURE		1	0	1
APPROVED			1	0	1
67950	CANTHOPLASTY		5	0	5

APPROVED			5	0	5
67961	EXCISION and REPAIR EYELID LT ONE-FOURTH LID MARGIN		1	0	1
APPROVED			1	0	1
67966	EXCISION AND REPAIR EYELID ONE-FOURTH LID MARGIN		3	0	3
APPROVED			3	0	3
68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT		1	0	1
APPROVED			1	0	1
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRANGEMENT		1	0	1
APPROVED			1	0	1
68700	PLASTIC REPAIR CANALICULI		1	0	1
APPROVED			1	0	1
68720	DACRYOCYSTORHINOSTOMY		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
68810	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
68815	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
69205	RMVL FB XTRNL AUDITORY CANAL ANES	1	0	1
APPROVED		1	0	1
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4	6	10
APPROVED		4	0	4
DENIED		0	6	6
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Non Participating Provider		0	1	1

69643	TMPP MASTOIDECT NTC/RCNSTED WALL W/O CCR		1	0	1
APPROVED			1	0	1
69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL CCR		1	0	1
APPROVED			1	0	1
69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O CCR		1	0	1
APPROVED			1	0	1
69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/CCR		1	0	1
APPROVED			1	0	1
69706	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI		1	0	1
APPROVED			1	0	1
69930	COCHLEAR DEVICE IMPLANTATION W/VO MASTOIDECTOMY		1	0	1
APPROVED			1	0	1
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE		32	8	40
APPROVED			32	0	32
DENIED			0	8	8
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	3	3
70100	RADIOLOGIC EXAMINATION MANDIBLE PRTL LT 4 VIEWS		2	0	2
APPROVED			2	0	2

70310	RADIOLOGIC EXAM TEETH PRTL EXAM LT FULL MOUTH	2	0	2
APPROVED		2	0	2
70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	1	0	1
APPROVED		1	0	1
70355	ORTHOPANTOGRAM	4	0	4
APPROVED		4	0	4
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	88	34	122
APPROVED		88	0	88
DENIED		0	34	34
Denied Additional Information Not Received		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	29	29
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	12	2	14
APPROVED		12	0	12
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
70470	CT HEAD/BRAIN W/O and W/CONTRAST MATERIAL	21	7	28
APPROVED		21	0	21
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATERIAL	19	2	21
APPROVED		19	0	19
DENIED		0	2	2

Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATERIAL		3	0	3
APPROVED			3	0	3
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O and W/CONTRAST MATERIAL		1	0	1
APPROVED			1	0	1
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL		72	20	92
APPROVED			72	0	72
DENIED			0	20	20
Denied Additional Information Not Received			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL		11	0	11
APPROVED			11	0	11
70488	CT MAXILLOFACIAL W/O and W/CONTRAST MATERIAL		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL		17	6	23
APPROVED			17	0	17
DENIED			0	6	6

Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL		85	21	106
APPROVED			85	0	85
DENIED			0	21	21
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
70492	CT SOFT TISSUE NECK W/O and W/CONTRAST MATERIAL		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAS		21	6	27
APPROVED			21	0	21
DENIED			0	6	6
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAS		19	5	24
APPROVED			19	0	19
DENIED			0	5	5
Denied Additional Information Not Received			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
70540	MRI ORBIT FACE and /NECK W/O CONTRAST		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
70543	MRI ORBIT FACE and NECK W/O and W/CONTRAST MATERIAL		18	1	19
APPROVED			18	0	18
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
70544	MRA HEAD W/O CONTRST MATERIAL		14	6	20
APPROVED			14	0	14
DENIED			0	6	6
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
70545	MRA HEAD W/CONTRAST MATERIAL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
70546	MRA HEAD W/O and W/CONTRAST MATERIAL		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

70547	MRA NECK W/O CONTRAST MATERIAL		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
70549	MRA NECK W/O and W/CONTRAST MATERIAL		5	0	5
APPROVED			5	0	5
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL		114	24	138
APPROVED			114	0	114
DENIED			0	24	24
Denied Medical Necessity Criteria Not Met Medical Director			0	24	24
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL		267	43	310
APPROVED			267	0	267
DENIED			0	43	43
Denied Additional Information Not Received			0	6	6
Denied Duplicate Request			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	34	34

70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
71046	RADIOLOGIC EXAM CHEST 2 VIEWS		57	3	60
APPROVED			57	0	57
DENIED			0	3	3
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CONTRACT		280	64	344
APPROVED			280	0	280
DENIED			0	64	64
Denied Additional Information Not Received			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	55	55
Denied Non Participating Provider			0	1	1
71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRACT		403	22	425
APPROVED			403	0	403
DENIED			0	22	22

Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
71270	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C Plus		61	15	76
APPROVED			61	0	61
DENIED			0	15	15
Denied Additional Information Not Received			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
Denied Non Participating Provider			0	1	1
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCD C		59	19	78
APPROVED			59	0	59
DENIED			0	19	19
Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		43	23	66
APPROVED			43	0	43
DENIED			0	23	23
Denied Additional Information Not Received			0	3	3
Denied for No Pre-authorization			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
Denied Non Participating Provider			0	1	1
71550	MRI CHEST W/O CONTRAST MATERIAL		1	0	1
APPROVED			1	0	1
71552	MRI CHEST W/O and W/CONTRAST MATERIAL		1	0	1
APPROVED			1	0	1
71555	MRA CHEST W/O and W/CONTRAST MATERIAL		2	0	2
APPROVED			2	0	2
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS		2	0	2
APPROVED			2	0	2
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
72114	RADEX SPINE LUMBSACL COMPL W/BENDING VIEWS MIN 6		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL		8	21	29
APPROVED			8	0	8
DENIED			0	21	21

Denied Additional Information Not Received			0	2	2
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL		1	0	1
APPROVED			1	0	1
72127	CT CERVICAL SPINE W/O and W/CONTRAST MATERIAL		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL		4	4	8
APPROVED			4	0	4
DENIED			0	4	4
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
72129	CT THORACIC SPINE W/CONTRAST MATERIAL		2	0	2
APPROVED			2	0	2
72130	CT THORACIC SPINE W/O and W/CONTRAST MATERIAL		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL		27	20	47
APPROVED			27	0	27
DENIED			0	20	20

Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
72133	CT LUMBAR SPINE W/O and W/CONTRAST MATERIAL		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL		138	142	280
APPROVED			138	0	138
DENIED			0	142	142
Denied Additional Information Not Received			0	13	13
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	128	128
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL		25	23	48
APPROVED			25	0	25
DENIED			0	23	23
Denied Additional Information Not Received			0	1	1

Denied Appeal Denial Upheld			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	21	21
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL		223	235	458
APPROVED			223	0	223
DENIED			0	235	235
Denied Additional Information Not Received			0	21	21
Denied for No Pre- authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	211	211
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
72156	MRI SPINAL CANAL CERVICAL W/O and W/CONTR MATRL		46	21	67
APPROVED			46	0	46
DENIED			0	21	21
Denied Additional Information Not Received			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
72157	MRI SPINAL CANAL THORACIC W/O and W/CONTR MATRL		46	12	58

APPROVED			46	0	46
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
72158	MRI SPINAL CANAL LUMBAR W/O and W/CONTR MATRL		45	23	68
APPROVED			45	0	45
DENIED			0	23	23
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22
72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS		4	0	4
APPROVED			4	0	4
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAS T		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
72192	CT PELVIS W/O CONTRAST MATERIAL		17	6	23
APPROVED			17	0	17
DENIED			0	6	6
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Medicare Primary			0	1	1
72193	CT PELVIS W/CONTRAST MATERIAL		19	3	22

APPROVED			19	0	19
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
72194	CT PELVIS W/O and W/CONTRAST MATERIAL		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
72195	MRI PELVIS W/O CONTRAST MATERIAL		19	11	30
APPROVED			19	0	19
DENIED			0	11	11
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
Denied Member Ineligible			0	1	1
72196	MRI PELVIS W/CONTRAST MATERIAL		7	0	7
APPROVED			7	0	7
72197	MRI PELVIS W/O and W/CONTRAST MATERIAL		118	16	134
APPROVED			118	0	118
DENIED			0	16	16
Denied Additional Information Not Received			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
72198	MRA PELVIS W/NO CONTRAST MATERIAL		0	1	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
72200	RADIOLOGIC EXAMINATION SACROILIAC JNTS LT 3 VIEWS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
72265	MYELOGRAPHY LUMBOSACRAL RS AND I		2	0	2
APPROVED			2	0	2
73020	RADEX SHOULDER 1 VIEW		1	0	1
APPROVED			1	0	1
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS		5	0	5
APPROVED			5	0	5
73040	RADEX SHOULDER ARTHROGRAPHY RS AND I		1	0	1
APPROVED			1	0	1
73060	RADEX HUMERUS MINIMUM 2 VIEWS		1	0	1
APPROVED			1	0	1
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS		1	0	1
APPROVED			1	0	1
73090	RADEX FOREARM 2 VIEWS		1	0	1
APPROVED			1	0	1
73100	RADEX WRIST 2 VIEWS		0	1	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73130	RADEX HAND MINIMUM 3 VIEWS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
73140	RADEX FINGR MINIMUM 2 VIEWS		2	0	2
APPROVED			2	0	2
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL		14	9	23
APPROVED			14	0	14
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL		19	2	21
APPROVED			19	0	19
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL		1	0	1
APPROVED			1	0	1
73220	MRI UPPER EXTREM OTHER THAN JT W/O and W/CONTRAST		9	0	9

APPROVED			9	0	9
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATERIAL		130	62	192
APPROVED			130	0	130
DENIED			0	62	62
Denied Additional Information Not Received			0	8	8
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	53	53
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATERIAL		14	0	14
APPROVED			14	0	14
73223	MRI ANY JT UPPER EXTREMITY W/O and W/CONTRAST MATERIAL		11	8	19
APPROVED			11	0	11
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS		1	0	1
APPROVED			1	0	1
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS		3	0	3
APPROVED			3	0	3
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS		2	0	2

APPROVED			2	0	2
73580	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS AND I		1	0	1
APPROVED			1	0	1
73590	RADIOLOGIC EXAMINATION TIBIA AND FIBULA 2 VIEWS		4	0	4
APPROVED			4	0	4
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied for No Pre- authorization			0	1	1
Denied Non Participating Provider			0	2	2
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL		30	14	44
APPROVED			30	0	30
DENIED			0	14	14
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL		5	0	5
APPROVED			5	0	5
73702	CT LOWER EXTREMITY W/O and W/CONTRAST MATRL		1	0	1
APPROVED			1	0	1

73706	CT ANGIOGRAPHY LOWER EXTREMITY		1	0	1
APPROVED			1	0	1
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTRAST MATRL		38	13	51
APPROVED			38	0	38
DENIED			0	13	13
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73720	MRI LOWER EXTREM OTH/THN JT W/O and W/CONTRAST MATRL		12	3	15
APPROVED			12	0	12
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL		237	82	319
APPROVED			237	0	237
DENIED			0	82	82
Denied Additional Information Not Received			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	72	72

73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
73723	MRI ANY JT LOWER EXTREM W/O and W/CONTRAST MATERIAL		12	9	21
APPROVED			12	0	12
DENIED			0	9	9
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	2	2
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
74150	CT ABDOMEN W/O CONTRAST MATERIAL		26	10	36
APPROVED			26	0	26
DENIED			0	10	10
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
74160	CT ABDOMEN W/CONTRAST MATERIAL		43	10	53
APPROVED			43	0	43

DENIED			0	10	10
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
74170	CT ABDOMEN W/O and W/CONTRAST MATERIAL		99	14	113
APPROVED			99	0	99
DENIED			0	14	14
Denied Additional Information Not Received			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
74174	CT ANGIO ABD and PLVIS CNTRST MTRL W/WO CNTRST IMC		23	7	30
APPROVED			23	0	23
DENIED			0	7	7
Denied Additional Information Not Received			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST		3	0	3
APPROVED			3	0	3
74176	CT ABDOMEN and PELVIS W/O CONTRAST MATERIAL		241	46	287
APPROVED			241	0	241
DENIED			0	46	46

Denied Additional Information Not Received			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	42	42
74177	CT ABDOMEN and PELVIS W/CONTRAST MATERIAL		508	43	551
APPROVED			508	0	508
DENIED			0	43	43
Denied Additional Information Not Received			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	36	36
Denied Non Participating Provider			0	1	1
74178	CT ABDOMEN and PELVIS W/O CONTRST 1 OR GT BODY PART		224	38	262
APPROVED			224	0	224
DENIED			0	38	38
Denied Additional Information Not Received			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	28	28
74181	MRI ABDOMEN W/O CONTRAST MATERIAL		25	8	33
APPROVED			25	0	25
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
74182	MRI ABDOMEN W/CONTRAST MATERIAL		7	1	8
APPROVED			7	0	7
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
74183	MRI ABDOMEN W/O and W/CONTRAST MATERIAL		150	35	185
APPROVED			150	0	150
DENIED			0	35	35
Denied Additional Information Not Received			0	2	2
Denied Duplicate Request			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	31	31
74220	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY		1	0	1
APPROVED			1	0	1
74230	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY		3	0	3
APPROVED			3	0	3
74240	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY		2	0	2
APPROVED			2	0	2
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
74300	CHOLANGIOGRAPHY and /PANCREATOGRAPHY RETROGRADE and I		2	0	2
APPROVED			2	0	2
74420	UROGRAPHY RETROGRADE WITH/WO KUB		3	1	4
APPROVED			3	0	3

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
74450	URETHROCYSTOGRAPHY RETROGRADE RS AND I		1	0	1
APPROVED			1	0	1
74455	URETHROCYSTOGRAPHY VOIDING RS AND I		17	2	19
APPROVED			17	0	17
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST CFS		5	0	5
APPROVED			5	0	5
75557	CARDIAC MRI MORPHOLOGY and FUNCTION W/O CONTRAST		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
75561	CARDIAC MRI W/WO CONTRAST and FURTHER CFS		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING		8	3	11
APPROVED			8	0	8
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM		8	19	27
APPROVED			8	0	8
DENIED			0	19	19
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
75573	CT HEART C Plus CARDIAC STRUX and MORPH CGEN HRT DC		1	0	1
APPROVED			1	0	1
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST		97	30	127
APPROVED			97	0	97
DENIED			0	30	30
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	26	26
Denied Non Participating Provider			0	2	2

75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS AND I	2	0	2
APPROVED		2	0	2
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS AND I	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
75635	CTA ABDL AORTA and BI ILIOFEM W/CONTRAST and POSTER	8	2	10
APPROVED		8	0	8
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract residents		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS AND I	1	0	1
APPROVED		1	0	1
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS AND I	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS and I	5	0	5
APPROVED		5	0	5
75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS AND I	5	1	6

APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
75820	VENOGRAPHY EXTREMITY UNILATERAL RS AND L		2	0	2
APPROVED			2	0	2
75822	VENOGRAPHY EXTREMITY BILATERAL RS AND L		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS AND L		1	0	1
APPROVED			1	0	1
75894	TRANSCATHETER EMBOLIZATION ANY METH RS AND L		3	0	3
APPROVED			3	0	3
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS		1	0	1
APPROVED			1	0	1
75984	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRACT RS and L		1	0	1
APPROVED			1	0	1
75989	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS and L		1	0	1
APPROVED			1	0	1
76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

76120	CINERADIOGRAPY/VIDRADIO GRAPY XCPT WHERE SPEC	1	0	1
APPROVED		1	0	1
76376	3D RENDERING W/INTERP and POSTPROCESS SUPERVISION	1	18	19
APPROVED		1	0	1
DENIED		0	18	18
Denied Additional Information Not Received		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	16	16
76377	3D RENDERING W/INTERP and POSTPROC DIFF WORK STATION	16	42	58
APPROVED		16	0	16
DENIED		0	42	42
Denied Additional Information Not Received		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	39	39
76390	MRI SPECTROSCOPY	1	0	1
APPROVED		1	0	1
76391	MAGNETIC RESONANCE ELASTOGRAPHY	3	6	9
APPROVED		3	0	3
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	6	3	9
APPROVED		6	0	6
DENIED		0	3	3
Denied for No Pre- authorization		0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE		1	0	1
APPROVED			1	0	1
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION		27	6	33
APPROVED			27	0	27
DENIED			0	6	6
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied for No Pre- authorization			0	1	1
Denied Non Participating Provider			0	2	2
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE		15	2	17
APPROVED			15	0	15
DENIED			0	2	2
Denied Non Participating Provider			0	2	2

76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	1	0	1
APPROVED		1	0	1
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	9	8	17
APPROVED		9	0	9
DENIED		0	8	8
Denied for No Pre-authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	6	6
76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	1	0	1
APPROVED		1	0	1
76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1

76815	US PREGNANT UTERUS LIMITED 1 OR GT FETUSES		11	6	17
APPROVED			11	0	11
DENIED			0	6	6
Denied Non Participating Provider			0	6	6
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS		17	8	25
APPROVED			17	0	17
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	7	7
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG		5	6	11
APPROVED			5	0	5
DENIED			0	6	6
Denied Non Participating Provider			0	6	6
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING		12	6	18
APPROVED			12	0	12
DENIED			0	6	6
Denied Non Participating Provider			0	6	6
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY		12	5	17
APPROVED			12	0	12
DENIED			0	5	5
Denied Non Participating Provider			0	5	5
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART		9	5	14
APPROVED			9	0	9

DENIED			0	5	5
Denied Non Participating Provider			0	5	5
76825	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
76826	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD		1	0	1
APPROVED			1	0	1
76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
76828	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT		1	0	1
APPROVED			1	0	1
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U		0	1	1
DENIED			0	1	1

Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
76870	US SCROTUM AND CONTENTS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76872	US TRANSRECTAL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
76881	US COMPL JOINT R-T W/IMAGE DOCUMENTATION		2	6	8
APPROVED			2	0	2
DENIED			0	6	6
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2
76882	US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG		1	0	1
APPROVED			1	0	1
76937	US VASC ACCESS SITS VSL PATENCY NDI ENTRY		17	1	18
APPROVED			17	0	17
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76940	US AND MNTR PARENCHYMAL TISSUE ABLATION		1	0	1
APPROVED			1	0	1
76942	US GUIDANCE NEEDLE PLACEMENT IMG S AND I		12	1	13

APPROVED			12	0	12
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
76945	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S AND I		1	0	1
APPROVED			1	0	1
76946	US GUIDANCE AMNIOCENTESIS IMG S AND I		4	0	4
APPROVED			4	0	4
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
76999	UNLISTED US PROCEDURE		1	0	1
APPROVED			1	0	1
77001	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

Denied Non Participating Provider			0	1	1
77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER		18	2	20
APPROVED			18	0	18
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77012	CT GUIDANCE NEEDLE PLACEMENT		11	2	13
APPROVED			11	0	11
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
77013	CT GUIDANCE AND MONITORING VISC TISS		1	0	1
APPROVED			1	0	1
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT		6	4	10
APPROVED			6	0	6
DENIED			0	4	4
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
77047	MRI BREAST WITHOUT CONTRAST MATERIAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
77049	MRI BREAST WITHOUT and WITH CONTRAST W/CAD BILATERAL		59	10	69
APPROVED			59	0	59
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
77065	DIAGNOSTIC MAMMOGRAPHY COMPUTER- AIDED DETCJ UNI		1	0	1
APPROVED			1	0	1
77066	DIAGNOSTIC MAMMOGRAPHY COMPUTER- AIDED DETCJ BI		1	0	1
APPROVED			1	0	1
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD		12	2	14
APPROVED			12	0	12
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1

77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	8	0	8
APPROVED		8	0	8
77080	DXA BONE DENSITY STUDY 1 OR GT SITES AXIAL SKEL	32	5	37
APPROVED		32	0	32
DENIED		0	5	5
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Non Participating Provider		0	1	1
77081	DXA BONE DENSITY STUDY 1 OR GT SITES APPENDICLR SKEL	28	3	31
APPROVED		28	0	28
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
77084	BONE MARROW BLOOD CULTIV	14	0	14
APPROVED		14	0	14
77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	1	0	1
APPROVED		1	0	1
77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	1	0	1
APPROVED		1	0	1
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	25	9	34
APPROVED		25	0	25
DENIED		0	9	9
Denied Administrative		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	3	3
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE		12	4	16
APPROVED			12	0	12
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX		16	6	22
APPROVED			16	0	16
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	2	2
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION		4	0	4
APPROVED			4	0	4
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS		15	4	19
APPROVED			15	0	15
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
77299	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING		1	0	1
APPROVED			1	0	1
77300	BASIC RADIATION DOSIMETRY CALCULATION		22	6	28

APPROVED			22	0	22
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS		12	5	17
APPROVED			12	0	12
DENIED			0	5	5
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION		3	0	3
APPROVED			3	0	3
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY		7	0	7
APPROVED			7	0	7
77321	SPEC TELETHX PORT PLN PARTS HEMIRDV TOT RDV		1	0	1
APPROVED			1	0	1
77333	TX DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE		1	0	1
APPROVED			1	0	1
77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX		19	7	26
APPROVED			19	0	19
DENIED			0	7	7

Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	1	1
77336	CONTINUING MEDICAL PHYSICS CONSULT PER WK		17	8	25
APPROVED			17	0	17
DENIED			0	8	8
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
77338	MLC IMRT DESIGN AND CONSTRUCTION PER IMRT PLAN		12	5	17
APPROVED			12	0	12
DENIED			0	5	5
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
77370	SPEC MEDICAL RADJ PHYSICS CONSULT		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77373	STEREOTACTIC BODY RADIATION DELIVERY		3	3	6
APPROVED			3	0	3

DENIED			0	3	3
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX		7	3	10
APPROVED			7	0	7
DENIED			0	3	3
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
77399	UNLISTD PX MED RADJ PHYSIC DOSIM and TX DEV and CRPG CMC		12	0	12
APPROVED			12	0	12
77412	RADIATION TREATMENT DELIVERY 1 MEV Equal to GT COMPLEX		5	1	6
APPROVED			5	0	5
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)		7	4	11
APPROVED			7	0	7
DENIED			0	4	4
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS		19	6	25
APPROVED			19	0	19
DENIED			0	6	6
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
77435	STEREOTACTIC BODY RADIATION MANAGEMENT		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
77470	SPECIAL TREATMENT PROCEDURE		9	5	14
APPROVED			9	0	9
DENIED			0	5	5
Denied Administrative			0	1	1

Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION		9	4	13
APPROVED			9	0	9
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION		8	4	12
APPROVED			8	0	8
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
77523	PROTON TX DELIVERY INTERMEDIATE		8	4	12
APPROVED			8	0	8
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
77525	PROTON TX DELIVERY COMPLEX		8	4	12
APPROVED			8	0	8
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX		1	0	1
APPROVED			1	0	1
78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY		2	0	2

APPROVED			2	0	2
78020	THYROID CARCINOMA METASTASES UPTAKE		1	0	1
APPROVED			1	0	1
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE		3	0	3
APPROVED			3	0	3
78226	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER		1	0	1
APPROVED			1	0	1
78227	HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ		0	1	1
DENIED			0	1	1
Pended Medical Director Review			0	1	1
78264	GASTRIC EMPTYING IMAGING STUDY		1	0	1
APPROVED			1	0	1
78300	BONE and /JOINT IMAGING LIMITED AREA		2	0	2
APPROVED			2	0	2
78306	BONE and /JOINT IMAGING WHOLE BODY		34	0	34
APPROVED			34	0	34
78315	BONE and /JOINT IMAGING 3 PHASE STUDY		1	0	1
APPROVED			1	0	1
78428	CARDIAC SHUNT DETECTION		1	0	1
APPROVED			1	0	1
78431	MYOCDR IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT		14	4	18
APPROVED			14	0	14
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4

78434	AQMBF PET REST AND PHARMACOLOGIC STRESS		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS		13	5	18
APPROVED			13	0	13
DENIED			0	5	5
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
78452	MYOCARDIAL SPECT MULTIPLE STUDIES		286	143	429
APPROVED			286	0	286
DENIED			0	143	143
Denied Additional Information Not Received			0	8	8
Denied Appeal Denial Upheld			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	133	133
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS		10	0	10
APPROVED			10	0	10

78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT		2	0	2
APPROVED			2	0	2
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST AND STRESS		6	10	16
APPROVED			6	0	6
DENIED			0	10	10
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING		1	0	1
APPROVED			1	0	1
78598	QUANT DIFF PULM PRFUSION and VENTLAJ W/WO IMAGIN		1	0	1
APPROVED			1	0	1
78608	BRAIN IMAGING PET METABOLIC EVALUATION		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
78725	KIDNEY FUNCJ STUDY NON- IMG RADIOISOTOPIC STUDY		7	0	7
APPROVED			7	0	7
78803	RP LOCLZJ TUM SPECT 1 AREA/ACQUIS 1 DAY IMG		22	2	24
APPROVED			22	0	22
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

78813	PET IMAGING WHOLE BODY	2	0	2
APPROVED		2	0	2
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
78815	PET IMAGING CT ATTENUATION SKULL BASE AND THIGH	268	23	291
APPROVED		268	0	268
DENIED		0	23	23
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	22	22
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	21	3	24
APPROVED		21	0	21
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
79005	RP THERAPY ORAL ADMINISTRATION	2	0	2
APPROVED		2	0	2
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	1	0	1
APPROVED		1	0	1
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	11	3	14
APPROVED		11	0	11
DENIED		0	3	3
Denied for No Pre- authorization		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
80050	GENERAL HEALTH PANEL		19	5	24
APPROVED			19	0	19
DENIED			0	5	5
Denied Administrative			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
80051	Electrolyte panel		18	3	21
APPROVED			18	0	18
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
80053	COMPREHENSIVE METABOLIC PANEL		44	7	51
APPROVED			44	0	44
DENIED			0	7	7
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	3	3
80061	Lipid panel		21	3	24
APPROVED			21	0	21
DENIED			0	3	3

Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
80074	ACUTE HEPATITIS PANEL		1	0	1
APPROVED			1	0	1
80076	Hepatic Function Panel		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS		1	0	1
APPROVED			1	0	1
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS		12	0	12
APPROVED			12	0	12
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE		35	4	39
APPROVED			35	0	35
DENIED			0	4	4
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1

80320	DRUG SCREEN QUANTITATIVE ALCOHOLS		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2		1	0	1
APPROVED			1	0	1
80428	GROWTH HORMONE STIMULATION PANEL		1	0	1
APPROVED			1	0	1
80438	THYROTROPIN RELEASING HORMONE STIMJ PANEL 1 HR		1	0	1
APPROVED			1	0	1
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICROSCOPY		1	0	1
APPROVED			1	0	1
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICROSCOPY		7	0	7
APPROVED			7	0	7
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY		4	2	6
APPROVED			4	0	4
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
81015	URINALYSIS MICROSCOPIC ONLY		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHOD		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
81120	IDH1 COMMON VARIANTS		1	48	49
APPROVED			1	0	1
DENIED			0	48	48
Denied Medical Necessity Criteria Not Met Medical Director			0	43	43
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81121	IDH2 COMMON VARIANTS		1	48	49
APPROVED			1	0	1
DENIED			0	48	48
Denied Medical Necessity Criteria Not Met Medical Director			0	43	43
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81161	DMD DUPLICATION/DELETION ANALYSIS		0	3	3

DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS		125	61	186
APPROVED			125	0	125
DENIED			0	61	61
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	56	56
Denied Member Ineligible			0	1	1
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	1	1
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS		1	26	27
APPROVED			1	0	1
DENIED			0	26	26
Denied Medical Necessity Criteria Not Met Medical Director			0	24	24
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	1	1
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	0	29	29
DENIED		0	29	29
Denied Medical Necessity Criteria Not Met Medical Director		0	24	24
Denied Not a Covered Benefit		0	2	2
Experimental Service or Procedure		0	3	3
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81173	AR GENE ANALYSIS FULL GENE SEQUENCE	1	48	49
APPROVED		1	0	1
DENIED		0	48	48
Denied Medical Necessity Criteria Not Met Medical Director		0	43	43
Denied Not a Covered Benefit		0	2	2
Experimental Service or Procedure		0	3	3
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	0	23	23
DENIED		0	23	23
Denied Medical Necessity Criteria Not Met Medical Director		0	20	20
Denied Not a Covered Benefit		0	1	1
Experimental Service or Procedure		0	2	2
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	1	0	1
APPROVED		1	0	1

81191	NTRK1 TRANSLOCATION ANALYSIS		2	7	9
APPROVED			2	0	2
DENIED			0	7	7
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Not a Covered Benefit			0	1	1
81193	NTRK3 TRANSLOCATION ANALYSIS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81194	NTRK TRANSLOCATION ANALYSIS		2	38	40
APPROVED			2	0	2
DENIED			0	38	38
Denied Medical Necessity Criteria Not Met Medical Director			0	31	31
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	5	5
81200	ASPA GENE ANALYSIS COMMON VARIANTS		0	5	5
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
81201	APC GENE ANALYSIS FULL GENE SEQUENCE		4	54	58
APPROVED			4	0	4
DENIED			0	54	54
Denied Medical Necessity Criteria Not Met Medical Director			0	48	48

Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE		8	42	50
APPROVED			8	0	8
DENIED			0	42	42
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	36	36
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	2	2
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE		0	23	23
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	2	2
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE		0	22	22

DENIED			0	22	22
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	2	2
81209	BLM GENE ANALYSIS 2281DEL GINS7 VARIANT		0	6	6
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
81210	BRAF GENE ANALYSIS V600 VARIANT(S)		7	65	72
APPROVED			7	0	7
DENIED			0	65	65
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	57	57
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	3	3
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9		8	5	13
APPROVED			8	0	8
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
81220	CFTR GENE ANALYSIS COMMON VARIANTS		23	26	49
APPROVED			23	0	23
DENIED			0	26	26
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12

Denied Non Participating Provider			0	14	14
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Not a Covered Benefit			0	1	1
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
81229	CYTOG ALYS CHRMOML ABNOR CPY NUMBER and SNP VARIANT CALL		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1

81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
81232	DPYD GENE ANALYSIS COMMON VARIANTS		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES		1	0	1
APPROVED			1	0	1
81235	EGFR GENE ANALYSIS COMMON VARIANTS		4	63	67
APPROVED			4	0	4
DENIED			0	63	63
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	55	55
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	3	3
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE		0	23	23
DENIED			0	23	23
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	2	2

81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81240	F2 GENE ANALYSIS 20210G GT A VARIANT	1	0	1
APPROVED		1	0	1
81241	F5 COAGULATION FACTOR V ANAL I EIDEN VARIANT	1	0	1
APPROVED		1	0	1
81242	FANCC GENE ANALYSIS COMMON VARIANT	0	25	25
DENIED		0	25	25
Denied Medical Necessity Criteria Not Met Medical Director		0	22	22
Denied Not a Covered Benefit		0	1	1
Experimental Service or Procedure		0	2	2
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	13	60	73
APPROVED		13	0	13
DENIED		0	60	60
Denied Additional Information Not Received		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	53	53
Denied Non Participating Provider		0	1	1
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	1	0	1
APPROVED		1	0	1

81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	0	30	30
DENIED		0	30	30
Denied Medical Necessity Criteria Not Met Medical Director		0	25	25
Denied Not a Covered Benefit		0	2	2
Experimental Service or Procedure		0	3	3
81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	0	5	5
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
81255	HEXA GENE ANALYSIS COMMON VARIANTS	0	5	5
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETION VARIANT	1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	0	6	6

DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP CRFC		5	0	5
APPROVED			5	0	5
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION FA		7	0	7
APPROVED			7	0	7
81270	JAK2 GENE ANALYSIS P VAL 617PHE VARIANT		4	16	20
APPROVED			4	0	4
DENIED			0	16	16
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS		3	57	60
APPROVED			3	0	3
DENIED			0	57	57
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	49	49
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	3	3
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2		5	62	67
APPROVED			5	0	5
DENIED			0	62	62
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	54	54

Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	3	3
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)		4	48	52
APPROVED			4	0	4
DENIED			0	48	48
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	43	43
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	1	1
81279	JAK2 TARGETED SEQUENCE ANALYSIS		15	35	50
APPROVED			15	0	15
DENIED			0	35	35
Denied Medical Necessity Criteria Not Met Medical Director			0	29	29
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS		0	4	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
81291	MTHFR GENE ANALYSIS COMMON VARIANTS		1	0	1
APPROVED			1	0	1
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS		28	74	102

APPROVED			28	0	28
DENIED			0	74	74
Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	61	61
Denied Not a Covered Benefit			0	5	5
Experimental Service or Procedure			0	3	3
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		1	13	14
APPROVED			1	0	1
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS		22	17	39
APPROVED			22	0	22
DENIED			0	17	17
Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS		27	72	99
APPROVED			27	0	27
DENIED			0	72	72

Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	58	58
Denied Not a Covered Benefit			0	5	5
Experimental Service or Procedure			0	3	3
81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS		21	18	39
APPROVED			21	0	21
DENIED			0	18	18
Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS		26	73	99
APPROVED			26	0	26
DENIED			0	73	73
Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	5	5

Denied Medical Necessity Criteria Not Met Medical Director			0	59	59
Denied Not a Covered Benefit			0	5	5
Experimental Service or Procedure			0	3	3
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		1	12	13
APPROVED			1	0	1
DENIED			0	12	12
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIANTS		20	18	38
APPROVED			20	0	20
DENIED			0	18	18
Denied Additional Information Not Received			0	1	1
Denied for No Pre- authorization			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
81301	MICROSATELLITE INSTAB ILITY ANAL MISMATCH REPAIR DEF		8	62	70
APPROVED			8	0	8
DENIED			0	62	62
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	55	55
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	3	3

81307	PALB2 GENE ANALYSIS FULL GENE SEQUENCE		28	122	150
APPROVED			28	0	28
DENIED			0	122	122
Denied Additional Information Not Received			0	2	2
Denied for No Pre- authorization			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	110	110
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81308	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT		1	13	14
APPROVED			1	0	1
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS		2	41	43
APPROVED			2	0	2
DENIED			0	41	41
Denied Medical Necessity Criteria Not Met Medical Director			0	39	39
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	1	1
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS		1	14	15
APPROVED			1	0	1
DENIED			0	14	14

Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Not a Covered Benefit			0	1	1
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 3		4	59	63
APPROVED			4	0	4
DENIED			0	59	59
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	50	50
Denied Not a Covered Benefit			0	5	5
Experimental Service or Procedure			0	3	3
81314	PDGFRA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS		1	36	37
APPROVED			1	0	1
DENIED			0	36	36
Denied Medical Necessity Criteria Not Met Medical Director			0	34	34
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	1	1
81317	PMS2 GENE ANALYSIS FULL SEQUENCE		25	39	64
APPROVED			25	0	25
DENIED			0	39	39
Denied Additional Information Not Received			0	1	1
Denied for No Pre- authorization			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	30	30

Denied Not a Covered Benefit			0	3	3
81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS		1	13	14
APPROVED			1	0	1
DENIED			0	13	13
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS		21	16	37
APPROVED			21	0	21
DENIED			0	16	16
Denied Additional Information Not Received			0	1	1
Denied for No Pre-authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS		9	52	61
APPROVED			9	0	9
DENIED			0	52	52
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	47	47
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	1	1
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT		4	4	8

APPROVED			4	0	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS		108	66	174
APPROVED			108	0	108
DENIED			0	66	66
Denied Additional Information Not Received			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	45	45
Denied Member Ineligible			0	1	1
Denied Non Participating Provider			0	16	16
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS		0	5	5
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
81338	MPL GENE ANALYSIS COMMON VARIANTS		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10		4	37	41
APPROVED			4	0	4
DENIED			0	37	37
Denied Medical Necessity Criteria Not Met Medical Director			0	32	32
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS		0	27	27
DENIED			0	27	27
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	3	3
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE		0	40	40
DENIED			0	40	40
Denied Medical Necessity Criteria Not Met Medical Director			0	35	35
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81361	HBB COMMON VARIANTS		1	27	28
APPROVED			1	0	1
DENIED			0	27	27
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	24	24

Denied Non Participating Provider			0	1	1
81363	HBB DUPLICATION/DELETION VARIANTS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81364	HBB FULL GENE SEQUENCE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81370	HLA CLASS I and II LOW HLA-A -B -C -DRB1/3/4/5 and DQB		15	1	16
APPROVED			15	0	15
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81371	HLA I AND LI LOW RESOLUTION HLA-A -B AND -DRB1		1	0	1
APPROVED			1	0	1
81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE		5	0	5
APPROVED			5	0	5
81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH		7	0	7
APPROVED			7	0	7
81375	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1		3	0	3
APPROVED			3	0	3
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA		3	1	4
APPROVED			3	0	3

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA		8	0	8
APPROVED			8	0	8
81378	HLA I AND II HIGH RESOLUTION HLA-A -B -C AND DRB1		2	0	2
APPROVED			2	0	2
81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE DRB		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1		2	42	44
APPROVED			2	0	2
DENIED			0	42	42
Denied Medical Necessity Criteria Not Met Medical Director			0	37	37
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2		2	51	53
APPROVED			2	0	2
DENIED			0	51	51
Denied Medical Necessity Criteria Not Met Medical Director			0	47	47
Denied Not a Covered Benefit			0	2	2

Experimental Service or Procedure			0	2	2
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3		1	17	18
APPROVED			1	0	1
DENIED			0	17	17
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4		4	66	70
APPROVED			4	0	4
DENIED			0	66	66
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	58	58
Denied Not a Covered Benefit			0	3	3
Experimental Service or Procedure			0	4	4
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5		4	60	64
APPROVED			4	0	4
DENIED			0	60	60
Denied Medical Necessity Criteria Not Met Medical Director			0	55	55
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6		3	58	61
APPROVED			3	0	3
DENIED			0	58	58
Denied Medical Necessity Criteria Not Met Medical Director			0	52	52
Denied Not a Covered Benefit			0	2	2

Experimental Service or Procedure			0	4	4
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7		27	104	131
APPROVED			27	0	27
DENIED			0	104	104
Denied for No Pre-authorization			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	78	78
Denied Not a Covered Benefit			0	7	7
Experimental Service or Procedure			0	5	5
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8		1	30	31
APPROVED			1	0	1
DENIED			0	30	30
Denied Medical Necessity Criteria Not Met Medical Director			0	25	25
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	3	3
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9		1	62	63
APPROVED			1	0	1
DENIED			0	62	62
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	52	52
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	5	5
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS		0	1	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYSIS		168	117	285
APPROVED			168	0	168
DENIED			0	117	117
Denied Additional Information Not Received			0	6	6
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	98	98
Denied Non Participating Provider			0	12	12
81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYSIS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81432	HEREDITARY BRST CA- RELATED GEN SEQ ANALYS 10 GEN		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81433	HEREDITARY BRST CA- RELATED DUP/DEL ANALYSIS		1	3	4

APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Experimental Service or Procedure			0	1	1
81436	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN		1	0	1
APPROVED			1	0	1
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS		2	20	22
APPROVED			2	0	2
DENIED			0	20	20
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
Denied Non Participating Provider			0	1	1
Pended for Additional Information			0	1	1

81445	TGSAP SOLID ORGAN NEOPLASM 5-50 DNA/DNA and DNA ALYS	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
81450	TGSAP HEMATOLYMPHOID NEO/DO 5-50DNA/DNA and RNA ALYS	4	13	17
APPROVED		4	0	4
DENIED		0	13	13
Denied Appeal Denial Upheld		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	12	12
81455	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR LT DNA/DNA	4	17	21
APPROVED		4	0	4
DENIED		0	17	17
Denied Covered by Other Program		0	1	1
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	10	10
Denied Not a Covered Benefit		0	2	2
Experimental Service or Procedure		0	3	3
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	39	134	173
APPROVED		39	0	39
DENIED		0	134	134

Denied Additional Information Not Received			0	2	2
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre-authorization			0	19	19
Denied Medical Necessity Criteria Not Met Medical Director			0	93	93
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	8	8
Experimental Service or Procedure			0	9	9
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES		3	6	9
APPROVED			3	0	3
DENIED			0	6	6
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2

81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	28	14	42
APPROVED		28	0	28
DENIED		0	14	14
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	12	12
Denied Non Participating Provider		0	1	1
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	9	10	19
APPROVED		9	0	9
DENIED		0	10	10
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
Experimental Service or Procedure		0	1	1
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	0	3	3
DENIED		0	3	3
Denied Appeal Denial Upheld		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	0	4	4
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4

81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	2	6	8
APPROVED		2	0	2
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
Experimental Service or Procedure		0	1	1
81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	0	11	11
DENIED		0	11	11
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
Denied Non Participating Provider		0	1	1
Denied Not a Covered Benefit		0	2	2
Experimental Service or Procedure		0	2	2
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALC	16	1	17
APPROVED		16	0	16
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	6	9	15
APPROVED		6	0	6
DENIED		0	9	9
Denied Appeal Denial Upheld		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
Denied Non Participating Provider		0	1	1

81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVS	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Not a Covered Benefit		0	2	2
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	0	5	5
DENIED		0	5	5
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
82043	URINE ALBUMIN QUANTITATIVE	1	0	1
APPROVED		1	0	1
82103	ALPHA-1-ANTITRYPSIN TOTAL	4	0	4
APPROVED		4	0	4
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	1	0	1
APPROVED		1	0	1
82105	ALPHA-FETOPROTEIN SERUM	9	1	10
APPROVED		9	0	9
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

82140	ASSAY OF AMMONIA		1	0	1
APPROVED			1	0	1
82150	ASSAY OF AMYLASE		2	0	2
APPROVED			2	0	2
82232	BETA-2 MICROGLOBULIN		7	0	7
APPROVED			7	0	7
82248	BILIRUBIN DIRECT		9	0	9
APPROVED			9	0	9
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED		3	0	3
APPROVED			3	0	3
82310	CALCIUM TOTAL		1	0	1
APPROVED			1	0	1
82378	CARCINOEMBRYONIC ANTIGEN CEA		4	0	4
APPROVED			4	0	4
82390	CERULOPLASMIN		3	0	3
APPROVED			3	0	3
82435	CHLORIDE BLD		0	2	2
DENIED			0	2	2
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre-authorization			0	1	1
82540	ASSAY OF CREATINE		1	0	1
APPROVED			1	0	1
82550	CREATINE KINASE TOTAL		2	0	2
APPROVED			2	0	2
82553	CREATINE KINASE MB FRACTION ONLY		1	0	1
APPROVED			1	0	1
82565	CREATININE BLOOD		1	2	3
APPROVED			1	0	1
DENIED			0	2	2

Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
82570	CREATININE OTHER SOURCE		1	0	1
APPROVED			1	0	1
82575	CREATININE CLEARANCE		1	0	1
APPROVED			1	0	1
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED		2	0	2
APPROVED			2	0	2
82670	ASSAY OF TOTAL ESTRADIOL		1	0	1
APPROVED			1	0	1
82725	FATTY ACIDS NONESTERIFIED		1	0	1
APPROVED			1	0	1
82728	ASSAY OF FERRITIN		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH		7	0	7
APPROVED			7	0	7
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 PO3 HCO3		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
82948	GLUCOSE BLOOD REAGENT STRIP	1	0	1
APPROVED		1	0	1
82950	GLUCOSE POST GLUCOSE DOSE	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
82977	ASSAY OF GLUTAMYLTRASE GAMMA	4	0	4
APPROVED		4	0	4
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	1	0	1

APPROVED			1	0	1
83003	ASSAY OF GROWTH HORMONE HUMAN		1	0	1
APPROVED			1	0	1
83015	HEAVY METAL QUALITATIVE ANY ANALYTES		1	0	1
APPROVED			1	0	1
83036	HEMOGLOBIN GLYCOSYLATED A1C		20	2	22
APPROVED			20	0	20
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
83540	ASSAY OF IRON		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
83550	IRON BINDING CAPACITY		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
83615	LACTATE DEHYDROGENASE LDH		16	2	18
APPROVED			16	0	16
DENIED			0	2	2
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre-authorization			0	1	1
83690	ASSAY OF LIPASE		1	0	1
APPROVED			1	0	1

83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	1	0	1
APPROVED		1	0	1
83735	ASSAY OF MAGNESIUM	23	0	23
APPROVED		23	0	23
83880	NATRIURETIC PEPTIDE	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Appeal Denial Upheld		0	1	1
Denied for No Pre- authorization		0	2	2
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	7	0	7
APPROVED		7	0	7
83970	ASSAY OF PARATHORMONE	13	1	14
APPROVED		13	0	13
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
84100	ASSAY OF PHOSPHORUS INORGANIC	12	0	12
APPROVED		12	0	12
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Appeal Denial Upheld		0	1	1
Denied for No Pre- authorization		0	1	1
84134	PREALBUMIN	4	0	4
APPROVED		4	0	4

84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	3	0	3
APPROVED		3	0	3
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	17	1	18
APPROVED		17	0	17
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	6	0	6
APPROVED		6	0	6
84165	PROTEIN ELECTROPHORETIC FRACTJ AND QUANTJ SERUM	7	0	7
APPROVED		7	0	7
84166	PROTEIN ELECTROP FXJ AND QUAN OTH FLUS CONCENTRATI	6	0	6
APPROVED		6	0	6
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	0	2	2
DENIED		0	2	2
Denied Appeal Denial Upheld		0	1	1
Denied for No Pre-authorization		0	1	1
84436	ASSAY OF THYROXINE TOTAL	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	23	3	26
APPROVED		23	0	23
DENIED		0	3	3

Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E		1	0	1
APPROVED			1	0	1
84450	TRANSFERASE ASPARTATE AMINO AST SGOT		7	0	7
APPROVED			7	0	7
84466	ASSAY OF L7383TRANSFERRIN		2	0	2
APPROVED			2	0	2
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
84520	ASSAY OF UREA NITROGEN QUANTITATIVE		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre-authorization			0	1	1
84550	ASSAY OF BLOOD/URIC ACID		3	0	3
APPROVED			3	0	3
84630	ASSAY OF ZINC		1	0	1
APPROVED			1	0	1
84702	GONADOTROPIN CHORIONIC QUANTITATIVE		4	0	4
APPROVED			4	0	4
84703	GONADOTROPIN CHORIONIC QUALITATIVE		7	0	7

APPROVED			7	0	7
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT		3	0	3
APPROVED			3	0	3
85014	BLOOD COUNT HEMATOCRIT		0	2	2
DENIED			0	2	2
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre-authorization			0	1	1
85025	BLOOD COUNT COMPLETE AUTO AND AUTO DIFRNTL WBC		54	8	62
APPROVED			54	0	54
DENIED			0	8	8
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Direction			0	2	2
Denied Non Participating Provider			0	3	3
85027	BLOOD COUNT COMPLETE AUTOMATED		36	2	38
APPROVED			36	0	36
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Direction			0	1	1
Denied Non Participating Provider			0	1	1
85045	BLOOD COUNT RETICULOCYTE AUTOMATED		3	0	3
APPROVED			3	0	3
85046	BLOOD COUNT RETICULOCYTES AUTO 1 OR CT CELL MEAS		1	0	1

APPROVED			1	0	1
85049	BLOOD COUNT PLATELET AUTOMATED		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT		1	0	1
APPROVED			1	0	1
85220	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR		1	0	1
APPROVED			1	0	1
85240	CLOTTING FACTOR VIII AHG 1 STAGE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
85379	FIBRIN DGRADJ PRODUCTS D- DIMER QUANTITATIVE		0	1	1
DENIED			0	1	1
Denied for No Pre- authorization			0	1	1
85384	FIBRINOGEN ACTIVITY		3	0	3
APPROVED			3	0	3
85610	Prothrombin time		35	3	38
APPROVED			35	0	35
DENIED			0	3	3
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
85651	SEDIMENTATION RATE RBC NON-AUTOMATED		2	0	2

APPROVED			2	0	2
85660	SICKLING RBC REDUCTION		7	0	7
APPROVED			7	0	7
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD		26	3	29
APPROVED			26	0	26
DENIED			0	3	3
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES		1	0	1
APPROVED			1	0	1
86038	ANTINUCLEAR ANTIBODIES ANA		3	0	3
APPROVED			3	0	3
86039	ANTINUCLEAR ANTIBODIES ANA TITER		3	0	3
APPROVED			3	0	3
86140	C-reactive protein		3	0	3
APPROVED			3	0	3
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY		5	0	5
APPROVED			5	0	5
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 12-6		4	0	4
APPROVED			4	0	4
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS		5	1	6
APPROVED			5	0	5

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM		6	0	6
APPROVED			6	0	6
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS		7	0	7
APPROVED			7	0	7
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL CULT		3	0	3
APPROVED			3	0	3
86580	SKIN TEST TUBERCULOSIS INTRADERMAL		2	0	2
APPROVED			2	0	2
86592	SYPHILIS TEST NON- TREPONEMAL ANTIBODY QUAL		23	2	25
APPROVED			23	0	23
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
86593	SYPHILIS TEST QUANTITATIVE		5	1	6
APPROVED			5	0	5
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86603	ANTIBODY ADENOVIRUS		2	0	2
APPROVED			2	0	2
86644	ANTIBODY CYTOMEGALOVIRUS CMV		36	2	38
APPROVED			36	0	36
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM		22	1	23
APPROVED			22	0	22
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA		18	1	19
APPROVED			18	0	18
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA		13	1	14
APPROVED			13	0	13

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST		1	0	1
APPROVED			1	0	1
86694	ANTIBODY HERPES SMPLEX NON-SPECIFIC TYPE TEST		8	0	8
APPROVED			8	0	8
86695	ANTIBODY HERPES SMPLEX TYPE 1		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86696	ANTIBODY HERPES SMPLEX TYPE 2		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
86701	ANTIBODY HIV-1		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86702	ANTIBODY HIV-2		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

86703	ANTIBODY HIV-1 AND HIV-2 SINGLE RESULT		19	1	20
APPROVED			19	0	19
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86704	HEPATITIS B CORE ANTIBODY HBCAR TOTAL		29	1	30
APPROVED			29	0	29
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY		12	0	12
APPROVED			12	0	12
86706	HEPATITIS B SURF ANTIBODY HBsAR		18	1	19
APPROVED			18	0	18
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86707	HEPATITIS BE ANTIBODY HBsEAB		1	0	1
APPROVED			1	0	1
86708	HEPATITIS A ANTIBODY HAAB		19	2	21
APPROVED			19	0	19
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY		6	1	7
APPROVED			6	0	6
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86747	ANTIBODY PARVOVIRUS		1	0	1
APPROVED			1	0	1
86753	ANTIBODY PROTOZOA NES		8	0	8
APPROVED			8	0	8
86762	ANTIBODY RUBELLA		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86765	ANTIBODY RUBEOLA		1	0	1
APPROVED			1	0	1
86777	ANTIBODY TOXOPLASMA		1	0	1
APPROVED			1	0	1
86778	ANTIBODY TOXOPLASMA IGM		7	0	7
APPROVED			7	0	7
86780	ANTIBODY TREPONEMA DALLIDUM		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
86787	ANTIBODY VARICELLA- ZOSTER		23	2	25
APPROVED			23	0	23
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
86788	ANTIBODY WEST NILE VIRUS IGM		6	0	6
APPROVED			6	0	6

86789	ANTIBODY WEST NILE VIRUS	4	0	4
APPROVED		4	0	4
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	14	0	14
APPROVED		14	0	14
86803	HEPATITIS C ANTIBODY	23	1	24
APPROVED		23	0	23
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATION	1	0	1
APPROVED		1	0	1
86807	SERUM SCREENING PCT REACTIVE ANTIBODY STANDARD METHOD	1	0	1
APPROVED		1	0	1
86812	HLA TYPING A/B/C SINGLE ANTIGEN	9	0	9
APPROVED		9	0	9
86813	HLA TYPING A/B/C MULTIPLE ANTIGENS	10	0	10
APPROVED		10	0	10
86816	HLA TYPING DR/DQ SINGLE ANTIGEN	1	0	1
APPROVED		1	0	1
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS	10	0	10
APPROVED		10	0	10
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED	1	0	1
APPROVED		1	0	1
86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM DILUTION	4	0	4
APPROVED		4	0	4

86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	4	0	4
APPROVED		4	0	4
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	3	0	3
APPROVED		3	0	3
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	7	0	7
APPROVED		7	0	7
86900	BLOOD TYPING SEROLOGIC ABO	36	1	37
APPROVED		36	0	36
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
86901	BLOOD TYPING SEROLOGIC RH (D)	18	1	19
APPROVED		18	0	18
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	3	0	3
APPROVED		3	0	3
86923	COMPATIBILITY EACH UNIT ELECTRONIC	2	0	2
APPROVED		2	0	2
87015	CONCENTRATION INFECTIOUS AGENTS	1	0	1
APPROVED		1	0	1
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	7	0	7
APPROVED		7	0	7

87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	1	0	1
APPROVED		1	0	1
87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	1	0	1
APPROVED		1	0	1
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO AND ID	1	0	1
APPROVED		1	0	1
87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	2	0	2
APPROVED		2	0	2
87088	CULTURE BCT ISOL AND PRSMPTV ID ISOLATE EA URINE	7	0	7
APPROVED		7	0	7
87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	1	0	1
APPROVED		1	0	1
87116	CULTURE TUBERCLE/OTH ACID- FAST BACILLI ANY ISOL	1	0	1
APPROVED		1	0	1
87186	SUSCEPTBLTY STDY ANTIMICRBIAL MICRO/AGAR CULTURE	1	0	1
APPROVED		1	0	1
87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	2	0	2
APPROVED		2	0	2

87206	SMR PRIM SRC FLUORESCENT and /AFS BCT FNGI PARASIT	1	0	1
APPROVED		1	0	1
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	25	1	26
APPROVED		25	0	25
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	17	2	19
APPROVED		17	0	17
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TO	1	0	1
APPROVED		1	0	1
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TO	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	9	0	9
APPROVED		9	0	9
87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	1	0	1
APPROVED		1	0	1
87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TO	1	0	1
APPROVED		1	0	1

87521	IADNA HEPATITIS C AMPLIFIED PROBE AND REVERSE TRANSCRIPTION	3	0	3
APPROVED		3	0	3
87522	IADNA HEPATITIS C QUANT AND REVERSE TRANSCRIPTION	18	2	20
APPROVED		18	0	18
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	2	0	2
APPROVED		2	0	2
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	6	0	6
APPROVED		6	0	6
87563	IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	1	0	1
APPROVED		1	0	1
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TO	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TO	1	0	1
APPROVED		1	0	1
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TO	1	0	1
APPROVED		1	0	1
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	1	0	1
APPROVED		1	0	1

87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	5	6	11
APPROVED		5	0	5
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	20	3	23
APPROVED		20	0	20
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	1	0	1
APPROVED		1	0	1
87902	NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
88143	CYTP C/V FLU AUTO THIN MNI SCR and RESCR PHYS	19	0	19
APPROVED		19	0	19
88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	1	0	1
APPROVED		1	0	1
88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP AND REPORT	1	0	1
APPROVED		1	0	1

88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST		1	0	1
APPROVED			1	0	1
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA		1	0	1
APPROVED			1	0	1
88187	FLOW CYTOMETRY INTERPJ 2- 8 MARKERS		1	0	1
APPROVED			1	0	1
88188	FLOW CYTOMETRY INTERPJ 9- 15 MARKERS		1	0	1
APPROVED			1	0	1
88189	FLOW CYTOMETRY INTERPRETATION 16 OR GT MARKERS		1	0	1
APPROVED			1	0	1
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH		5	7	12
APPROVED			5	0	5
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL		1	0	1
APPROVED			1	0	1
88291	CYTOGENETICS AND MOLEC CYTOGENETICS INTERP AND REP		1	0	1
APPROVED			1	0	1
88305	LEVEL IV SURG PATHOLOGY GROSS AND MICROSCOPIC EXAM		3	0	3
APPROVED			3	0	3
88321	CONSLTJ AND REPRT SLIDES PREPARED ELSEWHERE		2	7	9
APPROVED			2	0	2

DENIED			0	7	7
Denied Administrative			0	1	1
Denied Non Participating Provider			0	6	6
88341	IMHISTOCHEM/CYTCHM EA ADDITIONAL ANTI-BODY SLIDE		1	46	47
APPROVED			1	0	1
DENIED			0	46	46
Denied Covered by Other Program			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	36	36
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	4	4
88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE		1	44	45
APPROVED			1	0	1
DENIED			0	44	44
Denied Covered by Other Program			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	34	34
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	4	4
88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL		5	47	52
APPROVED			5	0	5
DENIED			0	47	47
Denied Covered by Other Program			0	1	1

Denied for No Pre-authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	36	36
Denied Not a Covered Benefit			0	4	4
Experimental Service or Procedure			0	4	4
88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN		0	4	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Experimental Service or Procedure			0	1	1
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE		1	0	1
APPROVED			1	0	1
88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH		1	0	1
APPROVED			1	0	1
88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPR		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPR		4	4	8
APPROVED			4	0	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4

88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	2	37	39
APPROVED		2	0	2
DENIED		0	37	37
Denied Covered by Other Program		0	1	1
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	26	26
Denied Non Participating Provider		0	1	1
Denied Not a Covered Benefit		0	4	4
Experimental Service or Procedure		0	4	4
90472	IM ADM PRQ ID SUBQ/IM NIXS FA VACCINE	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90715	TDAP VACCINE 7 YRS OR GT IM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION		6	6	12
APPROVED			6	0	6
DENIED			0	6	6
Denied Administrative			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES		3	0	3
APPROVED			3	0	3
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90833	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 30 MIN		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Administrative			0	3	3
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES		3	3	6

APPROVED			3	0	3
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
90836	PSYCHOTHERAPY W/PATIENT W/E and M SRVCS 45 MIN		0	1	1
DENIED			0	1	1
Denied Administrative			0	1	1
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES		7	5	12
APPROVED			7	0	7
DENIED			0	5	5
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS		1	0	1
APPROVED			1	0	1
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90853	GROUP PSYCHOTHERAPY		10	0	10
APPROVED			10	0	10

90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD W/DELIV and MN	15	7	22
APPROVED		15	0	15
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY AND MNG	16	9	25
APPROVED		16	0	16
DENIED		0	9	9
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV and MN	15	7	22
APPROVED		15	0	15
DENIED		0	7	7
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
90870	ELECTROCONVULSIVE THERAPY	11	1	12
APPROVED		11	0	11
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
90901	BIOFEEDBACK TRAINING ANY MODALITY	4	4	8

APPROVED			4	0	4
DENIED			0	4	4
Denied Additional Therapies			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Not a Covered Benefit			0	1	1
90912	BFB TRAING W/EMG and /MANOMETRY 1ST 15 MIN CNTCT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90913	BFB TRAING W/EMG and /MANOMETRY EA ADDL 15 MIN CNTCT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION		2	8	10
APPROVED			2	0	2
DENIED			0	8	8
Denied Non Participating Provider			0	8	8
90937	HEMODIALYSIS PX REPEAT EVAL W/VO REVJ DIALYS RX		0	4	4
DENIED			0	4	4
Denied Non Participating Provider			0	4	4
90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL		1	2	3

APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
90947	DIALYSIS OTH/THN HEMODIALY REPEAT DUNE/OLD EVALS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90960	ESRD RELATED SVC MONTHLY 20 and OR GT YR OLD 4 OR GT VIS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90961	ESRD RELATED SVC MONTHLY 20 OR GT YR OLD 2/3 VISITS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90962	ESRD RELATED SVC MONTHLY 20 and OR GT YR OLD 1 VISIT		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90970	ESRD RELATED SVC LT FULL MONTH 20 OR GT YR OLD		3	1	4

APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT		4	11	15
APPROVED			4	0	4
DENIED			0	11	11
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	10	10
91010	ESOPHAGEAL MOTILITY STUDY W/INTERP and RPT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
91040	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION		1	0	1
APPROVED			1	0	1
91110	GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I and R		0	1	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
91122	ANORECTAL MANOMETRY		1	0	1
APPROVED			1	0	1
92014	OPHTH MEDICAL XM and EVAL COMPRHNSV ESTAB PT 1 OR CT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA		2	0	2
APPROVED			2	0	2
92504	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92507	TX SPEECH LANG VOICE COMMJ and /AUDITORY PROC INP		97	54	151
APPROVED			97	0	97
DENIED			0	54	54
Denied Additional Information Not Received			0	1	1
Denied Additional Therapies			0	4	4
Denied Administrative			0	2	2
Denied Benefit limits exceeded			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	38	38
Denied Non Participating Provider			0	2	2

92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GT INDIV	3	0	3
APPROVED		3	0	3
92511	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	1	0	1
APPROVED		1	0	1
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	2	2
92526	TX SWALLOWING DYSFUNCTION and /ORAL FUNCTION FEEDING	28	13	41
APPROVED		28	0	28
DENIED		0	13	13
Denied Additional Therapies		0	5	5
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
Denied Non Participating Provider		0	1	1
92537	CALORIC VESTIBULAR TEST W/REC BI R THERMAL	0	1	1
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
92538	CALORIC VESTIBULAR TEST W/REF BI MONOTHERMAL		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS		1	0	1
APPROVED			1	0	1
92551	SCREENING TEST PURE TONE AIR ONLY		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92552	PURE TONE AUDIOMETRY AIR ONLY		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92553	PURE TONE AUDIOMETRY AIR AND BONE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92555	SPEECH AUDIOMETRY THRESHOLD		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNITION		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNITION		1	2	3

APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
92563	TONE DECAY TEST		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92565	STENGER TEST PURE TONE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92567	Tympanometry		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
92568	ACOUSTIC REFLEX THRESHOLD		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLEX/DECAY		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITS		1	0	1
APPROVED			1	0	1

92610	EVAL ORAL AND PHARYNGEAL SWLNG FUNCJ		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Benefit limits exceeded			0	1	1
Denied Non Participating Provider			0	1	1
92653	AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT		2	0	2
APPROVED			2	0	2
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/RY		1	0	1
APPROVED			1	0	1
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRANCH		2	0	2
APPROVED			2	0	2
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX		1	0	1
APPROVED			1	0	1
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE		1	0	1
APPROVED			1	0	1
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I and R		40	5	45
APPROVED			40	0	40
DENIED			0	5	5

Denied Elective Service - Out of Area/Non-contract Provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I and R		50	7	57
APPROVED			50	0	50
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	2	2
93010	ECG ROUTINE ECG W/LEAST 12 LDS I and R ONLY		19	2	21
APPROVED			19	0	19
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
93015	CV STRS TST XERS and /OR RX CONT ECG W/SL and R		127	37	164
APPROVED			127	0	127
DENIED			0	37	37
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	31	31
Denied Non Participating Provider			0	5	5
93016	CV STRS TST XERS and /OR RX CONT ECG W/O I and R		24	0	24
APPROVED			24	0	24

93017	CV STRS TST XERS and /OR RX CONT ECG TRCG ONLY		33	0	33
APPROVED			33	0	33
93018	CV STRS TST XERS and /OR RX CONT ECG I and R ONLY		28	0	28
APPROVED			28	0	28
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION and REPORT		1	0	1
APPROVED			1	0	1
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I and R		27	3	30
APPROVED			27	0	27
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
93224	XTRNL ECG and 48 HR RECORD SCAN STOR W/R and REPORT		1	0	1
APPROVED			1	0	1
93225	XTRNL ECG AND 48 HR RECORDING		2	0	2
APPROVED			2	0	2
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT		2	0	2
APPROVED			2	0	2
93227	XTRNL ECG CONTINUOUS RHYTHM W/I and R UP TO 48 HRS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93228	XTRNL MOBILE CV TELEMETRY W/I and REPORT 30 DAYS		5	1	6

APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93229	XTRNL MOBILE CV TELEMTRY W/TECHNICAL SUPPORT		155	19	174
APPROVED			155	0	155
DENIED			0	19	19
Denied Additional Information Not Received			0	2	2
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
Denied Non Participating Provider			0	2	2
93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I		60	2	62
APPROVED			60	0	60
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING		32	1	33
APPROVED			32	0	32
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT		5	0	5
APPROVED			5	0	5
93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION		27	1	28

APPROVED			27	0	27
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and		22	2	24
APPROVED			22	0	22
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING		24	2	26
APPROVED			24	0	24
DENIED			0	2	2
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS INTERPRET		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION		19	2	21
APPROVED			19	0	19
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1

93268	XTRNL PT ACTIV ECG TRANSMIS W/R and I LT 30 DAYS	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
93271	XTRNL PT ACTIVATED ECG REC DOWNED 30 DAYS	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied for No Pre- authorization		0	1	1
93296	REM INTERROG PM/LDLS PM/IDS LT 90 D TECH REVIEW	16	4	20
APPROVED		16	0	16
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	2	2
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	12	7	19
APPROVED		12	0	12
DENIED		0	7	7
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	4	4
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	11	5	16

APPROVED			11	0	11
DENIED			0	5	5
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC and COLR		155	32	187
APPROVED			155	0	155
DENIED			0	32	32
Denied Appeal Denial Upheld			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
Denied Non Participating Provider			0	14	14
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP		35	6	41
APPROVED			35	0	35
DENIED			0	6	6
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/MTR		12	1	13
APPROVED			12	0	12

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I and R		8	5	13
APPROVED			8	0	8
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	4	4
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMNG L AND R		1	0	1
APPROVED			1	0	1
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTION		3	0	3
APPROVED			3	0	3
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY		10	4	14
APPROVED			10	0	10
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD		7	0	7
APPROVED			7	0	7
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING		18	5	23
APPROVED			18	0	18
DENIED			0	5	5

Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST and ST		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93351	ECHO TTHRC R-T 2D W/WO M-MODE REST and STRS CONT ECG		23	4	27
APPROVED			23	0	23
DENIED			0	4	4
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTUAL		5	0	5
APPROVED			5	0	5
93451	RIGHT HEART CATH O2 SATURATION AND CARDIAC OUTPUT		44	6	50
APPROVED			44	0	44
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	3	3

93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S and I	40	3	43
APPROVED		40	0	40
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
93453	R and L HRT CATH W/NJX L VENTRICULOG IMG S and I	25	1	26
APPROVED		25	0	25
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
93458	CATH PLMT L HRT and ARTS W/NJX and ANGIO IMG S and I	24	6	30
APPROVED		24	0	24
DENIED		0	6	6
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	4	4
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX and ANGIO IMG S and I	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
93460	R AND L HRT CATH WINJX HRT ART AND L VENTR IMG	22	0	22
APPROVED		22	0	22
93462	LEFT HEART CATH BY TRANSCEDTAL PUNCTURE	2	0	2
APPROVED		2	0	2

93505	ENDOMYOCARDIAL BIOPSY	3	0	3
APPROVED		3	0	3
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ	3	0	3
APPROVED		3	0	3
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT	1	0	1
APPROVED		1	0	1
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC	1	0	1
APPROVED		1	0	1
93592	PERQ TRANSCATH CLS PARAVALVR LEAK EACH	1	0	1
APPROVED		1	0	1
93609	INTRA-VENTRIC and /ATRIAL MAPG TACHYCARD W/CATH	1	0	1
APPROVED		1	0	1
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D	2	0	2
APPROVED		2	0	2
93619	COMPRE ELECTROPHYSIOLOGIC W/O	1	0	1
APPROVED		1	0	1
93621	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	1	0	1
APPROVED		1	0	1
93622	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	1	0	1
APPROVED		1	0	1

93623	PROGRAMMED STIMJ AND PACG AFTER IV DRUG NFS		2	0	2
APPROVED			2	0	2
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ABRUVE		1	0	1
APPROVED			1	0	1
93653	COMPRE EP EVAL ABLTJ 3D MAPG TX SVT		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1
93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON		2	0	2
APPROVED			2	0	2
93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN		1	0	1
APPROVED			1	0	1
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S		2	0	2
APPROVED			2	0	2
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT		0	5	5
DENIED			0	5	5
Denied Appeal Denial Upheld			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	2	2
93750	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS		3	0	3
APPROVED			3	0	3
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR		18	6	24
APPROVED			18	0	18
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING		51	29	80
APPROVED			51	0	51
DENIED			0	29	29
Denied Additional Information Not Received			0	2	2
Denied Additional Therapies			0	1	1
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	24	24
Denied Non Participating Provider			0	1	1
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY		11	2	13
APPROVED			11	0	11
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL		0	3	3
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract Provider			0	2	2
Denied Non Participating Provider			0	1	1
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY		6	3	9
APPROVED			6	0	6
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Non Participating Provider			0	2	2
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY		28	7	35
APPROVED			28	0	28

DENIED			0	7	7
Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical			0	4	4
Denied Non Participating Provider			0	2	2
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract			0	1	1
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT and /RPR		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical			0	1	1
Denied Non Participating Provider			0	1	1
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT and /RPR		1	0	1
APPROVED			1	0	1
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical			0	1	1

Denied Non Participating Provider			0	1	1
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
93985	DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL BI STD		3	0	3
APPROVED			3	0	3
93986	DUPLEX SCAN ARTL INFL and VEN O/F HEMO COMPL UNI STD		3	0	3
APPROVED			3	0	3
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ		41	12	53
APPROVED			41	0	41
DENIED			0	12	12
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	5	5
94060	BRNCDILAT RSPSE SPMTRY PRE AND POST-BRNCDILAT ADMIN		30	3	33
APPROVED			30	0	30
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMIN ACT		1	0	1
APPROVED			1	0	1
94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ		3	0	3
APPROVED			3	0	3
94375	Respiratory flow volume loop		3	0	3
APPROVED			3	0	3
94618	PULMONARY STRESS TESTING		11	10	21
APPROVED			11	0	11
DENIED			0	10	10
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre- authorization			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	5	5
94621	CARDIOPULMONARY EXERCISE TESTING		8	2	10
APPROVED			8	0	8
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
94625	PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY LIMIT		1	0	1
APPROVED			1	0	1

94626	PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY		1	0	1
APPROVED			1	0	1
94640	PRESSURIZED/NONPRESSURIZ ED INHALATION TREATMENT		1	0	1
APPROVED			1	0	1
94642	PENTAMIDINE AERSL INHALATION		1	0	1
APPROVED			1	0	1
94664	DEMO and /EVAL OF PT UTILIZ AERSL GEN/NEB/INHLE/IP		1	0	1
APPROVED			1	0	1
94726	PLETHYSMOGRAPHY LUNG VOLUMES W/VO AIRWAY		20	3	23
APPROVED			20	0	20
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
94727	GAS DILUT/WASHOUT LUNG VOL W/VO DISTRIB VENT and		7	0	7
APPROVED			7	0	7
94729	CO DIFFUSING CAPACITY		30	4	34
APPROVED			30	0	30
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2

94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER		1	0	1
APPROVED			1	0	1
94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER		1	0	1
APPROVED			1	0	1
94799	UNLISTED PULMONARY SERVICE/PROCEDURE		1	0	1
APPROVED			1	0	1
95004	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS		0	2	2
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1
95165	PREPJ and ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	2	2

95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	92	4	96
APPROVED		92	0	92
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
95708	EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	11	1	12
APPROVED		11	0	11
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95709	EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	20	1	21
APPROVED		20	0	20
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	4	0	4
APPROVED		4	0	4
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	25	0	25
APPROVED		25	0	25
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	7	0	7
APPROVED		7	0	7
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	9	1	10
APPROVED		9	0	9
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR		72	4	76
APPROVED			72	0	72
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
95716	VEEG BY TECH EA INCR 12-26 HR CONT P-T MNTR		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
95717	EEG PHYS/QHP 2-12 HR WITHOUT VIDEO		2	0	2
APPROVED			2	0	2
95718	EEG PHYS/QHP 2-12 HR WITH VEEG		16	0	16
APPROVED			16	0	16
95719	EEG PHYS/QHP EA INCR GT 12HR LT 26HR AFTER 24HR W/O VIDEO		8	0	8
APPROVED			8	0	8
95720	EEG PHYS/QHP EA INCR GT 12HR LT 26HR AFTER 24HR W/VEEG		56	3	59
APPROVED			56	0	56
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
95721	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/O VIDEO		3	0	3
APPROVED			3	0	3

95722	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/VIDEO	2	0	2
APPROVED		2	0	2
95723	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/VIDEO	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95724	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/VIDEO	20	1	21
APPROVED		20	0	20
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
95782	POLYSOM LT 6 YRS SLEEP STAGE 4 OR GT ADDL PARAM ATTND	1	0	1
APPROVED		1	0	1
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	31	9	40
APPROVED		31	0	31
DENIED		0	9	9
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
Denied Non Participating Provider		0	4	4
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	13	2	15
APPROVED		13	0	13
DENIED		0	2	2
Denied Non Participating Provider		0	2	2

95806	SLEEP STD AIRFLOW HRT RATE AND O2 SAT EFFORT UNATT	18	5	23
APPROVED		18	0	18
DENIED		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	3	3
95810	POLYSOM 6 OR GT YRS SLEEP 4 OR GT ADDL PARAM ATTND	611	89	700
APPROVED		611	0	611
DENIED		0	89	89
Denied Additional Information Not Received		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	68	68
Denied Non Participating Provider		0	10	10
Pended for Additional Information		0	1	1
95811	POLYSOM 6 OR GT YRS SLEEP W/CPAP 4 OR GT ADDL PARAM ATTND	595	65	660
APPROVED		595	0	595
DENIED		0	65	65
Denied Additional Information Not Received		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	50	50
Denied Non Participating Provider		0	8	8
Pended for Additional Information		0	1	1
95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	2	0	2

APPROVED			2	0	2
95813	EEG EXTENDED MONITORING 61-119 MINUTES		3	0	3
APPROVED			3	0	3
95816	ELECTROENCEPHALOGRAM W/REC AWAKE and DROWSY		5	0	5
APPROVED			5	0	5
95819	ELECTROENCEPHALOGRAM W/REC AWAKE and ASLEEP		2	0	2
APPROVED			2	0	2
95822	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY		12	9	21
APPROVED			12	0	12
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	1	1
95829	ELECTROCORTICOGRAM SURGERY SPX		1	0	1
APPROVED			1	0	1
95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS		16	10	26
APPROVED			16	0	16
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
95864	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS		1	0	1

APPROVED			1	0	1
95865	NEEDLE ELECTROMYOGRAPHY LARYNX		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI		9	4	13
APPROVED			9	0	9
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12		1	0	1
APPROVED			1	0	1
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI		18	9	27
APPROVED			18	0	18
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	3	3
Denied Not a Covered Benefit			0	1	1
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED		1	1	2
APPROVED			1	0	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE		12	6	18
APPROVED			12	0	12
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION		1	0	1
APPROVED			1	0	1
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES		12	6	18
APPROVED			12	0	12
DENIED			0	6	6

Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES		3	4	7
APPROVED			3	0	3
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
95913	NERVE CONDUCTION STUDIES 13 OR GT STUDIES		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2

95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95924	TSTG ANS FUNCJ PARASYMP and SYMP W/5 MIN PASIVE TILT		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95926	SHORT-LATENCY SOMATOSENS EP STD LWR LIMB		1	0	1
APPROVED			1	0	1
95927	SHORT-LATENCY SOMATOSENS EP STD TRUNK/HEAD		8	5	13
APPROVED			8	0	8
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	3	3
95930	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I and R		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
95937	NEUROMUSCULAR JUNCT TSTG FA NRV ANY 1 METH		2	0	2
APPROVED			2	0	2
95938	SHORT-LATENCY SOMATOSENS EP STD UPR AND LOW LIMB		21	10	31

APPROVED			21	0	21
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR AND LOW H		19	10	29
APPROVED			19	0	19
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES		11	4	15
APPROVED			11	0	11
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
95941	IONM REMOTE/NEARBY OR GT 1 PATIENT IN OR PER HOUR		19	9	28
APPROVED			19	0	19
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4

Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
95955	EEG NONINTRACRANIAL SURGERY		9	4	13
APPROVED			9	0	9
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM		17	6	23
APPROVED			17	0	17
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
95961	FUNCJAL CORT and SUBCORT MAPG PHYS/QHP ATTND INIT HR		2	0	2
APPROVED			2	0	2
95962	FUNCJAL CORT and SUBCORT MAPG PHYS/QHP ATTND ADDL HR		1	0	1
APPROVED			1	0	1
95970	ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING		2	0	2
APPROVED			2	0	2
95972	ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
95976	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG		1	0	1

APPROVED			1	0	1
95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG		1	0	1
APPROVED			1	0	1
95992	CANALITH REPOSITIONING PROCEDURE		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
95999	UNLISTED NEUROLOGICAL/NEUROMUSC ULAR DYS		23	18	41
APPROVED			23	0	23
DENIED			0	18	18
Denied Cancel Auth per Medical Management			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	2	2
Experimental Service or Procedure			0	1	1
96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES		1	0	1
APPROVED			1	0	1
96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN		1	1	2
APPROVED			1	0	1

DENIED			0	1	1
Denied Non Participating Provider			0	1	1
96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR		19	4	23
APPROVED			19	0	19
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR		7	1	8
APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96127	BEHAV ASSMT W/SCORE and DOCD/STAND INSTRUMENT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR		69	41	110
APPROVED			69	0	69
DENIED			0	41	41
Denied Elective Service - Out of Area/Non-contract Provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	39	39
96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR		71	62	133

APPROVED			71	0	71
DENIED			0	62	62
Denied Medical Necessity Criteria Not Met Medical Director			0	62	62
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR		51	28	79
APPROVED			51	0	51
DENIED			0	28	28
Denied Medical Necessity Criteria Not Met Medical Director			0	28	28
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR		25	13	38
APPROVED			25	0	25
DENIED			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
96136	PSYL/NRPSYCL TST PHYS/QHP 2 Plus TST 1ST 30 MIN		92	40	132
APPROVED			92	0	92
DENIED			0	40	40
Denied Medical Necessity Criteria Not Met Medical Director			0	40	40
96137	PSYCL/NRPSYCL TST PHYS/QHP 2 Plus TST EA ADDL 30 MIN		87	57	144
APPROVED			87	0	87
DENIED			0	57	57
Denied Medical Necessity Criteria Not Met Medical Director			0	57	57
96138	PSYCL/NRPSYCL TST TECH 2 Plus TST 1ST 30 MIN		36	19	55
APPROVED			36	0	36

DENIED			0	19	19
Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
96139	PSYCL/NRPSYCL TST TECH 2 Plus TST EA ADDL 30 MIN		16	9	25
APPROVED			16	0	16
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	9	9
96146	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR		1	0	1
APPROVED			1	0	1
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ /IM		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

96373	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL		1	0	1
APPROVED			1	0	1
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG		6	0	6
APPROVED			6	0	6
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC		9	0	9
APPROVED			9	0	9
96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG		10	1	11
APPROVED			10	0	10
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

96415	CHEMOTHERAPY ADMN IV INFUSION TO EA HR	5	0	5
APPROVED		5	0	5
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	8	1	9
APPROVED		8	0	8
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	8	0	8
APPROVED		8	0	8
96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
96567	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	1	0	1
APPROVED		1	0	1
96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	1	0	1
APPROVED		1	0	1
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	1	0	1
APPROVED		1	0	1
96910	PHOTOCHEMOTX TAR and IIVR/RETROL ATUM/IIVR	14	6	20
APPROVED		14	0	14
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6

96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96920	LASER SKIN DISEASE PSORIASIS TOT AREA LT 250 SQ CM		4	4	8
APPROVED			4	0	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
96922	LASER SKIN DISEASE PSORIASIS GT 500 SQ CM		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97010	APPLICATION MODALITY 1 OR GT AREAS HOT/COLD PACKS		9	5	14
APPROVED			9	0	9
DENIED			0	5	5
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

Denied Non Participating Provider			0	2	2
97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL		7	7	14
APPROVED			7	0	7
DENIED			0	7	7
Denied Additional Therapies			0	1	1
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	3	3
97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED		28	16	44
APPROVED			28	0	28
DENIED			0	16	16
Denied Additional Therapies			0	1	1
Denied Benefit limits exceeded			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Benefit limits exceeded			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH		6	3	9
APPROVED			6	0	6
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
97022	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
97024	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97032	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN		12	11	23
APPROVED			12	0	12
DENIED			0	11	11
Denied Additional Therapies			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	4	4
97033	APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN		0	2	2
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97035	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN		21	14	35
APPROVED			21	0	21
DENIED			0	14	14
Denied Benefit limits exceeded			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	1	1
97039	UNLISTED MODALITY SPEC TYPE and TIME CONSTANT ATTN		7	3	10
APPROVED			7	0	7
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
97110	THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISE		1682	630	2312

APPROVED			1682	0	1682
DENIED			0	630	630
Denied Additional Information Not Received			0	4	4
Denied Additional Therapies			0	63	63
Denied Administrative			0	5	5
Denied Benefit limits exceeded			0	70	70
Denied Elective Service - Out of Area/Non-contract			0	8	8
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	427	427
Denied Member Ineligible			0	2	2
Denied Non Participating Provider			0	43	43
Denied Not a Covered Benefit			0	2	2
Denied Retrospective Auth Request			0	2	2
Limited Approval			0	2	2
Pended Medical Director Review			0	1	1
97112	THER PX 1 OR GT AREAS EACH 15 MIN NEUROMUSC REPERCU		1240	466	1706
APPROVED			1240	0	1240
DENIED			0	466	466
Denied Additional Information Not Received			0	3	3
Denied Additional Therapies			0	47	47
Denied Administrative			0	3	3
Denied Benefit limits exceeded			0	39	39

Denied Elective Service - Out of Area/Non-contract			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	325	325
Denied Non Participating Provider			0	36	36
Denied Not a Covered Benefit			0	1	1
Denied Retrospective Auth Request			0	1	1
Limited Approval			0	2	2
Pended Medical Director Review			0	2	2
97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/NEEDS		70	30	100
APPROVED			70	0	70
DENIED			0	30	30
Denied Additional Therapies			0	3	3
Denied Administrative			0	1	1
Denied Benefit limits exceeded			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
Denied Not a Covered Benefit			0	5	5
97116	THER PX 1 OR GT AREAS EA 15 MIN GAIT TRAING W/STAIR		477	170	647
APPROVED			477	0	477
DENIED			0	170	170
Denied Additional Information Not Received			0	1	1
Denied Additional Therapies			0	18	18
Denied Administrative			0	2	2
Denied Benefit limits exceeded			0	13	13

Denied Elective Service - Out of Area/Non-contract Provider			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	120	120
Denied Non Participating Provider			0	10	10
Denied Not a Covered Benefit			0	1	1
97124	THER PX 1 OR GT AREAS EACH 15 MINUTES MASSAGE		11	6	17
APPROVED			11	0	11
DENIED			0	6	6
Denied Additional Therapies			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES		7	3	10
APPROVED			7	0	7
DENIED			0	3	3
Denied Additional Therapies			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES		11	6	17
APPROVED			11	0	11
DENIED			0	6	6
Denied Additional Therapies			0	3	3
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1

97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
97140	MANUAL THERAPY TQS 1 OR GT REGIONS EACH 15 MINUTES	984	411	1395
APPROVED		984	0	984
DENIED		0	411	411
Denied Additional Information Not Received		0	4	4
Denied Additional Therapies		0	39	39
Denied Administrative		0	2	2
Denied Benefit limits exceeded		0	44	44
Denied Elective Service - Out of Area/Non-contract provider		0	9	9
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	274	274
Denied Non Participating Provider		0	35	35
Denied Not a Covered Benefit		0	2	2
Limited Approval		0	1	1
97150	THERAPEUTIC PROCEDURES GROUP 2 OR GT INDIVIDUALS	133	52	185
APPROVED		133	0	133
DENIED		0	52	52
Denied Additional Therapies		0	7	7
Denied Benefit limits exceeded		0	6	6
Denied Elective Service - Out of Area/Non-contract provider		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	34	34
Denied Non Participating Provider			0	3	3
Limited Approval			0	1	1
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN		4	0	4
APPROVED			4	0	4
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN		8	0	8
APPROVED			8	0	8
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN		2	0	2
APPROVED			2	0	2
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN		8	0	8
APPROVED			8	0	8
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN		8	0	8
APPROVED			8	0	8
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN		1	0	1
APPROVED			1	0	1
97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN		1	0	1
APPROVED			1	0	1
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MIN		24	13	37
APPROVED			24	0	24
DENIED			0	13	13
Denied Additional Therapies			0	1	1

Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Member Ineligible			0	1	1
Denied Non Participating Provider			0	8	8
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 20 MINS		24	22	46
APPROVED			24	0	24
DENIED			0	22	22
Denied Benefit limits exceeded			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
Denied Member Ineligible			0	1	1
Denied Non Participating Provider			0	7	7
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS		17	8	25
APPROVED			17	0	17
DENIED			0	8	8
Denied Benefit limits exceeded			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS		154	53	207

APPROVED			154	0	154
DENIED			0	53	53
Denied Additional Therapies			0	4	4
Denied Benefit limits exceeded			0	8	8
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	28	28
Denied Non Participating Provider			0	10	10
Denied Not a Covered Benefit			0	1	1
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Benefit limits exceeded			0	1	1
Denied Non Participating Provider			0	1	1
97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

Denied Non Participating Provider			0	1	1
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS		12	8	20
APPROVED			12	0	12
DENIED			0	8	8
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN		851	365	1216
APPROVED			851	0	851
DENIED			0	365	365
Denied Additional Information Not Received			0	4	4
Denied Additional Therapies			0	34	34
Denied Administrative			0	3	3
Denied Benefit limits exceeded			0	38	38
Denied Elective Service - Out of Area/Non-contract provider			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	244	244
Denied Non Participating Provider			0	30	30
Denied Not a Covered Benefit			0	2	2
Limited Approval			0	1	1

97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	5	4	9
APPROVED		5	0	5
DENIED		0	4	4
Denied Additional Therapies		0	1	1
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	242	86	328
APPROVED		242	0	242
DENIED		0	86	86
Denied Additional Information Not Received		0	2	2
Denied Additional Therapies		0	10	10
Denied Benefit limits exceeded		0	10	10
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	60	60
Denied Non Participating Provider		0	3	3
97537	COMMUNITY/WORK REINTEGRATION TRAINING EA 15 MIN	6	5	11
APPROVED		6	0	6
DENIED		0	5	5
Denied Additional Therapies		0	2	2
Denied Benefit limits exceeded		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
97542	WHEELCHAIR MGMT EA 15 MIN		9	9	18
APPROVED			9	0	9
DENIED			0	9	9
Denied Additional Therapies			0	1	1
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM OR LT		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Appeal Denial Upheld			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS		1	0	1
APPROVED			1	0	1
97605	NEGATIVE PRESSURE WOUND THERAPY DME LT or equal to 50 SQ		5	2	7
APPROVED			5	0	5
DENIED			0	2	2

Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97606	NEGATIVE PRESSURE WOUND THERAPY DME GT 50 SQ CM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
97608	NEG PRESSURE WOUND THERAPY NON DME GT 50 SQ CM		2	0	2
APPROVED			2	0	2
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN		62	27	89
APPROVED			62	0	62
DENIED			0	27	27
Denied Additional Therapies			0	3	3
Denied Benefit limits exceeded			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
97760	ORTHOTICS MGMT AND TRAING INITIAL ENCTR EA 15 MIN		28	23	51
APPROVED			28	0	28
DENIED			0	23	23
Denied Additional Information Not Received			0	1	1
Denied Additional Therapies			0	5	5
Denied Benefit limits exceeded			0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Not a Covered Benefit			0	1	1
97763	ORTHOTICS/PROSTH MGMT and /TRAINING SBSQ ENCTR 15 MIN		11	14	25
APPROVED			11	0	11
DENIED			0	14	14
Denied Additional Therapies			0	3	3
Denied Benefit limits exceeded			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX		66	14	80
APPROVED			66	0	66
DENIED			0	14	14
Denied Additional Therapies			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Non Participating Provider			0	1	1
97802	MEDICAL NUTRITION ASSMT AND IVNTJ INDIV EACH 15 MI		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	1	1
Pended Medical Director Review			0	1	1
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS		1	0	1
APPROVED			1	0	1
98972	QNHP OL DIGITAL ASSMT and MGMT EST PT LT 7 D 21 Plus MIN		1	0	1
APPROVED			1	0	1
99000	HANDLG and /OR CONVEY OF SPEC FOR TR OFFICE TO LAB		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL DX		2	0	2
APPROVED			2	0	2
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST		1	0	1
APPROVED			1	0	1
99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5 OR GT YRS		11	4	15
APPROVED			11	0	11
DENIED			0	4	4
Denied Non Participating Provider			0	4	4

99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	10	3	13
APPROVED		10	0	10
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
99183	PHYS/QHP ATTN and SUPVJ HYPRBARIC OXYGEN TX/SESSION	48	13	61
APPROVED		48	0	48
DENIED		0	13	13
Denied Medical Necessity Criteria Not Met Medical Director		0	13	13
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	32	11	43
APPROVED		32	0	32
DENIED		0	11	11
Denied Administrative		0	2	2
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Non Participating Provider		0	3	3
Pended for Additional Information		0	1	1
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	52	25	77
APPROVED		52	0	52
DENIED		0	25	25
Denied Administrative		0	5	5
Denied Elective Service - Out of Area/Non-contract provider		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Denied Non Participating Provider			0	11	11
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES		90	38	128
APPROVED			90	0	90
DENIED			0	38	38
Denied Administrative			0	7	7
Denied Elective Service - Out of Area/Non-contract Provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	15	15
Denied Non Participating Provider			0	14	14
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES		95	54	149
APPROVED			95	0	95
DENIED			0	54	54
Denied Administrative			0	4	4
Denied Appeal Denial Upheld			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	6	6
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Non Participating Provider			0	22	22
Denied Out of Area Services			0	1	1
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP		56	12	68

APPROVED			56	0	56
DENIED			0	12	12
Denied Administrative			0	3	3
Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical			0	6	6
Denied Non Participating Provider			0	2	2
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19		66	23	89
APPROVED			66	0	66
DENIED			0	23	23
Denied Administrative			0	4	4
Denied Elective Service - Out of Area/Non-contract			0	3	3
Denied Medical Necessity Criteria Not Met Medical			0	10	10
Denied Non Participating Provider			0	6	6
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN		102	42	144
APPROVED			102	0	102
DENIED			0	42	42
Denied Administrative			0	5	5
Denied Appeal Denial Upheld			0	1	1
Denied Elective Service - Out of Area/Non-contract			0	3	3
Denied Medical Necessity Criteria Not Met Medical			0	13	13
Denied Non Participating Provider			0	20	20

99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30- 39 MIN	162	81	243
APPROVED		162	0	162
DENIED		0	81	81
Denied Administrative		0	15	15
Denied Elective Service - Out of Area/Non-contract Provider		0	5	5
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	20	20
Denied Non Participating Provider		0	40	40
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40- 59 MIN	184	66	250
APPROVED		184	0	184
DENIED		0	66	66
Denied Administrative		0	6	6
Denied Appeal Denial Upheld		0	1	1
Denied Elective Service - Out of Area/Non-contract Provider		0	5	5
Denied Medical Necessity Criteria Not Met Medical Director		0	26	26
Denied Non Participating Provider		0	27	27
Denied Out of Area Services		0	1	1
99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	1	0	1
APPROVED		1	0	1
99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	0	1	1
DENIED		0	1	1
Denied Administrative		0	1	1

99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	13	6	19
APPROVED		13	0	13
DENIED		0	6	6
Denied Medical Necessity Criteria Not Met Medical Director		0	6	6
99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	23	1	24
APPROVED		23	0	23
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	3	0	3
APPROVED		3	0	3
99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	8	0	8
APPROVED		8	0	8
99241	OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN	8	4	12
APPROVED		8	0	8
DENIED		0	4	4
Denied Administrative		0	1	1
Denied Non Participating Provider		0	3	3

99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	7	6	13
APPROVED		7	0	7
DENIED		0	6	6
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	3	3
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	7	5	12
APPROVED		7	0	7
DENIED		0	5	5
Denied Administrative		0	1	1
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	2	2
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	43	33	76
APPROVED		43	0	43
DENIED		0	33	33
Denied Administrative		0	3	3
Denied Elective Service - Out of Area/Non-contract Provider		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	7	7
Denied Non Participating Provider		0	20	20

99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	68	28	96
APPROVED		68	0	68
DENIED		0	28	28
Denied Elective Service - Out of Area/Non-contract Provider		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	15	15
Denied Non Participating Provider		0	8	8
Denied Out of Area Services		0	1	1
99251	INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN	1	0	1
APPROVED		1	0	1
99255	IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	0	1	1
DENIED		0	1	1
Denied Additional Information Not Received		0	1	1
99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	3	0	3
APPROVED		3	0	3
99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	2	0	2
APPROVED		2	0	2
99306	INITIAL NURSING FACILITY CARE HI MDM 45 MINUTES	3	0	3
APPROVED		3	0	3
99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	2	0	2
APPROVED		2	0	2

99308	SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Administrative		0	1	1
99309	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Administrative		0	1	1
99310	SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	1	0	1
APPROVED		1	0	1
99325	DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN	1	0	1
APPROVED		1	0	1
99326	DOMICIL/REST HOME NEW PT HI-MOD SEVER 45 MINUTES	2	0	2
APPROVED		2	0	2
99334	DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES	2	0	2
APPROVED		2	0	2
99335	DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES	2	0	2
APPROVED		2	0	2
99336	DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES	2	0	2
APPROVED		2	0	2
99337	DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES	2	0	2
APPROVED		2	0	2

99341	HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	2	0	2
APPROVED		2	0	2
99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	2	0	2
APPROVED		2	0	2
99343	HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES	2	0	2
APPROVED		2	0	2
99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	2	0	2
APPROVED		2	0	2
99345	HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	3	0	3
APPROVED		3	0	3
99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	2	0	2
APPROVED		2	0	2
99358	PROLNG E/M SVC BEFORE and /AFTER DIR PT CARE 1ST HR	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT LT 4YEAR	2	0	2
APPROVED		2	0	2
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40- 64YRS	0	1	1
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS AND OLDER		4	0	4
APPROVED			4	0	4
99417	PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN		7	3	10
APPROVED			7	0	7
DENIED			0	3	3
Denied for No Pre- authorization			0	1	1
Denied Non Participating Provider			0	2	2
99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D		0	2	2
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1

99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH		0	2	2
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1
99458	REMOTE PHYSIOLOGIC MONITORING EA ADDL 20 MIN MO		0	2	2
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1
99487	COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO		0	2	2
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1
99489	CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO		0	2	2
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Non Participating Provider			0	1	1
99495	TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE		1	0	1
APPROVED			1	0	1
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE		14	1	15

APPROVED			14	0	14
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99512	HOME VISIT HEMODIALYSIS		4	0	4
APPROVED			4	0	4
99601	HOME NFS/SPECTY DRUG ADMN PR VST LT 2 HR		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
99602	HOME NFS/SPECTY DRUG ADMN PR VST LT 2 HR EA HR		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
A0382	BLS ROUTINE DISPOSABLE SUPPLIES		8	39	47
APPROVED			8	0	8
DENIED			0	39	39
Denied Administrative			0	13	13
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
Denied Not a Covered Benefit			0	8	8
A0394	ALS SPECIALIZED SERVICE DISPBL SPL - IV DRUG TX		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1

A0398	ALS ROUTINE DISPOSABLE SUPPLIES	1	6	7
APPROVED		1	0	1
DENIED		0	6	6
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
Denied Not a Covered Benefit		0	2	2
A0422	AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION	2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
Denied Not a Covered Benefit		0	4	4
A0424	EXTRA AMBULANCE ATTENDANT GROUND OR AIR	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
A0425	GROUND MILEAGE PER STATUTE MILE	24	110	134
APPROVED		24	0	24
DENIED		0	110	110
Denied Administrative		0	25	25
Denied Cancel No Services Rendered		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	59	59
Denied Non Emergent - Member Responsibility		0	1	1

Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	23	23
A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1		3	19	22
APPROVED			3	0	3
DENIED			0	19	19
Denied Administrative			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Not a Covered Benefit			0	5	5
A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT		25	118	143
APPROVED			25	0	25
DENIED			0	118	118
Denied Administrative			0	32	32
Denied Medical Necessity Criteria Not Met Medical Director			0	56	56
Denied Non Emergent - Member Responsibility			0	1	1
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	27	27
A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1

A0433	ADVANCED LIFE SUPPORT LEVEL 2		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
A0434	SPECIALTY CARE TRANSPORT		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Not a Covered Benefit			0	2	2
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
A0999	Unlisted ambulance service		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH		1	0	1
APPROVED			1	0	1
A4212	NONCORING NEEDLE OR STRIKETHROUGH CATHETER		2	0	2
APPROVED			2	0	2
A4215	NEEDLE STERILE ANY SIZE EACH		1	0	1
APPROVED			1	0	1
A4216	STERIL WATER SALINE and OR DXT DILUENT/FLUSH 10 ML		4	3	7
APPROVED			4	0	4

DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
A4221	SUPPLIES FOR MAINT NON- INS RX INFUS CATH PER WK		1	0	1
APPROVED			1	0	1
A4222	INFUS SPL EXT RX INFUS PUMP CASSETTE/BAG		3	0	3
APPROVED			3	0	3
A4223	INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4230	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4232	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4245	Alcohol wipes per box		5	1	6
APPROVED			5	0	5
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML		1	0	1
APPROVED			1	0	1
A4253	BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50		1	0	1
APPROVED			1	0	1
A4305	DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML OR GT - L/HR		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4322	IRRIGATION SYRINGE BULB OR PISTON EACH		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4332	LUBRICANT INDIVIDUAL STERILE PACKET EACH		1	0	1
APPROVED			1	0	1
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
A4351	INTERMIT URIN CATH; STRAIGHT TIP W/WO COAT EA		2	0	2
APPROVED			2	0	2
A4364	ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE		2	0	2
APPROVED			2	0	2

A4421	OSTOMY SUPPLY; MISCELLANEOUS		2	0	2
APPROVED			2	0	2
A4450	TAPE NON-WATERPROOF PER 18 SQUARE INCHES		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4452	TAPE WATERPROOF PER 18 SQUARE INCHES		1	0	1
APPROVED			1	0	1
A4456	ADHESIVE REMOVER WIPES ANY TYPE EACH		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A4481	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH		2	0	2
APPROVED			2	0	2
A4554	DISPOSABLE UNDERPADS ALL SIZES		0	1	1
DENIED			0	1	1
Denied Not a Covered Benefit			0	1	1
A4556	ELECTRODES PER PAIR		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
A4557	LEAD WIRES PER PAIR		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
A4604	TUBING W/INTGR HEAT ELEM W/POS AIRWAY PRESS DEVC		0	3	3

DENIED			0	3	3
Denied Non Participating Provider			0	3	3
A4605	TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH		1	0	1
APPROVED			1	0	1
A4623	TRACHEOSTOMY INNER CANNULA		1	0	1
APPROVED			1	0	1
A4624	TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA		1	0	1
APPROVED			1	0	1
A4626	TRACHEOSTOMY CLEANING BRUSH EACH		2	0	2
APPROVED			2	0	2
A4628	OROPHARYNGEAL SUCTION CATHETER EACH		1	0	1
APPROVED			1	0	1
A4629	TRACHEOSTOMY CARE KIT ESTABLISHED TRACHEOSTOMY		1	0	1
APPROVED			1	0	1
A4630	REPLCMT BATTTRY MED NECES TRNSQ ELEC STIM OWND PT		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC		5	0	5
APPROVED			5	0	5
A4649	SURGICAL SUPPLY; MISCELLANEOUS		6	0	6
APPROVED			6	0	6
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH		2	0	2
APPROVED			2	0	2

A4674	CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ	2	0	2
APPROVED		2	0	2
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH	1	0	1
APPROVED		1	0	1
A4690	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH	3	0	3
APPROVED		3	0	3
A4706	BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON	2	0	2
APPROVED		2	0	2
A4709	ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON	3	0	3
APPROVED		3	0	3
A4755	BLOOD TUBING ART AND VENOUS COMBINED HEMODIALYSIS EA	3	0	3
APPROVED		3	0	3
A4890	CONTRACTS REPAIR AND MAINTENANCE HEMODIAL EQUIPMENT	1	0	1
APPROVED		1	0	1
A4927	GLOVES NON-STERILE PER 100	2	0	2
APPROVED		2	0	2
A4930	GLOVES STERILE PER PAIR	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
A5120	SKIN BARRIER WIPES OR SWABS EACH	4	1	5
APPROVED		4	0	4
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD		2	0	2
APPROVED			2	0	2
A5200	PERCUT CATH/TUBE ANCHR DEVICE ADHES SKIN ATTCH		1	0	1
APPROVED			1	0	1
A6209	FOAM DRESS STERL PAD 16 SQ OR LT NO ADHES BORDR EA		1	0	1
APPROVED			1	0	1
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ OR LT W/O ADHES EA		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A6252	SPCLTY ABSORB DRESS GT 16 LT or equal to 48 SQ W/O ADHES		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A6257	TRANSPARENT FILM STERL 16 SQ IN OR LESS EA DRESS		1	0	1
APPROVED			1	0	1
A6261	WOUND FILLER GEL/PASTE PER FL 07 NOS		1	0	1
APPROVED			1	0	1
A6402	GAUZE NON-IMPREG STERL 16 SQ OR LT W/O ADHES BORDR		2	0	2
APPROVED			2	0	2
A6457	TUBULAR DRSG W/WO ELASTIC ANY WDTN PER LINEAR VS		1	0	1

APPROVED			1	0	1
A6534	GRADIENT COMPRESSION STK THIGH LEN 30-40 MMHG EA		1	0	1
APPROVED			1	0	1
A7000	CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH		1	0	1
APPROVED			1	0	1
A7002	TUBING USED WITH SUCTION PUMP EACH		1	0	1
APPROVED			1	0	1
A7003	ADMN SET SM VOL NONFILTR PNEUMAT NEBULIZR DISPBL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7005	ADMN SET W/SM VOL NONFILTR NEBULIZR NON- DISPBL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7013	FILTER DISPOSABL W/AREOSOL COMPRESS/US GENERATOR		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7030	FULL FACE MASK USED W/POS ARWAY PRESS DEVICE EA		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2

A7031	FACE MASK INTERFACE REPLCMT FULL FACE MASK EA	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
A7032	CUSHN NASAL MASK INTERFACE REPLACEMENT ONLY EACH	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A7033	PILLW NASL CANNULA TYPE INTERFCE REPL ONLY PAIR	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A7034	NASL INTRFCE POS ARWAY PRSS DEVC W/VO HEAD STRAP	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A7035	HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
A7036	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	2	2	4
APPROVED		2	0	2

DENIED			0	2	2
Denied Non Participating Provider			0	2	2
A7038	FILTER DISPBL USED W/POS ARWAY PRESSURE DEVICE		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
A7039	FILTER NON DISPBL USED W/POS ARWAY PRESS DEVICE		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
A7046	WATR CHAMB HUMDIFIR USED W/POS ARWAY PRSS DEVC		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
A7501	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A7503	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA EXCHG SYS EA		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

Denied Non Participating Provider			0	1	1
A7507	FLTR HLDR and INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG		6	1	7
APPROVED			6	0	6
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A7508	HOUS and INTGR ADHES TRACHEOSTOMA EXCHG SYS		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYURETHANE		4	0	4
APPROVED			4	0	4
A7521	TRACHEOST/LARYNGECT TUBE CUFFD PVC SILICONE/ FLEXIBLE EA		1	0	1
APPROVED			1	0	1
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH		1	0	1
APPROVED			1	0	1
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH		4	0	4
APPROVED			4	0	4

A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
A9276	SNSR;INVSV DISP USE NONDME INTRSTL CGM 1U		18	4	22
APPROVED			18	0	18
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Discretion			0	4	4
A9277	TRANSMITTER; EXT USE WITH NONDME INTRSTL CGM		10	2	12
APPROVED			10	0	10
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Discretion			0	2	2
A9278	RECEIVER; EXT USE NONDME INTRSTL SYSTEM CGM		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Discretion			0	1	1
A9500	TECHNETIUM TC-99M SESTAMIBI DX PER STUDY		64	20	84
APPROVED			64	0	64
DENIED			0	20	20
Denied for No Pre- authorization			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
Denied Non Participating Provider			0	1	1
A9502	TECHNETIUM TC-99M TETROFOSMIN DX PER STUDY DOSE		29	8	37
APPROVED			29	0	29
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
A9503	TECHNETIUM TC-99M MEDRONATE DX UP TO 30 MCI		2	0	2
APPROVED			2	0	2
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MCI		1	0	1
APPROVED			1	0	1
A9520	TECHNETIUM TC-99M TILMANOCEPT DX TO 0.5 MCI		2	0	2
APPROVED			2	0	2
A9552	FLUORODEOXYGLUCOSE F-18 FDG DX UP TO 45 MCI		20	3	23
APPROVED			20	0	20
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Not a Covered Benefit			0	1	1
A9555	RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI		15	2	17
APPROVED			15	0	15
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
A9560	TECHNETIUM TC-99M LABELED RBC DX UP TO 30 MCI		1	0	1
APPROVED			1	0	1
A9575	INJECTION GADOTERATE MEGLUMINE 0.1 MI		0	1	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
A9577	INJ GADOBENATE DIMEGLUMINE MULTIHANCE PER MI		3	0	3
APPROVED			3	0	3
A9580	SODIUM FLUORIDE F-18 DX PER STUDY DOSE TO 30 MCI		1	0	1
APPROVED			1	0	1
A9588	FLUCICLOVINE F-18 DIAGNOSTIC 1 MILLICURIE		1	0	1
APPROVED			1	0	1
A9596	GALLIUM GA-68 GOZETOTIDE DIAG ILLUCCIX 1 MCI		2	0	2
APPROVED			2	0	2
A9900	DME SUP/ACCESS/SRV - COMPON/OTH HCPCS		6	0	6
APPROVED			6	0	6
APS	3D Rendering Not on Independent Workstation	Auth - AI 3D Rendering Not On Independent Workstation (76376) 3D Rendering Not On Independent Workstation	1	11	12
APPROVED			1	0	1
DENIED			0	11	11
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11

APS	3D Rendering On Independent Workstation	Auth - AI 3D Rendering On Independent Workstation (76377) 3D Rendering On	1	8	9
APPROVED			1	0	1
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
APS	Arthrodesis, anterior interbody Arthrodesis, anterior interbody	Auth - PA Arthrodesis, anterior interbody 22548,22551-52,22554,22585 Arthrodesis, anterior interbody	4	0	4
APPROVED			4	0	4
APS	Arthroscopy: Ankle & Foot Arthroscopy: Ankle & Foot	Auth - PA Arthroscopy: Ankle&Foot 29891-92,29894-95,29897-99,29904-07	1	0	1
APPROVED			1	0	1
APS	Arthroscopy: Hip Arthroscopy: Hip	Auth - PA Arthroscopy: Hip 29860-29863, 29914-29916	1	0	1
APPROVED			1	0	1
APS	Arthroscopy: Knee Arthroscopy: Knee	Auth - PA Arthroscopy: Knee 29870-71, 29873-77, 29879-89	6	0	6
APPROVED			6	0	6
APS	Auth-Sleep Study Sleep Study (95810, 95811)	Auth - Sleep Study CPT Sleep Study (95810, 95811)	31	1	32
APPROVED			31	0	31
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Burn Unit	Inpatient Accomodation LOC RIIRN UNIT	0	1	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1

APS	CT Scan Ab+Pelvis	Auth - AI CT Ab+Pelvis (74176 - 78)	8	3	11
APPROVED			8	0	8
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	CT Scan Ab+Pelvis	Auth - AI CT Ab+Pelvis (74176 - 78) CT Abdomen+Pelvis	1937	268	2205
APPROVED			1937	0	1937
DENIED			0	268	268
Denied Additional Information Not Received			0	26	26
Denied Duplicate Request			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	229	229
Denied Non Participating Provider			0	8	8
APS	CT Scan Abdomen	Auth - AI CT Abdomen (74150, 74160, 74170) CT Abdomen	276	47	323
APPROVED			276	0	276
DENIED			0	47	47
Denied Additional Information Not Received			0	3	3
Denied Duplicate Request			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	41	41

APS	CT Scan Abdomen	Auth - AI CT Angiography, Abdomen (74175, 74174) CT Angiography, Abdomen	20	8	28
APPROVED			20	0	20
DENIED			0	8	8
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
APS	CT Scan Angiography, Abdominal Arteries	Auth - AI CT Angio, Ab Arteries (75635, 74174) CT Angiography, Abdominal Arteries	43	14	57
APPROVED			43	0	43
DENIED			0	14	14
Denied Medical Necessity Criteria Not Met Medical Director			0	14	14
APS	CT Scan Angiography, Chest	Auth - AI CT Angiography, Chest (71275)	1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Angiography, Chest	Auth - AI CT Angiography, Chest (71275) CT Angiography, Chest	78	27	105
APPROVED			78	0	78
DENIED			0	27	27
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	25	25
Denied Non Participating Provider			0	1	1
APS	CT Scan Angiography, Head	Auth - AI CT Angiography, Head (70496) CT Angiography, Head	40	6	46
APPROVED			40	0	40

DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
APS	CT Scan Angiography, Neck	Auth - AI CT Angiography, Neck (70498) CT Angiography, Neck	30	7	37
APPROVED			30	0	30
DENIED			0	7	7
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
APS	CT Scan Angiography, Pelvis	Auth - AI CT Angiography, Pelvis (72191, 74174) CT Angiography, Pelvis	1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	CT Scan Angiography, Upper Extremity	Auth - AI CT Angio, Upper Extremity (73206) CT Angiography, Upper Extremity	1	0	1
APPROVED			1	0	1
APS	CT Scan Cervical Spine	Auth - AI CT Cervical Spine (72125, 72126, 72127) CT Cervical Spine	38	24	62
APPROVED			38	0	38
DENIED			0	24	24
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22
Denied Non Participating Provider			0	1	1

APS	CT Scan Chest	Auth - AI CT Chest (71250, 71260, 71270, 71271)	1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Chest	Auth - AI CT Chest (71250, 71260, 71270, 71271) CT Chest	1415	215	1630
APPROVED			1415	0	1415
DENIED			0	215	215
Denied Additional Information Not Received			0	13	13
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	198	198
Denied Non Participating Provider			0	3	3
APS	CT Scan CT Angiography, Cardiac	Auth - AI CT Angiography, Cardiac (0623T, 0624T, 0625T, 0626T, 75574) CT Angiography,	102	38	140
APPROVED			102	0	102
DENIED			0	38	38
Denied Additional Information Not Received			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	32	32
Denied Non Participating Provider			0	3	3
APS	CT Scan CT Cardiac	Auth - AI CT Cardiac (75571, 75572, 75573, S8092) CT Cardiac	19	39	58

APPROVED			19	0	19
DENIED			0	39	39
Denied Additional Information Not Received			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	36	36
Denied Non Participating Provider			0	1	1
APS	CT Scan CT Colonography	Auth - AI CT Colonography (74261, 74262, 74263) CT Colonography	2	0	2
APPROVED			2	0	2
APS	CT Scan Head/Brain	Auth - AI CT Head/Brain (70450, 70460, 70470) CT Head/Brain	287	89	376
APPROVED			287	0	287
DENIED			0	89	89
Denied Additional Information Not Received			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	78	78
Denied Non Participating Provider			0	4	4
APS	CT Scan Lower Extremity	Auth - AI CT Angiography, Lower Extremity (73706) CT Angiography, Lower Extremity	2	0	2
APPROVED			2	0	2
APS	CT Scan Lower Extremity	Auth - AI CT Lower Extremity (73700, 73701, 73702) CT Lower Extremity	120	22	142
APPROVED			120	0	120
DENIED			0	22	22
Denied Medical Necessity Criteria Not Met Medical Director			0	22	22

APS		CT Scan Lumbar Spine	Auth - AI CT Lumbar Spine (72131, 72132, 72133) CT Lumbar Spine	46	47	93
	APPROVED			46	0	46
	DENIED			0	47	47
	Denied Additional Information Not Received			0	3	3
	Denied Medical Necessity Criteria Not Met Medical Director			0	43	43
	Denied Non Participating Provider			0	1	1
APS		CT Scan Maxillofacial/Sinus	Auth - AI CT Maxillofacial/Sinus (70486, 70487, 70488) CT Maxillofacial/Sinus	280	49	329
	APPROVED			280	0	280
	DENIED			0	49	49
	Denied Additional Information Not Received			0	5	5
	Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
	Denied Medical Necessity Criteria Not Met Medical Director			0	42	42
	Denied Out of Area Services			0	1	1
APS		CT Scan Orbit	Auth - AI CT Orbit (70480, 70481, 70482) CT Orbit	51	4	55
	APPROVED			51	0	51
	DENIED			0	4	4
	Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS		CT Scan Pelvis	Auth - AI CT Pelvis (72192, 72193, 72194) CT Pelvis	49	12	61
	APPROVED			49	0	49
	DENIED			0	12	12

Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
APS	CT Scan Soft Tissue Neck	Auth - AI CT Soft Tissue Neck (70490, 70491, 70492)	1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	CT Scan Soft Tissue Neck	Auth - AI CT Soft Tissue Neck (70490, 70491, 70492) CT Soft Tissue Neck	180	28	208
APPROVED			180	0	180
DENIED			0	28	28
Denied Additional Information Not Received			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	23	23
Denied Non Participating Provider			0	1	1
APS	CT Scan Thoracic Spine	Auth - AI CT Thoracic Spine (72128, 72129, 72130) CT Thoracic Spine	10	7	17
APPROVED			10	0	10
DENIED			0	7	7
Denied Medical Necessity Criteria Not Met Medical Director			0	6	6
Denied Non Participating Provider			0	1	1
APS	CT Scan Upper Extremity	Auth - AI CT Upper Extremity (73200, 73201, 73202) CT Upper Extremity	37	13	50
APPROVED			37	0	37
DENIED			0	13	13
Denied Additional Information Not Received			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	12	12
APS	Detoxification	Inpatient Accomodation LOC DETOXIFICATION	53	18	71
APPROVED			53	0	53
DENIED			0	18	18
Denied Administrative			0	1	1
Denied for Hospital Late Notification per Contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	16	16
APS	Diagnostic Imaging Abdoment	CPT - 70000-79999 Radiology 70010-76499 Diagnostic Radiology (Diagnostic Imaging) 74000-74190 Abdomen	1	0	1
APPROVED			1	0	1
APS	Diagnostic Imaging Unspecified	CPT - 70000-79999 Radiology 70010-76499 Diagnostic Radiology (Diagnostic Imaging)	1	0	1
APPROVED			1	0	1
APS	ECG External ECG recording, more than 48h - 7 days	Auth - PA External ECG recording, > 48h to 7 days (93241-44) External ECG recording, more than 48h - 7	23	1	24
APPROVED			23	0	23
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	ECG External ECG recording, more than 7 days - 15 days	Auth - PA External ECG recording, days > 7 to 15 (93245-48) External ECG recording, more than 7 days - 15	7	4	11
APPROVED			7	0	7
DENIED			0	4	4

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	2	2
APS	Endovascular Revascularization, LE Endovascular Revascularization, lower extremities	Auth - PA Endovascular Revascularization, LE 37220, 37221, 37224-31 Endovascular Revascularization, lower extremities	29	0	29
APPROVED			29	0	29
APS	Eval&Mgmt Evaluation & Management	Auth - PA Eval&Mgmt 99201-05, 99211-15, 99241-45, 99381-87, 99391-97 Evaluation &	39	22	61
APPROVED			39	0	39
DENIED			0	22	22
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	18	18
APS	Home Health Services	MMP - Benefits HOME HEALTH HOME HEALTH	2	0	2
APPROVED			2	0	2
APS	Hospice	Inpatient Accomodation LOC HOSPICE	11	0	11
APPROVED			11	0	11
APS	Hospice - NF	Inpatient Accomodation LOC NF HOSPICE	1	0	1
APPROVED			1	0	1
APS	ICU - Pediatrics	Inpatient Accomodation LOC PEDIATRIC	42	8	50
APPROVED			42	0	42
DENIED			0	8	8
Denied Additional Information Not Received			0	3	3

Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
APS	ICU/CCU	Inpatient Accomodation LOC ICU/CCU	1471	177	1648
APPROVED			1471	0	1471
DENIED			0	177	177
Denied Additional Information Not Received			0	54	54
Denied Administrative			0	1	1
Denied for Hospital Late Notification per Contract			0	1	1
Denied for No Pre- authorization			0	1	1
Denied for Readmission			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	117	117
Denied Non Participating Provider			0	1	1
APS	ICU/CCU - Psychiatric	Inpatient Accomodation LOC ICU/CCU - PSYCHIATRIC	1	0	1
APPROVED			1	0	1
APS	Injection anesthetic agent Injection anesthetic agent	Auth - PA Injection anesthetic agent 62320-23, 64479-80, 64483-84 Injection anesthetic	77	6	83
APPROVED			77	0	77
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	3	3
APS	Integumentary System Excision - Debridement	CPT - 10000-69999 Surgery 10021-19499 Integumentary System 11000-11044 Excision -	2	0	2
APPROVED			2	0	2

APS	Intermediate ICU	Inpatient Accomodation LOC INTERMEDIATE ICU	403	86	489
APPROVED			403	0	403
DENIED			0	86	86
Denied Additional Information Not Received			0	8	8
Denied Administrative			0	1	1
Denied for Hospital Late Notification per Contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	74	74
Denied Member Ineligible			0	1	1
Denied Not a Covered Benefit			0	1	1
APS	LTAC - Level 1	Inpatient Accomodation LOC LTAC LEVEL 1	331	81	412
APPROVED			331	0	331
DENIED			0	81	81
Denied Additional Information Not Received			0	7	7
Denied Cancel Auth per Medical Management			0	1	1
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	72	72
APS	LTAC - Level 2	Inpatient Accomodation LOC LTAC LEVEL 2	11	0	11
APPROVED			11	0	11
APS	LTAC - Level 3	Inpatient Accomodation LOC LTAC LEVEL 3	15	1	16
APPROVED			15	0	15
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

APS	LTAC - Level 4	Inpatient Accomodation LOC LTAC LEVEL 4	8	0	8
APPROVED			8	0	8
APS	Medical	Inpatient Accomodation LOC MEDICAL	5044	5282	10326
APPROVED			5044	0	5044
DENIED			0	5282	5282
Denied Additional Information Not Received			0	1990	1990
Denied Administrative			0	4	4
Denied Appeal Denial Upheld			0	15	15
Denied Covered Under DSHS FFS			0	1	1
Denied Days per Medical Review			0	2	2
Denied for Hospital Late Notification per Contract			0	15	15
Denied for No Pre- authorization			0	7	7
Denied for Readmission			0	10	10
Denied Home on Pass from Hospital			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	3223	3223
Denied Member Ineligible			0	3	3
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	4	4
Denied Per 2nd Level Appeal			0	1	1
Denied Per Contract Language			0	1	1
Denied Retrospective Auth Request			0	1	1
Level of Care Not Appropriate			0	2	2

APS	Medical - Pediatrics	Inpatient Accomodation LOC PEDIATRIC	92	68	160
APPROVED			92	0	92
DENIED			0	68	68
Denied Additional Information Not Received			0	19	19
Denied for Hospital Late Notification per Contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	48	48
APS	Mental Health	Inpatient Accomodation LOC MENTAL HEALTH	601	116	717
APPROVED			601	0	601
DENIED			0	116	116
Denied Additional Information Not Received			0	2	2
Denied Administrative			0	7	7
Denied for Hospital Late Notification per Contract			0	2	2
Denied for No Pre- authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	103	103
Denied Per Contract Language			0	1	1
APS	MR MR Elastography	Auth - AI MR Elastography, Hepatic (76391) MR Elastography	9	3	12
APPROVED			9	0	9
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	MRA Abdomen	Auth - AI MRA Abdomen (74185, C8900, C8901, C8902) MRA Abdomen	3	4	7

APPROVED			3	0	3
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	MRA Chest	Auth - AI MRA Chest (71555, C8909, C8910, C8911) MRA Chest	12	1	13
APPROVED			12	0	12
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRA Head	Auth - AI MRA Head (70544, 70545, 70546) MRA Head	65	18	83
APPROVED			65	0	65
DENIED			0	18	18
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	17	17
APS	MRA Lower Extremity	Auth - AI MRA Lower Extremity (73725, C8912, C8913, C8914) MRA Lower Extremity	1	0	1
APPROVED			1	0	1
APS	MRA Neck	Auth - AI MRA Neck (70547, 70548, 70549) MRA Neck	22	8	30
APPROVED			22	0	22
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
APS	MRA Pelvis	Auth - AI MRA Pelvis (72198, C8918, C8919, C8920) MRA Pelvis	1	1	2
APPROVED			1	0	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRA Upper Extremity	Auth - AI MRA Upper Extremity (73225, C8934, C8935, C8936) MRA Upper Extremity	2	0	2
APPROVED			2	0	2
APS	MRI Abdomen	Auth - AI MRI Abdomen (74181, 74182, 74183, S8037)	1	0	1
APPROVED			1	0	1
APS	MRI Abdomen	Auth - AI MRI Abdomen (74181, 74182, 74183, S8037) MRI Abdomen	335	44	379
APPROVED			335	0	335
DENIED			0	44	44
Denied Additional Information Not Received			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	38	38
Denied Non Participating Provider			0	2	2
APS	MRI Brain (w/Attn to IAC or Orbit)	Auth - AI MRI Brain (w/ attn to IAC or Orbit) (70551, 70552, 70553)	0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	MRI Brain (w/Attn to IAC or Orbit)	Auth - AI MRI Brain (w/ attn to IAC or Orbit) (70551, 70552, 70553) MRI Brain	919	129	1048
APPROVED			919	0	919
DENIED			0	129	129
Denied Additional Information Not Received			0	15	15
Denied Duplicate Request			0	2	2

Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	105	105
Denied Non Participating Provider			0	6	6
APS	MRI Breast	Auth - AI MRI Breast (77046-77049, C8903, C8905, C8906, C8908, C8937) MRI Breast	131	20	151
APPROVED			131	0	131
DENIED			0	20	20
Denied Additional Information Not Received			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	18	18
APS	MRI Cervical Spine	Auth - AI MRI Cervical Spine (72141, 72142, 72156)	0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Cervical Spine	Auth - AI MRI Cervical Spine (72141, 72142, 72156) MRI Cervical Spine	391	294	685
APPROVED			391	0	391
DENIED			0	294	294
Denied Additional Information Not Received			0	12	12
Denied Duplicate Request			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	277	277
Denied Non Participating Provider			0	3	3

APS	MRI Chest	Auth - AI MRI Chest (71550, 71551, 71552) MRI Chest	15	5	20
APPROVED			15	0	15
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
APS	MRI Heart	Auth - AI MRI Heart (75557, 75559, 75561, 75563, C9762, C9763) MRI Heart	31	5	36
APPROVED			31	0	31
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
APS	MRI Hip	Auth - AI MRI Hip (73721, 73722, 73723) MRI Hip	32	24	56
APPROVED			32	0	32
DENIED			0	24	24
Denied Additional Information Not Received			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	20	20
APS	MRI Internal Auditory Canal	Auth - AI Z-MRI Internal AC (70551, 70552, 70553, 70540, 70542, 70543) MRI Internal	0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Lower Extremity Joint	Auth - AI MRI LE Joint (73721, 73722, 73723) MRI LE Joint	1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

APS		MRI Lower Extremity Joint	Auth - AI MRI LE Joint (73721, 73722, 73723) MRI Lower Extremity Joint	607	211	818
APPROVED				607	0	607
DENIED				0	211	211
Denied Additional Information Not Received				0	15	15
Denied Elective Service - Out of Area/Non-contract provider				0	3	3
Denied Medical Necessity Criteria Not Met Medical Director				0	191	191
Denied Non Participating Provider				0	2	2
APS		MRI Lower Extremity, other than Joint	Auth - AI MRI LE, other than Joint (73718 - 73720)	0	1	1
DENIED				0	1	1
Denied Medical Necessity Criteria Not Met Medical Director				0	1	1
APS		MRI Lower Extremity, other than Joint	Auth - AI MRI LE, other than Joint (73718 - 73720) MRI Lower Extremity, other than Joint	150	48	198
APPROVED				150	0	150
DENIED				0	48	48
Denied Additional Information Not Received				0	1	1
Denied Duplicate Request				0	1	1
Denied Medical Necessity Criteria Not Met Medical Director				0	46	46
APS		MRI Lumbar Spine	Auth - AI MRI Lumbar Spine (72148, 72149, 72158)	2	2	4
APPROVED				2	0	2
DENIED				0	2	2
Denied for No Pre-authorization				0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	MRI Lumbar Spine	Auth - AI MRI Lumbar Spine (72148, 72149, 72158) MRI Lumbar Spine	614	581	1195
APPROVED			614	0	614
DENIED			0	581	581
Denied Additional Information Not Received			0	29	29
Denied Duplicate Request			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	544	544
Denied Non Participating Provider			0	4	4
APS	MRI MRI Brain	Auth - AI MRI Brain, Functional (70554, 70555) MRI Brain	2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
APS	MRI Orbit, Face, Neck, IAC	Auth - AI MRI Orbit, Face, Neck, IAC (70540, 70542, 70543) MRI Orbit, Face, Neck	50	11	61
APPROVED			50	0	50
DENIED			0	11	11
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10
APS	MRI Pelvis	Auth - AI MRI Pelvis (72195, 72196, 72197, 74712)	2	0	2

APPROVED			2	0	2
APS	MRI Pelvis	Auth - AI MRI Pelvis (72195, 72196, 72197, 74712) MRI Pelvis	250	52	302
APPROVED			250	0	250
DENIED			0	52	52
Denied Additional Information Not Received			0	1	1
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	47	47
Denied Non Participating Provider			0	3	3
APS	MRI Temporomandibular Joint	Auth - AI MRI TMJ (70336) MRI Temporomandibular Joint	4	4	8
APPROVED			4	0	4
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	MRI Thoracic Spine	Auth - AI MRI Thoracic Spine (72146, 72147, 72157) MRI Thoracic Spine	118	97	215
APPROVED			118	0	118
DENIED			0	97	97
Denied Additional Information Not Received			0	4	4
Denied Appeal Denial Upheld			0	2	2
Denied Duplicate Request			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	86	86
Denied Non Participating Provider			0	2	2

Denied Per 1st Level Appeal			0	1	1
APS	MRI Upper Extremity Joint	Auth - AI MRI Upper Extremity Joint (73221, 73222, 73223)	1	0	1
APPROVED			1	0	1
APS	MRI Upper Extremity Joint	Auth - AI MRI Upper Extremity Joint (73221, 73222, 73223) MRI Upper Extremity Joint	384	141	525
APPROVED			384	0	384
DENIED			0	141	141
Denied Additional Information Not Received			0	6	6
Denied Duplicate Request			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	128	128
Denied Non Participating Provider			0	2	2
APS	MRI Upper Extremity, other than Joint	Auth - AI MRI Upper Extremity, other than Joint (73218, 73219, 73220) MRI Upper Extremity, other than Joint	55	12	67
APPROVED			55	0	55
DENIED			0	12	12
Denied Additional Information Not Received			0	1	1
Denied Administrative			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	10	10

APS	Neurostimulator procedures Insertion, revision or removal of neurostimulator	Auth - PA Neurostimulator procedures 63650,63655,63661- 64,63685,63688 Insertion, revision or removal of neurostimulator	5	0	5
APPROVED			5	0	5
APS	Nuclear Medicine Cardiology	Auth - AI Nuc-Cardio78451- 54,78466- 69,78472,78473,78481,78483,78	0	5	5
DENIED			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
APS	Nuclear Medicine Cardiology	Auth - AI Nuc-Cardio78451- 54,78466- 69,78472,78473,78481,78483,78 494-99 Myocardial Perfusion Imaging - Nuclear Cardiology	842	409	1251
APPROVED			842	0	842
DENIED			0	409	409
Denied Additional Information Not Received			0	11	11
Denied Medical Necessity Criteria Not Met Medical Director			0	394	394
Denied Non Participating Provider			0	4	4
APS	Nursery - Newborn - Level I	Inpatient Accomodation LOC NURSERY	65	8	73
APPROVED			65	0	65
DENIED			0	8	8
Denied Additional Information Not Received			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	Nursery - Newborn - Level II	Inpatient Accomodation LOC SPECIAL CARE NURSERY	108	8	116

APPROVED			108	0	108
DENIED			0	8	8
Denied Additional Information Not Received			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
APS	Nursery - Newborn - Level III	Inpatient Accomodation LOC NICU LEVEL 3	202	84	286
APPROVED			202	0	202
DENIED			0	84	84
Denied Additional Information Not Received			0	53	53
Denied for Hospital Late Notification per Contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	30	30
APS	Nursery - Newborn - Level IV	Inpatient Accomodation LOC NICU LEVEL 4	12	9	21
APPROVED			12	0	12
DENIED			0	9	9
Denied Additional Information Not Received			0	5	5
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	OB - C/Section	Inpatient Accomodation LOC OB-C/SECTION	333	6	339
APPROVED			333	0	333
DENIED			0	6	6
Denied Additional Information Not Received			0	6	6
APS	OB - High Risk (Non-Delivered)	Inpatient Accomodation LOC OB-HIGH RISK (NON DELIVERED)	134	199	333
APPROVED			134	0	134

DENIED			0	199	199
Denied Additional Information Not Received			0	154	154
Denied for Hospital Late Notification per Contract			0	1	1
Denied Home on Pass from Hospital			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	43	43
APS	OB - Normal Vaginal	Inpatient Accomodation LOC OB-NORMAL VAGINAL	550	9	559
APPROVED			550	0	550
DENIED			0	9	9
Denied Additional Information Not Received			0	9	9
APS	OB - VBAC	Inpatient Accomodation LOC OB-VBAC	2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
APS	Office or Outpatient Established Patient	CPT - 99200-99499 Evaluation and Management 99200-99215 Office or Other Outpatient Services 99211-99215 Office or Other Outpatient Visit (Estblshd Ptnt)	8	0	8
APPROVED			8	0	8
APS	Office or Outpatient New Patient	CPT - 99200-99499 Evaluation and Management 99200-99215 Office or Other Outpatient Services 99200-99210 Office or Other Outpatient Visit (New Patient)	4	0	4
APPROVED			4	0	4

APS	Osteotomy Osteotomy	Auth - PA Osteotomy 28288, 28300-28310 Osteotomy	1	0	1
APPROVED			1	0	1
APS	PET Brain	Auth - AI PET Scan, Brain (78608, 78609) PET Scan, Brain	0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	PET Heart	Auth - AI PET Scan, Heart (78429-78433, 78459, 78814, 78491, 78492)	1	4	5
APPROVED			1	0	1
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	PET Heart	Auth - AI PET Scan, Heart (78429-78433, 78459, 78814, 78491, 78492) PET Scan, Heart	41	75	116
APPROVED			41	0	41
DENIED			0	75	75
Denied Additional Information Not Received			0	2	2
Denied Duplicate Request			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	71	71
Denied Non Participating Provider			0	1	1
APS	PET Tumor	Auth - AI PET Scan, Tumor (G0219, G0235, G0252, 78811-78816)	2	0	2
APPROVED			2	0	2
APS	PET Tumor	Auth - AI PET Scan, Tumor (G0219, G0235, G0252, 78811-78816) PET Scan, Tumor Imaging	403	17	420

APPROVED			403	0	403
DENIED			0	17	17
Denied Duplicate Request			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
Denied Non Participating Provider			0	2	2
APS	Rehab - Level 1	Inpatient Accomodation LOC	504	114	618
		REHAB LEVEL 1			
APPROVED			504	0	504
DENIED			0	114	114
Denied Additional Information Not Received			0	13	13
Denied for No Pre-authorization			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	95	95
Denied Non Participating Provider			0	5	5
APS	Rehab - Level 2	Inpatient Accomodation LOC	9	0	9
		REHAB LEVEL 2			
APPROVED			9	0	9
APS	Rehab - SNF	Inpatient Accomodation LOC	0	1	1
		REHAB SNF			
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Repair rotator cuff Repair rotator cuff, ruptured	Auth - PA Repair rotator cuff 23130,23410,23412,23415,23420 ,29826-27 Repair rotator cuff,	4	0	4
APPROVED			4	0	4

APS	Shoulder Arthroscopy, surgical	Auth - PA Shoulder Arthroscopy, surgical 29823-29828 Shoulder Arthroscopy, surgical	3	0	3
APPROVED			3	0	3
APS	SNF - Level 1	Inpatient Accomodation LOC SNF LEVEL 1	464	77	541
APPROVED			464	0	464
DENIED			0	77	77
Denied Additional Information Not Received			0	16	16
Denied Administrative			0	1	1
Denied Benefit limits exceeded			0	8	8
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	41	41
Denied Non Participating Provider			0	9	9
Denied Not a Covered Benefit			0	1	1
APS	SNF - Level 2	Inpatient Accomodation LOC SNF LEVEL 2	2	0	2
APPROVED			2	0	2
APS	SNF - Level 3	Inpatient Accomodation LOC SNF LEVEL 3	1	0	1
APPROVED			1	0	1
APS	Surgical	Inpatient Accomodation LOC SURGICAL	587	291	878
APPROVED			587	0	587
DENIED			0	291	291
Denied Additional Information Not Received			0	64	64
Denied Administrative			0	1	1
Denied Appeal Denial Upheld			0	1	1

Denied for No Pre-authorization			0	2	2
Denied for Readmission			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	213	213
Denied Non Participating Provider			0	5	5
Denied Not a Covered Benefit			0	4	4
APS	Surgical - Pediatrics	Inpatient Accomodation LOC PEDS-SURGICAL	2	5	7
APPROVED			2	0	2
DENIED			0	5	5
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
APS	Tele/Sac	Inpatient Accomodation LOC TELE/SAC	743	358	1101
APPROVED			743	0	743
DENIED			0	358	358
Denied Additional Information Not Received			0	64	64
Denied Appeal Denial Upheld			0	1	1
Denied for Hospital Late Notification per Contract			0	1	1
Denied for Readmission			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	291	291
APS	TLH hysterectomy Laparoscopy, surgical, with total hysterectomy	Auth - PA TLH hysterectomy58541-44,58548,58550,58552-54,58570-73,58575 Laparoscopy, surgical, with total hysterectomy	26	0	26

APPROVED			26	0	26
APS	Transplant	Inpatient Accomodation LOC	3	2	5
		TRANSPLANT			
APPROVED			3	0	3
DENIED			0	2	2
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
APS	Trauma	Inpatient Accomodation LOC	2	0	2
		TRAUMA			
APPROVED			2	0	2
APS	Unspecified	Inpatient Accomodation	4	0	4
APPROVED			4	0	4
APS	Unspecified	Inpatient Accomodation LOC	13	11	24
APPROVED			13	0	13
DENIED			0	11	11
Denied Additional Information Not Received			0	3	3
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY		0	1	1
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
B4087	GASTROSTOMY/J-TUBE STANDARD ANY MATERIAL /TYPE EA		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
B4150	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
B4185	PARENTERAL NUTRITION SOL NOS 10 GRAMS LIPIDS		4	3	7
APPROVED			4	0	4
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
B4189	PARNTRAL NUT SOL; AMINO ACID AND CARB 10-51 GMS PROT		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

Denied Non Participating Provider			0	1	1
B4193	PARNTRAL NUT SOL; AMINO ACID AND CARB 52-73 GMS		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
B4197	PARNTRAL NUT SOL; AMINO ACID AND CARB 74-100 GM		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
B4199	PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
B4216	PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY		1	1	2
APPROVED			1	0	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
B9002	ENTERAL NUTRITION INFUSION PUMP ANY TYPE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
B9004	PARENTERAL NUTRITION INFUSION PUMP PORTABLE		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
B9998	NOC FOR ENTERAL SUPPLIES		9	0	9
APPROVED			9	0	9
C1767	GENERATOR NEUROSTIMULATOR NONRECHARGEABLE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
C1778	LEAD NEUROSTIMULATOR		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

C1781	MESH		2	0	2
APPROVED			2	0	2
C1785	PACEMAKER DUAL CHAMBER RATE-RESPONSIVE		1	0	1
APPROVED			1	0	1
C1787	PATIENT PROG PATIENT PROGRAMMER NEUROSTIMULATOR		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
C1813	PROSTHESIS PENILE INFLATABLE		1	0	1
APPROVED			1	0	1
C1898	LEAD PACEMKR OTH THAN TRNS VDD SINGLE PASS		1	0	1
APPROVED			1	0	1
C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PDR SOURCE		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL		2	0	2
APPROVED			2	0	2
C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1

C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY		0	1	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
C8925	TEE W OR W/O FLW W/CNTRST REAL TIME 2D; AGO Level B		1	0	1
APPROVED			1	0	1
C9098	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D		1	0	1
APPROVED			1	0	1
C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR CT IMPL		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied for No Pre-authorization			0	1	1
E0143	WALKER FOLDING WHEELED ADJUSTABLE/FIXED HEIGHT		0	3	3
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
E0149	WALKER HEAVY DUTY WHEELED RIGID/FOLD ANY TYPE EA		1	0	1
APPROVED			1	0	1
E0156	SEAT ATTACHMENT WALKER		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2

E0163	COMMODE CHAIR MOBILE OR STATIONARY W/FIXED ARMS		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
E0181	PWR PRESSURE REDUCING MATTRESS OVERLY/PAD		1	0	1
APPROVED			1	0	1
E0185	GEL/GEL-LIKE PRSS PAD MATRRSS STD LEN and WDTN		1	0	1
APPROVED			1	0	1
E0250	HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATRRSS		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0260	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATRRSS		47	11	58
APPROVED			47	0	47
DENIED			0	11	11
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Denied Non Participating Provider			0	3	3
E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATRRSS		5	6	11
APPROVED			5	0	5
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	4	4

E0265	HOSP BED TOT ELEC W/ANY TYPE SIDE RAIL W/MATRSS	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATRSS	1	0	1
APPROVED		1	0	1
E0277	POWERED PRESSURE- REDUCING AIR MATTRESS	13	4	17
APPROVED		13	0	13
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
E0303	HOS BED HEVY DUTY W/WT CAP GT 350 PDS LT or equal to TO 6	4	0	4
APPROVED		4	0	4
E0305	BEDSIDE RAILS HALF-LENGTH	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR AND MASK	11	15	26
APPROVED		11	0	11
DENIED		0	15	15
Denied Elective Service - Out of Area/Non-contract Provider		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5

Denied Non Participating Provider			0	7	7
E0433	PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER		1	0	1
APPROVED			1	0	1
E0435	PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR		1	0	1
APPROVED			1	0	1
E0443	PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY Equal to 1 UNIT		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
E0465	HOME VENTILATOR ANY TYPE USED W/INVASIVE INTF		5	0	5
APPROVED			5	0	5
E0466	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF		38	9	47
APPROVED			38	0	38
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
Denied Non Participating Provider			0	5	5
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0483	HF CW OS SYS FULL THOR REG RECV SIM EXT OS EA		7	1	8

APPROVED			7	0	7
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTN		2	0	2
APPROVED			2	0	2
E0562	HUMDIFIR HEATED USED W/POS ARWAY PRESSURE DEVICE		5	6	11
APPROVED			5	0	5
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	5	5
E0570	NEBULIZER WITH COMPRESSOR		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0600	RESP SUCTION PUMP HOME MODEL PRTBLE/STATION ELEC		1	0	1
APPROVED			1	0	1
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE		6	6	12
APPROVED			6	0	6
DENIED			0	6	6
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	5	5
E0630	PATIENT LIFT HYDRAULIC/MECH INCL SEAT CUSHION/BAR		2	2	4

APPROVED			2	0	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT DRSC		10	3	13
APPROVED			10	0	10
DENIED			0	3	3
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT DRSC		25	27	52
APPROVED			25	0	25
DENIED			0	27	27
Denied Appeal Denial Upheld			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	13	13
Denied Non Participating Provider			0	8	8
Denied Not a Covered Benefit			0	1	1
Experimental Service or Procedure			0	1	1

E0656	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK	2	0	2
APPROVED		2	0	2
E0657	SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	2	2
E0667	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL LEG	27	25	52
APPROVED		27	0	27
DENIED		0	25	25
Denied Appeal Denial Upheld		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	11	11
Denied Non Participating Provider		0	6	6
Denied Not a Covered Benefit		0	3	3
Experimental Service or Procedure		0	1	1
E0668	SEG PNEUMAT APPLINC W/PNEUMAT COMPRS FULL ARM	7	2	9
APPROVED		7	0	7
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

Denied Non Participating Provider			0	1	1
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0694	UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR		1	0	1
APPROVED			1	0	1
E0730	TENS DEVICE 4/MORE LEADS MULTI NERVE STIMULATION		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC		6	10	16
APPROVED			6	0	6
DENIED			0	10	10
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Denied Non Participating Provider			0	2	2
E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC		31	11	42
APPROVED			31	0	31
DENIED			0	11	11
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	7	7
Denied Not a Covered Benefit			0	1	1

E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	1	11	12
APPROVED		1	0	1
DENIED		0	11	11
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
Denied Non Participating Provider		0	5	5
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
E0770	FES TRANSQ STIM NERV and /MUSC GRP CMPL SYS NOS	0	3	3
DENIED		0	3	3
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
E0776	Iv pole	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT	1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSERTION		29	4	33
APPROVED			29	0	29
DENIED			0	4	4
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	2	2
E0910	TRAPEZ BAR KNOWN AS PT HLPR ATTCH BED W/GRAB BAR		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
E0935	CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E0950	WHEELCHAIR ACCESSORY TRAY EACH		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0951	HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH		4	1	5
APPROVED			4	0	4
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E0953	WHEELCHAIR AC LAT THIGH/KNEE SUPP ANY TYPE EA		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
E0954	WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE EACH FOOT		1	0	1
APPROVED			1	0	1
E0955	WC ACSS HEADREST CUSHNED FIX MOUNT HARDWARE EA		5	4	9
APPROVED			5	0	5
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
E0956	WC ACSS LAT TRNK/HIP SUPP FIX MOUNT HARDWARE EA		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	1	1

E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STRAP MULTIPLE MOU	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E0961	MANUAL WHEELCHAIR ACCESS WHEEL LOCK BRAKE EXT FA	1	0	1
APPROVED		1	0	1
E0971	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E0973	WC ACCSS ADJUSTBL HT DTACH ARMRST CMPL ASSEMBL FA	6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
E0978	WHLCHAIR ACSS PSTN BELT/SFTY BELT/PELV STRAP FA	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E0986	MNL WHEELCHAIR ACSS PUSH- RIM ACT PWR ASSIST SYS	2	0	2
APPROVED		2	0	2

E0995	WHEELCHAIR ACCESSORY CALF REST/PAD REPL ONLY EA	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	8	2	10
APPROVED		8	0	8
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E1012	WC ACCSS PWR SEAT SYS CNTR MNT PWR ELEV LEG EA	13	4	17
APPROVED		13	0	13
DENIED		0	4	4
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	1	1

E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR ANY TYPE	3	0	3
APPROVED		3	0	3
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTERFACE/POSTAL	28	11	39
APPROVED		28	0	28
DENIED		0	11	11
Denied Elective Service - Out of Area/Non-contract responder		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
Denied Non Participating Provider		0	3	3
E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	2	0	2
APPROVED		2	0	2
E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	1	0	1
APPROVED		1	0	1
E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	1	0	1
APPROVED		1	0	1
E1235	WHLCHAIR PED SIZE RIGD ADJUSTBL W/SEATING SYSTEM	1	0	1
APPROVED		1	0	1
E1390	O2 CONC 1 DEL PORT 85 PCT OR GT O2 CONC AT PRSC FLW RATE	176	36	212
APPROVED		176	0	176
DENIED		0	36	36
Denied Additional Information Not Received		0	1	1

Denied Elective Service - Out of Area/Non-contract			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
Denied Non Participating Provider			0	12	12
Pended Medical Director Review			0	1	1
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL		3	3	6
APPROVED			3	0	3
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		32	11	43
APPROVED			32	0	32
DENIED			0	11	11
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Denied Non Participating Provider			0	2	2
Denied Not a Covered Benefit			0	1	1
E1510	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC		4	0	4
APPROVED			4	0	4

E1575	TRANSDUCER PROTECTORS/FL BARRIERS		1	0	1
APPROVED			1	0	1
E1610	RVRS OSMOSIS H2O PURIFICATION SYSTEM		4	0	4
APPROVED			4	0	4
E1800	DYN ADJUSTBL ELB EXT/FLX DEVC W/SFT INTRFCE MATL		1	0	1
APPROVED			1	0	1
E1810	DYN ADJUSTBL KNEE EXT/FLX DEVC W/INTERFCE MATL		3	0	3
APPROVED			3	0	3
E2201	MNL WC ACSS NONSTD SEAT WIDTH GT or equal to 20 IN		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E2202	MANUAL WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN		1	0	1
APPROVED			1	0	1
E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 LT 22 IN		8	1	9
APPROVED			8	0	8
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2209	ARM TROUGH WITH OR WITHOUT HAND SUPPORT		1	0	1
APPROVED			1	0	1

E2211	MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SIZE	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E2213	MNL WC ACSS INSRT PNEUMAT PROPULSION TIRE ANY SIZE	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E2218	MNL WHLCHAIR ACCSS FOAM PROPULSION TIRE ANY SIZE	1	0	1
APPROVED		1	0	1
E2219	MNL WHLCHAIR ACCESS FOAM CASTER TIRE ANY SIZE ANY SIZE	1	0	1
APPROVED		1	0	1
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE	2	0	2
APPROVED		2	0	2
E2300	WHEELCHAIR ACC PWR SEAT ELEVATION SYS ANY TYPE	3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLER and TWO MORE	11	3	14
APPROVED		11	0	11
DENIED		0	3	3

Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE		2	0	2
APPROVED			2	0	2
E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLER EA		12	4	16
APPROVED			12	0	12
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
E2323	PWR WC ACSS SPCLTY JOYSTCK HNDLE HND CNTRL REAR		1	0	1
APPROVED			1	0	1
E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTERY EA		6	3	9
APPROVED			6	0	6
DENIED			0	3	3
Denied Elective Service - Out of Area/Non-contract			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E2363	PWR WC ACSS GRP 24 SEALED LEAD ACID BATTERY EA		2	2	4
APPROVED			2	0	2

DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
E2366	PWR WC ACSS BATTRY CHRGR 1 MODE W/ONLY 1 BATTRY		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE		11	4	15
APPROVED			11	0	11
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE		9	4	13
APPROVED			9	0	9
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCESS		1	0	1
APPROVED			1	0	1
E2601	GENERAL WHLCHAIR SEAT CUSHN WIDTH LT 22 IN DEPTH		1	1	2

APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
E2602	GENERAL WHLCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		1	0	1
APPROVED			1	0	1
E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN/GT DEPTH		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2607	SKN PROTECT and PSTN WC SEAT CUSHN WDTHT LT 22 IN DEPTH		10	4	14
APPROVED			10	0	10
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
E2608	SKN PROTCT and PSTN WC SEAT CUSHN WDTHT 22 IN/GT DEPTH		2	0	2
APPROVED			2	0	2
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE		2	0	2
APPROVED			2	0	2
E2611	GEN WC BACK CUSHN WDTHT LT 22 IN HT MOUNT HARDWARE		9	2	11
APPROVED			9	0	9
DENIED			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
E2612	GEN WC BACK CUSHN WDNH 22 IN/GT HT MOUNT HARDWARE		5	0	5
APPROVED			5	0	5
E2613	PSTN WC BACK CUSHN POST WIDTH LT 22 IN ANY HEIGHT		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN OR GT ANY HEIGHT		1	0	1
APPROVED			1	0	1
E2615	PSTN WC BACK CUSHN POSTLAT WIDTH LT 22 IN ANY HT		6	0	6
APPROVED			6	0	6
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE		1	0	1
APPROVED			1	0	1
E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDNH LT 22 IN		17	5	22
APPROVED			17	0	17
DENIED			0	5	5
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1

E2622	SKIN PROTECT WC SEAT CUSH WIDTH LT 22 IN ANY DEPTH	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
E2624	SKIN PROTECT and POSITIONING WC CUSH WIDTH LT 22 IN	10	3	13
APPROVED		10	0	10
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Denied Non Participating Provider		0	1	1
E2625	SKIN PROTECT and POSITIONING WC CUSH WIDTH 22 IN OR GT	2	0	2
APPROVED		2	0	2
G0103	PROSTATE CANCER SCREENING- PSA TEST	0	1	1
DENIED		0	1	1
Denied for No Pre- authorization		0	1	1
G0121	COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
G0151	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN	311	108	419
APPROVED		311	0	311
DENIED		0	108	108
Denied Additional Information Not Received		0	2	2

Denied Additional Therapies			0	8	8
Denied Administrative			0	1	1
Denied Benefit limits exceeded			0	12	12
Denied Days per Medical Review			0	1	1
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	74	74
Denied Non Participating Provider			0	8	8
G0152	SERVICE OCCUP THERAPY HOME HLTH/HOSPICE EA 15		115	53	168
APPROVED			115	0	115
DENIED			0	53	53
Denied Additional Information Not Received			0	1	1
Denied Additional Therapies			0	5	5
Denied Benefit limits exceeded			0	8	8
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	32	32
Denied Non Participating Provider			0	6	6
G0153	SRVC SPCH and LANG PATH HOME HLTH/HOSPICE EA 15		20	8	28
APPROVED			20	0	20
DENIED			0	8	8
Denied Additional Therapies			0	1	1

Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	5	5
Denied Non Participating Provider			0	1	1
G0155	SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN		13	1	14
APPROVED			13	0	13
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN		29	17	46
APPROVED			29	0	29
DENIED			0	17	17
Denied Additional Therapies			0	1	1
Denied Administrative			0	1	1
Denied Benefit limits exceeded			0	3	3
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	11	11
G0157	SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN		26	10	36
APPROVED			26	0	26
DENIED			0	10	10
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8

Denied Non Participating Provider			0	1	1
G0158	SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Benefit limits exceeded			0	1	1
Denied Non Participating Provider			0	1	1
G0160	SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS		6	0	6
APPROVED			6	0	6
G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS		2	0	2
APPROVED			2	0	2
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION		4	5	9
APPROVED			4	0	4
DENIED			0	5	5
Denied Appeal Denial Upheld			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
G0248	DEMO HOME INR MON PT W/MECH HT VALVE CAF/VTE		2	0	2
APPROVED			2	0	2
G0249	PRVS TEST MATL AND EQUIP HOME INR MON; ONCE A WEEK		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

G0260	INJ PROC SI JNT;ANES STEROID and /TX AGT and ARTUROGRAPHY	7	2	9
APPROVED		7	0	7
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
G0269	PLCMT OCCL DEVC VENUS/ART POST CURC/INTRVNL PROC	1	0	1
APPROVED		1	0	1
G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	49	10	59
APPROVED		49	0	49
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	10	10
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNI/BIL	1	0	1
APPROVED		1	0	1
G0283	E-STIM 1 OR GT AREAS OTH THAN WND CARE PART TX PLAN	4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
G0289	SCOPE KNEE REMV FB/SHAV TM OTH SURG DIFF CMPRTMT	2	0	2
APPROVED		2	0	2
G0299	DIRECT SNS RN HOME HEALTH/HOSPICE SET EA 15 MIN	685	204	889

APPROVED			685	0	685
DENIED			0	204	204
Denied Additional Information Not Received			0	5	5
Denied Additional Therapies			0	17	17
Denied Administrative			0	3	3
Denied Benefit limits exceeded			0	28	28
Denied Elective Service - Out of Area/Non-contract provider			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	135	135
Denied Non Participating Provider			0	11	11
Denied Not a Covered Benefit			0	1	1
Limited Approval			0	1	1
Pended Medical Director Review			0	1	1
G0300	DIRECT SNS LPN HOME HLTH/HOSPICE SET EA 15 MIN		467	174	641
APPROVED			467	0	467
DENIED			0	174	174
Denied Additional Information Not Received			0	4	4
Denied Additional Therapies			0	12	12
Denied Administrative			0	3	3
Denied Benefit limits exceeded			0	22	22
Denied Elective Service - Out of Area/Non-contract provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	125	125

Denied Non Participating Provider			0	4	4
Denied Not a Covered Benefit			0	1	1
Limited Approval			0	1	1
Pended Medical Director Review			0	1	1
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS		6	2	8
APPROVED			6	0	6
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
G0378	HOSPITAL OBSERVATION SERVICE PER HOUR		2	0	2
APPROVED			2	0	2
G0406	F/U IP CNSLT LTD PHYS 15 MIN W/PT VIA TELEHEALTH		1	0	1
APPROVED			1	0	1
G0407	F/U IP CNSLT INTRMED PHYS 25 MIN PT VIA TELEHLTH		1	0	1
APPROVED			1	0	1
G0410	GRP PSYCHOTX NOT MX FAM GRP PART HOS 45-50 MIN		5	3	8
APPROVED			5	0	5
DENIED			0	3	3
Denied Administrative			0	2	2

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
G0422	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EVER		13	5	18
APPROVED			13	0	13
DENIED			0	5	5
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
G0423	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EVER		12	4	16
APPROVED			12	0	12
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
G0453	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN		1	0	1
APPROVED			1	0	1
G0463	HOSPITAL OUTPATIENT CLIN VISIT ASSESS AND MGMT PT		26	11	37
APPROVED			26	0	26
DENIED			0	11	11
Denied Administrative			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied for No Pre- authorization			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	3	3

G0480	DRUG TEST DEFINITIVE DRUG ID	12	10	22
	METH P DAY 1-7 DRUG CL			
APPROVED		12	0	12
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	10	10
G0481	DRUG TEST DEFINITIVE DRUG ID	7	10	17
	METH P DAY 8-14 DRUG CL			
APPROVED		7	0	7
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	10	10
G0482	DRUG TEST DEFINITIVE DRUG ID	6	10	16
	METH P DAY 15-21 DRUG CL			
APPROVED		6	0	6
DENIED		0	10	10
Denied Medical Necessity Criteria Not Met Medical Director		0	10	10
G0483	DRUG TEST DEFINITIVE DRUG ID	6	10	16
	METH P DAY 22/MORE DRUG CL			
APPROVED		6	0	6
DENIED		0	10	10
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	9	9
G2066	INTG DVC EVAL RMT TO 30 D;RCPT TRANS AND TECH RMT	16	4	20
APPROVED		16	0	16
DENIED		0	4	4

Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	2	2
G2170	PERQ AVF DIR SITE TISS APP TR E and SEC PROC RDR BF		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
G2171	PERQ AVF DIR ANY SITE MAG- GD ART and V CATH and RF E		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
G2212	PROLONG OFC/OP E and M BYND REQ TIME; EA ADD 15 M		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
G6011	RAD TX DEL 3 OR GT SEP TX AR CSTM BLOCKING; TO 5		1	0	1

APPROVED			1	0	1
G6012	RAD TX DEL 3 OR GT SEP TX AR CSTM BLOCKING; 6-10		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
G6013	RAD TX DEL 3 OR GT SEP TX AR CSTM BLOCKING;11-19		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
G6015	INTENSITY MODULATED TX DEL 1/MX FLDS PER TX SESS		98	8	106
APPROVED			98	0	98
DENIED			0	8	8
Denied Medical Necessity Criteria Not Met Medical Director			0	7	7
Denied Non Participating Provider			0	1	1
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 GT HR SESS		2	0	2
APPROVED			2	0	2
G6017	INTRA-FRAC LOC and TRACKING TARGET/PT M EA FRAC TX		21	2	23
APPROVED			21	0	21
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

H0007	ALCOHOL AND OR DRUG SERVICES; CRISIS INTERVENTION	5	0	5
APPROVED		5	0	5
H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP ID	3	0	3
APPROVED		3	0	3
H0010	ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG ID	34	4	38
APPROVED		34	0	34
DENIED		0	4	4
Denied Administrative		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
H0011	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG ID	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
H0012	ALCOHOL and / DRUG SRVC; SUB-ACUTE DTOX RES PROG OR	14	2	16
APPROVED		14	0	14
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
H0014	ALCOHOL AND OR DRUG SERVICES; AMB DETOXIFICATION	1	0	1
APPROVED		1	0	1

H0015	ALCOHL and /RX SRVC;INTENSV OP;CRISIS INTERVAL and ACTV TV	32	2	34
APPROVED		32	0	32
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC	1	0	1
APPROVED		1	0	1
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM and BOARD- DISEM	70	6	76
APPROVED		70	0	70
DENIED		0	6	6
Denied Administrative		0	1	1
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	4	4
H0024	BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
H0031	MENTAL HEALTH ASSESSMENT BY NON- PSYCHIAN	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

H0032	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN	1	0	1
APPROVED		1	0	1
H0035	MENTAL HEALTH PARTIAL HOSP TX LT 24 HOURS	59	6	65
APPROVED		59	0	59
DENIED		0	6	6
Denied for Hospital Late Notification per Contract		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	5	5
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS	29	3	32
APPROVED		29	0	29
DENIED		0	3	3
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	1	0	1
APPROVED		1	0	1
H2035	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	55	2	57
APPROVED		55	0	55
DENIED		0	2	2
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

H2036	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM	2	0	2
APPROVED		2	0	2
J0185	INJECTION APREPITANT 1 MG	1	0	1
APPROVED		1	0	1
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG	13	3	16
APPROVED		13	0	13
DENIED		0	3	3
Denied Medical Necessity Criteria Not Met Medical Director		0	3	3
J0585	BOTULINUM TOXIN TYPE A PER UNIT	2	0	2
APPROVED		2	0	2
J0606	INJECTION ETELCALCETIDE 0.1 MG	1	0	1
APPROVED		1	0	1
J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG	6	0	6
APPROVED		6	0	6
J0690	INJECTION CEFAZOLIN SODIUM 500 MG	1	0	1
APPROVED		1	0	1
J0878	INJECTION DAPTOMYCIN 1 MG	1	0	1
APPROVED		1	0	1
J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD DIALYSIS	1	0	1
APPROVED		1	0	1
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	1	0	1
APPROVED		1	0	1
J1095	INJECTION DEXAMETHASONE 9 PCT INTRAOCULAR 1 MCG	1	0	1

APPROVED			1	0	1
J1100	INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG		11	1	12
APPROVED			11	0	11
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG		2	0	2
APPROVED			2	0	2
J1245	INJECTION DIPYRIDAMOLE PER 10 MG		23	3	26
APPROVED			23	0	23
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
J1335	INJECTION ERTAPENEM SODIUM 500 MG		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG		1	0	1
APPROVED			1	0	1
J1453	INJECTION FOSAPREPITANT 1 MG		1	0	1
APPROVED			1	0	1
J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG		1	0	1
APPROVED			1	0	1
J1642	INJECTION HEPARIN SODIUM PER 10 UNITS		2	2	4

APPROVED			2	0	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
J1644	INJECTION HEPARIN SODIUM PER 1000 UNITS		9	0	9
APPROVED			9	0	9
J1756	INJECTION IRON SUCROSE 1 MG		0	1	1
DENIED			0	1	1
Denied for No Pre- authorization			0	1	1
J1885	INJECTION KETOROLAC TROMETHAMINE PER 15 MG		1	0	1
APPROVED			1	0	1
J2001	INJECTION LIDOCAINE HCL INTRAVENOUS INFUS 10 MG		3	0	3
APPROVED			3	0	3
J2175	INJECTION MEPERIDINE HCL PER 100 MG		1	0	1
APPROVED			1	0	1
J2250	INJECTION MIDAZOLAM HCL PER 1 MG		2	0	2
APPROVED			2	0	2
J2350	INJECTION OCRELIZUMAB 1 MG		1	0	1
APPROVED			1	0	1
J2370	INJECTION PHENYLEPHRINE HCL UP TO 1 ML		1	0	1
APPROVED			1	0	1
J2405	INJECTION ONDANSETRON HCL PER 1 MG		11	0	11
APPROVED			11	0	11
J2469	INJECTION PALONOSETRON HCL 25 MCG		1	0	1

APPROVED			1	0	1
J2506	INJECT PEGFILGRASTIM		1	0	1
	EXCLUDES BIOSIMILAR 0.5 MG				
APPROVED			1	0	1
J2562	INJECTION PLERIXAFOR 1 MG		3	0	3
APPROVED			3	0	3
J2704	INJECTION PROPOFOL 10 MG		4	0	4
APPROVED			4	0	4
J2785	INJECTION REGADENOSON		105	19	124
	0.1 MG				
APPROVED			105	0	105
DENIED			0	19	19
Denied Medical Necessity Criteria Not Met Medical Director			0	19	19
J2787	RIBOFLAVIN 5'-PHOSPHATE		3	0	3
	OPHTHALMIC SOL TO 3 ML				
APPROVED			3	0	3
J2788	INJ RHO D IMMUNE		0	1	1
	GLOBULIN HUMAN MINIDOSE				
	50 MG				
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J2930	INJ METHYLPRDNISOLONE		1	0	1
	SODIUM SUCCNAT TO 125 MG				
APPROVED			1	0	1
J2997	INJECTION ALTEPLASE		1	2	3
	RECOMBINANT 1 MG				
APPROVED			1	0	1
DENIED			0	2	2
Denied Non Participating Provider			0	2	2

J3010	INJECTION FENTANYL CITRATE 0.1 MG		1	0	1
APPROVED			1	0	1
J3301	INJECTION TRIAMCINOLONE ACETONIDE NOS 10 MG		1	0	1
APPROVED			1	0	1
J3370	INJECTION VANCOMYCIN HCL 500 MG		1	0	1
APPROVED			1	0	1
J3490	UNCLASSIFIED DRUGS		6	0	6
APPROVED			6	0	6
J7030	INFUSION NORMAL SALINE SOLUTION 1000 CC		5	0	5
APPROVED			5	0	5
J7040	INFUSION NORMAL SALINE SOLUTION STERILE		4	0	4
APPROVED			4	0	4
J7042	5 PCT DEXTROSE/NORMAL SALINE		1	0	1
APPROVED			1	0	1
J7050	INFUSION NORMAL SALINE SOLUTION 250 CC		9	1	10
APPROVED			9	0	9
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J7070	INFUSION D-5-W 1000 CC		2	0	2
APPROVED			2	0	2
J7200	INJECTION FACTOR IX RIXIBIC PER III		1	0	1
APPROVED			1	0	1
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG		4	0	4
APPROVED			4	0	4

J7321	HYALURONAN/DERIV		0	1	1
	HYALGAN/SUPARTZ IA INJ				
	PER DOSE				
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J7323	HYALURONAN/DERIVATIVE		2	0	2
	EUFLEXXA IA INJ PER DOSE				
APPROVED			2	0	2
J7324	HYALURONAN/DERIV		1	0	1
	ORTHOVISC IA INJ PER DOSE				
APPROVED			1	0	1
J7328	HYALURONAN/DERIVATIVE		1	0	1
	GELSYN-3 FOR IA INJ 0.1 MG				
APPROVED			1	0	1
J7336	CAPSAICIN 8 PCT PATCH PER		1	0	1
	50 CM				
APPROVED			1	0	1
J7515	CYCLOSPORINE ORAL 25 MG		1	0	1
APPROVED			1	0	1
J9000	INJECTION DOXORUBICIN HCL		7	0	7
	10 MG				
APPROVED			7	0	7
J9035	INJECTION BEVACIZUMAB 10		1	0	1
	MG				
APPROVED			1	0	1
J9039	INJECTION BLINATUMOMAB 1		1	0	1
	MICROGRAM				
APPROVED			1	0	1
J9040	INJECTION BLEOMYCIN		3	1	4
	SUCCINATE 15 UNITS				
APPROVED			3	0	3
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J9041	INJECTION BORTEZOMIB 0.1 MG		8	0	8
APPROVED			8	0	8
J9045	INJECTION CARBOPLATIN 50 MG		2	0	2
APPROVED			2	0	2
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG		11	2	13
APPROVED			11	0	11
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
J9065	INJECTION CLADRIBINE PER 1 MG		4	0	4
APPROVED			4	0	4
J9070	CYCLOPHOSPHAMIDE 100 MG		12	1	13
APPROVED			12	0	12
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
J9100	INJECTION CYTARABINE 100 MG		10	0	10
APPROVED			10	0	10
J9145	INJECTION DARATUMUMAB 10 MG		1	0	1
APPROVED			1	0	1
J9181	INJECTION ETOPOSIDE 10 MG		14	2	16
APPROVED			14	0	14
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2

J9200	INJECTION FLOXURIDINE 500 MG		1	0	1
APPROVED			1	0	1
J9201	INJECTION GEMCITABINE HCL NOS 200 MG		1	0	1
APPROVED			1	0	1
J9208	INJECTION IFOSFAMIDE 1 G		4	0	4
APPROVED			4	0	4
J9209	INJECTION MESNA 200 MG		7	0	7
APPROVED			7	0	7
J9211	INJECTION IDARUBICIN HCL 5 MG		1	0	1
APPROVED			1	0	1
J9217	LEUPROLIDE ACETATE 7.5 MG		1	0	1
APPROVED			1	0	1
J9250	METHOTREXATE SODIUM 5 MG		5	0	5
APPROVED			5	0	5
J9260	METHOTREXATE SODIUM 50 MG		9	0	9
APPROVED			9	0	9
J9261	INJECTION NELARABINE 50 MG		2	0	2
APPROVED			2	0	2
J9270	INJECTION PLICAMYCIN 2.5 MG		1	0	1
APPROVED			1	0	1
J9271	INJECTION PEMBROLIZUMAB 1 MG		1	0	1
APPROVED			1	0	1
J9299	INJECTION NIVOLUMAB 1 MG		1	0	1
APPROVED			1	0	1
J9305	INJECTION PEMETREXED NOS10 MG		2	0	2
APPROVED			2	0	2

J9312	INJECTION RITUXIMAB 10 MG		1	0	1
APPROVED			1	0	1
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG		1	0	1
APPROVED			1	0	1
J9370	VINCRIPTINE SULFATE 1 MG		13	0	13
APPROVED			13	0	13
K0001	Standard wheelchair		1	2	3
APPROVED			1	0	1
DENIED			0	2	2
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Non Participating Provider			0	1	1
K0003	Lightweight wheelchair		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
K0005	Ultralightweight wheelchair		4	1	5
APPROVED			4	0	4
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
K0007	EXTRA HEAVY-DUTY WHEEL CHAIR		1	0	1
APPROVED			1	0	1
K0038	Leg strap each		1	0	1
APPROVED			1	0	1
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH		4	1	5
APPROVED			4	0	4
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
K0108	OTHER ACCESSORIES		35	9	44
APPROVED			35	0	35
DENIED			0	9	9
Denied Medical Necessity Criteria Not Met Medical Director			0	8	8
Denied Non Participating Provider			0	1	1
K0553	SUPPLY ALLOW FOR TX CGM1 MO SPL Equal to 1 U OF SERVICE		24	4	28
APPROVED			24	0	24
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
Denied Non Participating Provider			0	1	1
K0554	RECEIVER DEDICATED FOR USE W/THERAPEUTIC GCM SYS		14	3	17
APPROVED			14	0	14
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE		71	4	75
APPROVED			71	0	71
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
K0738	PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR		3	2	5

APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
K0739	REPR/SRVC DME NOT O2 RQR TECH CMPNT PER 15 MINS		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS		0	2	2
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
K0822	PWR WC GRP 2 STD SLING SEAT PT TO and Equal to 300 LBS		1	0	1
APPROVED			1	0	1
K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO and Equal to 300 LBS		1	0	1
APPROVED			1	0	1
K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS		1	0	1
APPROVED			1	0	1
K0848	PWR WC GRP 3 STD SLING SEAT PT TO and Equal to 300 LBS		0	1	1

DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO and Equal to 300		1	0	1
APPROVED			1	0	1
K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO and Equal to 300		9	4	13
APPROVED			9	0	9
DENIED			0	4	4
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS		2	0	2
APPROVED			2	0	2
L0174	CERVICAL COLLAR SEMI-RIGID FOAM THOR EXT PREFAB		2	0	2
APPROVED			2	0	2
L0180	CERV MX POST COLLAR OCCIP/MAND SUPPORTS ADJUSTABLE		2	0	2
APPROVED			2	0	2
L0456	TLSO FLEXIBLE SC JUNCT SCAP SPINE PREFAB CUSTOM		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

L0464	TLSO TRIPLANAR 4 SHELL ANT TO STERNL NOTCH PRFAB	1	0	1
APPROVED		1	0	1
L0627	LUMB ORTHOSIS SAGIT CNTRL RIGID A AND P PANEL PREFAB	0	2	2
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	13	1	14
APPROVED		13	0	13
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
L0650	LSO SAGITTAL-CORONAL CNTRL RIGD ANT POST PANELS	29	2	31
APPROVED		29	0	29
DENIED		0	2	2
Denied Additional Information Not Received		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
L1820	KO ELAST W/CONDYLR PADS and JNT PRFAB INCL FIT and ADJ	1	0	1
APPROVED		1	0	1
L1830	KNEE ORTHOSIS IMMOBLIZER CANVAS LONGTUDNL PREFAB	0	1	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L1833	KNEE ORTHOSIS ADJUSTABLE JOINT RIGD SUPP PREFAB	1	1	2

APPROVED			1	0	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM FAB		5	1	6
APPROVED			5	0	5
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L1845	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF PREFAB		0	1	1
DENIED			0	1	1
Denied Elective Service - Out of Area/Non-contract Provider			0	1	1
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM FAB		2	0	2
APPROVED			2	0	2
L1902	ANKLE ORTH ANKLE GAUNT/SIM PREFAB OFF-THE- SHELF		1	0	1
APPROVED			1	0	1
L1940	ANK FT ORTHOSIS PLASTIC/OTH MATERIAL CUSTOM FAB		9	0	9
APPROVED			9	0	9
L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBI SECT CSTM		1	0	1
APPROVED			1	0	1
L1960	AFO POSTERIOR SOLID ANK PLASTIC CUSTOM FAB		8	3	11
APPROVED			8	0	8
DENIED			0	3	3

Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED		15	1	16
APPROVED			15	0	15
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
L2020	KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB		3	0	3
APPROVED			3	0	3
L2036	KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB		1	0	1
APPROVED			1	0	1
L2200	ADDITION LOWER EXTREMITY LTD ANK MOTION EA JOINT		1	0	1
APPROVED			1	0	1
L2220	ADD LW EXTRM DORSIFLX and PLANTR ASST/RSIST EA JNT		1	0	1
APPROVED			1	0	1
L2270	ADD LW EXT VARUS/VALGUS CORR STRAP PAD/LINE PAD		1	0	1
APPROVED			1	0	1
L2275	ADD LW EXTRM VARUS/VULGUS CORR PLSTC MOD PADD/IN		4	1	5
APPROVED			4	0	4
DENIED			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
L2280	ADDITION TO LOWER EXTREMITY MOLDED INNER FOOT		1	0	1
APPROVED			1	0	1
L2340	ADD LOW EXTREM PRETIBL SHELL MOLDED PT MODEL		1	0	1
APPROVED			1	0	1
L2397	ADDITION LOWER EXTREM ORTHOSIS SUSPENSION SLEEVE		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L2820	ADD LW EXT ORTH SFT INTERFCE MOLD BELW KNEE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED		2	0	2
APPROVED			2	0	2
L3000	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	1	1
Denied Not a Covered Benefit			0	1	1
L3906	WHO W/O JNT MAY INCL SFT INTRFCE STRAPS CSTM FAB		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1

L4360	WALKING BOOT PNEUMATC and / VACUUM PREFAB CUSTM FIT		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L4387	WALKING BOOT NON- PNEUMATIC PREFAB OFF THE SHELF		1	0	1
APPROVED			1	0	1
L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM		2	0	2
APPROVED			2	0	2
L5000	PART FT SHOE INSERT W/LONGTUDNL ARCH TOE FILLER		1	0	1
APPROVED			1	0	1
L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE		1	0	1
APPROVED			1	0	1
L5620	ADDITION LOWER EXTREMITY TEST SOCKET BELOW KNEE		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L5624	ADDITION LOWER EXTREMITY TEST SOCKET ABOVE KNEE		1	0	1
APPROVED			1	0	1

L5629	ADDITION LOWER EXTREM BELOW KNEE ACRYLIC SOCKET	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
L5631	ADD LOW EXT ABOVE KNEE/KNEE DISARTIC ACRYLIC SOCKET	1	0	1
APPROVED		1	0	1
L5637	ADDITION LOWER EXTREMITY BELOW KNEE TOTAL CONTACT	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Denied Non Participating Provider		0	3	3
L5645	ADD LW EXT BELOW KNEE FLEXIBLE INNER SOCKET EXT FRAME	2	0	2
APPROVED		2	0	2
L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	1	0	1
APPROVED		1	0	1
L5650	ADD LOW EXT TOTAL CONTACT ABOVE KNEE/KNEE DISARTIC	1	0	1
APPROVED		1	0	1
L5651	ADD LW EXT ABOVE KNEE FLEXIBLE INNER SOCKET EXT FRAME	1	0	1
APPROVED		1	0	1
L5652	ADD LOW EXTREM SUCTN SUSP ABOVE KNEE/KNEE DISARTIC	1	0	1
APPROVED		1	0	1
L5671	ADD LOWER EXTREM BELOW/ABOVE KNEE SUSP LOCK MECH	2	3	5

APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L5673	ADD LOW EXT CSTM MOLD/PRFAB FOR USE W/LOCK MECH		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L5679	ADD LW EXT BK/AK CSTM MOLD/PRFAB NOT W/LOCK MECH		1	0	1
APPROVED			1	0	1
L5692	ADD LOW EXTREM ABVE KNEE PELV CONTROL BELT LIGHT		1	0	1
APPROVED			1	0	1
L5700	REPLACEMENT SOCKET BELOW KNEE BK MOLDED PT MODEL		1	0	1
APPROVED			1	0	1
L5704	CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE BK		2	2	4
APPROVED			2	0	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CENTR		1	0	1
APPROVED			1	0	1
L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ		1	0	1
APPROVED			1	0	1
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN		1	0	1

APPROVED			1	0	1
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHASE		6	0	6
APPROVED			6	0	6
L5910	ADD ENDOSKEL SYSTEM BELOW KNEE ALIGNABLE SYSTEM		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L5920	ADD ENDOSKEL SYS AK/HIP DISARTIC ALIGNABLE SYSTM		1	0	1
APPROVED			1	0	1
L5940	ADD ENDOSKEL SYSTEM BELOW KNEE ULTRA-LGHT MATL		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L5950	ADD ENDOSKEL SYSTEM ABVE KNEE AK ULTRA-LGHT MATL		1	0	1
APPROVED			1	0	1
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE		1	0	1
APPROVED			1	0	1
L5972	ALL LOWER EXTREMITY PROSTHESES FOOT FLEX KEEL		1	0	1
APPROVED			1	0	1
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL		0	3	3
DENIED			0	3	3
Denied Non Participating Provider			0	3	3

L5986	ALL LOW EXTREM PROSTH MULTI-AXIAL ROTATION UNIT		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN		1	0	1
APPROVED			1	0	1
L5999	LOWER EXTREMITY PROSTHESIS NOS		1	0	1
APPROVED			1	0	1
L6623	UP EXT ADD SPRNG ASST ROTATL WRST U W/LATCH PLATE		1	0	1
APPROVED			1	0	1
L6680	UP EXTREM ADD TST SOCKT WRST DISARTIC/BELW ELB		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L6686	UPPER EXTREMITY ADDITION SUCTION SOCKET		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L6687	UP EXTRM ADD FRME TYPE SCKT BELW ELB/WRST DISRTC		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT		1	0	1

APPROVED			1	0	1
L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR		1	0	1
APPROVED			1	0	1
L6882	MICRPROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC		1	0	1
APPROVED			1	0	1
L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC		1	0	1
APPROVED			1	0	1
L7400	ADD UP EXTREM PROS BELOW ELB/WD ULTRALIGHT MATL		1	1	2
APPROVED			1	0	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L7403	ADD UP EXTREM PROS BE/WRIST DISART ACRYLIC MATL		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L7499	UPPER EXTREMITY PROSTHESIS NOS		3	1	4
APPROVED			3	0	3
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
L7700	GASKET/SEAL USE PROS SOCKET INSERT ANY TYPE EA		4	0	4
APPROVED			4	0	4
L8000	BREAST PROS MASTECTOMY BRA W/O INTEG PROS FORM		4	0	4
APPROVED			4	0	4

L8020	BREAST PROSTHESIS MASTECTOMY FORM		2	0	2
APPROVED			2	0	2
L8030	BREAST PROSTH SILICONE/EQUAL W/O INTEGRAL ADHES		6	0	6
APPROVED			6	0	6
L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED		2	0	2
APPROVED			2	0	2
L8400	PROSTHETIC SHEATH BELOW KNEE EACH		2	0	2
APPROVED			2	0	2
L8420	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE BK EACH		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L8440	PROSTHETIC SHRINKER BELOW KNEE BK EACH		0	3	3
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L8460	PROSTHETIC SHRINKER ABOVE KNEE AK EACH		1	0	1
APPROVED			1	0	1
L8470	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EA		2	3	5
APPROVED			2	0	2
DENIED			0	3	3
Denied Non Participating Provider			0	3	3
L8500	ARTIFICIAL LARYNX ANY TYPE		2	0	2
APPROVED			2	0	2
L8509	TRACHEO-ESOPH VOICE PROSTH INSRT LIC HEALTH PROV		4	2	6

APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
L8511	INSRT INDWLL TRACHEOESOPH PROS W/VO VALV REPL CMT		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
L8513	CLEANING DEVC USED W/TRACHEOESOPH VOICE PROG DIR		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
L8514	TRACHEOESOPH PUNCTURE DILAT REPLACEMENT ONLY EA		1	0	1
APPROVED			1	0	1
L8606	INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE		1	0	1
APPROVED			1	0	1
L8619	COCHLEAR IMPL EXT SPEECH PROCESSR/CONTROLLR REPL		1	0	1
APPROVED			1	0	1
L8679	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH	1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	3	3
L8681	PT PROG W/IMPL PROG NEUROSTM PULSE GEN REPL ONLY	1	0	1
APPROVED		1	0	1
L8688	IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
L8691	AUD OI DEVC EXT SP EXCL TRNSDUCR/ACTUATR REPL EA	3	0	3
APPROVED		3	0	3
L8694	AUD OSSEOINTEG DEVC TRANSDUCER/ACTR REPL ONLY EA	3	0	3
APPROVED		3	0	3
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	0	1	1
DENIED		0	1	1
Denied for No Pre- authorization		0	1	1
P9033	PLATELETS LEUKOCYTES REDUCED IRRADIATED EA UNIT	2	0	2
APPROVED		2	0	2
P9040	RBCS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	2	0	2

APPROVED			2	0	2
Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD		5	4	9
APPROVED			5	0	5
DENIED			0	4	4
Denied Additional Information Not Received			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
Q0509	MISC SPL/ACSS IMPL VAD NO PAYMENT MEDICARE PRT A		2	0	2
APPROVED			2	0	2
Q2041	KTE-C19 TO 200 M A ANTI- CD19 CAR POS T CE P TD		3	0	3
APPROVED			3	0	3
Q2043	SIPULEUCEL-T AUTO CD54 PLUS		0	1	1
DENIED			0	1	1
Denied Additional Information Not Received			0	1	1
Q2053	BREXUCABTAGENE AUTOLCL AU ANTI-CD19 CAR P V T C		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE		1	0	1
APPROVED			1	0	1
Q4081	INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS		6	0	6
APPROVED			6	0	6

Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Not a Covered Benefit		0	1	1
Q4121	THERASKIN PER SQ CM	0	2	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Q4180	REVITA PER SQUARE CM	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Q4186	EPIFIX PER SQ CM	3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Q4196	PURAPLY AM PER SQ CM	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
Q5001	HOSPICE/HOME HEALTH CARE PROV PT HOME/RESIDENCE	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Denied Elective Service - Out of Area/Non-contract provider		0	1	1
Denied Non Participating Provider		0	3	3

Q5006	HOSPICE CARE PROV	4	0	4
	INPATIENT HOSPICE FACILITY			
APPROVED		4	0	4
Q5103	INJECTION INFLIXIMAB-DYYB	1	0	1
	BIOSIMILAR 10 MG			
APPROVED		1	0	1
Q5105	INJECTION EPOETIN ALFA-	1	0	1
	EPBX BIOSIMILAR 100 UNITS			
APPROVED		1	0	1
Q5106	INJECTION EPOETIN ALFA-	2	0	2
	EPBX BIOSIMILAR 1000 IU			
APPROVED		2	0	2
Q5108	INJECTION PEGFILGRASTIM-	1	0	1
	JMDB BIOSIMILAR 0.5 MG			
APPROVED		1	0	1
Q5111	INJECTION PEGFILGRASTIM-	2	0	2
	CBQV BIOSIMILAR 0.5 MG			
APPROVED		2	0	2
Q5115	INJECTION RITUXIMAB-ABBS	4	0	4
	BIOSIMILAR 10 MG			
APPROVED		4	0	4
Q5117	INJECTION TRASTUZUMAB-	1	0	1
	ANNS BIOSIMILAR 10 MG			
APPROVED		1	0	1
Q5119	INJ RITUXIMAB-PVVR	2	0	2
	BIOSIMILAR RUXIENCE 10 MG			
APPROVED		2	0	2
Q5120	INJ PEGFILGRASTIM-BMEZ	1	0	1
	BIOSIMILAR ZIEXTENZO 0.5 MG			
APPROVED		1	0	1
Q9966	LOCM 200-299 MG/ML IODINE	1	0	1
	CONCENTRATION PER ML			
APPROVED		1	0	1

Q9967	LOCM 300-399 MG/ML IODINE CONCENTRATION PER ML	12	3	15
APPROVED		12	0	12
DENIED		0	3	3
Denied for No Pre- authorization		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
S0020	INJECTION BUPIVACAINE HYDROCHLORIDE 30 ML	1	0	1
APPROVED		1	0	1
S0028	INJECTION FAMOTIDINE 20 MG	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
S0182	PROCARBAZINE HYDROCHLORIDE ORAL 50 MG	2	0	2
APPROVED		2	0	2
S0189	TESTOSTERONE PELLET 75 MG	1	0	1
APPROVED		1	0	1
S0201	PARTIAL HOSPITALIZATION SERVICES LT 24 HR PER DIEM	14	2	16
APPROVED		14	0	14
DENIED		0	2	2
Denied Appeal Denial Upheld		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
S1015	IV TUBING EXTENSION SET	2	0	2
APPROVED		2	0	2

S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM EAR	3	21	24
APPROVED		3	0	3
DENIED		0	21	21
Denied Medical Necessity Criteria Not Met Medical Director		0	8	8
Denied Non Participating Provider		0	4	4
Denied Not a Covered Benefit		0	9	9
S2068	BREAST RECON DIEP/SIEA FLAP and CLOS DONR SITE TUMR	7	0	7
APPROVED		7	0	7
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USG	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS	4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
S3620	NEWBORN METABOLIC SCREENING PANEL SPEC- STATE	1	0	1
APPROVED		1	0	1
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	2	0	2
APPROVED		2	0	2

S5501	HOME INFUS TX CATH CARE/MAINT COMPLEX PER DIEM	1	0	1
APPROVED		1	0	1
S5517	HIT ALL SPL NECES RESTOR CATH PATENCY/DECLOT	4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Denied Non Participating Provider		0	2	2
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAP HY	1	0	1
APPROVED		1	0	1
S8301	INFECTION CONTROL SUPPLIES NOS	0	3	3
DENIED		0	3	3
Denied Elective Service - Out of Area/Non-contract Provider		0	1	1
Denied for No Pre- authorization		0	1	1
Denied Not a Covered Benefit		0	1	1
S8950	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES	1	0	1
APPROVED		1	0	1
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	12	6	18
APPROVED		12	0	12
DENIED		0	6	6
Denied Additional Information Not Received		0	6	6
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	4	4	8
APPROVED		4	0	4

DENIED			0	4	4
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
Denied Non Participating Provider			0	1	1
S9124	NURSING CARE IN THE HOME; BY 1 PN PER HOUR		4	2	6
APPROVED			4	0	4
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
S9126	HOSPICE CARE IN THE HOME PER DIEM		8	4	12
APPROVED			8	0	8
DENIED			0	4	4
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	3	3
S9127	SOCIAL WORK VISIT IN THE HOME PER DIEM		2	0	2
APPROVED			2	0	2
S9128	SPEECH THERAPY IN THE HOME PER DIEM		7	2	9
APPROVED			7	0	7
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM		7	5	12
APPROVED			7	0	7
DENIED			0	5	5
Denied Additional Therapies			0	1	1

Denied Medical Necessity Criteria Not Met Medical Director			0	4	4
S9331	PHYSICAL THERAPY; IN THE HOME PER DIEM		14	3	17
APPROVED			14	0	14
DENIED			0	3	3
Denied Medical Necessity Criteria Not Met Medical Director			0	3	3
S9335	HOM TX HD; ADMIN PROF PHRM SRVC SPL AND EQP PER DIEM		2	0	2
APPROVED			2	0	2
S9351	HOME INFUSION THERAPY CONT ANTI-EMETIC; PER DIEM		1	3	4
APPROVED			1	0	1
DENIED			0	3	3
Denied Benefit limits exceeded			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Denied Non Participating Provider			0	1	1
S9366	HIT TPN; GT 1 LITER BUT NOT GT 2 LITERS-DA-DIEM		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
S9367	HIT TPN; GT 2 LITERS BUT NOT GT 3 LITERS-DA -DIEM		0	1	1
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1

S9376	HIT HYDRATION TX; GT 2 LITERS NO GT 3 LITERS DAY	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Denied Benefit limits exceeded		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
Denied Non Participating Provider		0	1	1
S9379	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM	1	0	1
APPROVED		1	0	1
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	8	2	10
APPROVED		8	0	8
DENIED		0	2	2
Denied Medical Necessity Criteria Not Met Medical Director		0	2	2
S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Denied Administrative		0	1	1
Denied Not a Covered Benefit		0	1	1
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	15	1	16
APPROVED		15	0	15
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1

S9500	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q34 HRS PER		3	2	5
APPROVED			3	0	3
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
S9501	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q43 HRS PER		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
S9502	HIT ABX ANTIVIRAL/ANTIFUNGAL; Q8 HRS PER		1	0	1
APPROVED			1	0	1
S9990	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL		1	0	1
APPROVED			1	0	1
S9991	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL		1	0	1
APPROVED			1	0	1
T1007	ALCOHOL and /SUBSTNC ABS SRVC TX PLAN DVLP and /MOD		5	2	7
APPROVED			5	0	5
DENIED			0	2	2
Denied Medical Necessity Criteria Not Met Medical Director			0	2	2
T1999	MISC TX ITEMS AND SPL RETAIL PURCHASE NOC		1	0	1
APPROVED			1	0	1
T2001	NON-EMERG TRANSPORTATION; PT ATTENDANT/ESCORT		0	1	1
DENIED			0	1	1
Denied Administrative			0	1	1

T2007	TRNSPRT WAIT TIME AIR AMB and NON-EMERG VEH 1/2 HR	0	1	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Non Participating Provider		0	1	1
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR	1	0	1
APPROVED		1	0	1
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	11	0	11
APPROVED		11	0	11
T2046	HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Denied Medical Necessity Criteria Not Met Medical Director		0	1	1
T4522	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA	0	1	1
DENIED		0	1	1
Denied Not a Covered Benefit		0	1	1
V2623	PROSTHETIC EYE PLASTIC CUSTOM	1	0	1
APPROVED		1	0	1
V2785	PROCESSING PRES AND TRANSPORTING CORNEAL TISUE	1	0	1
APPROVED		1	0	1

V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID		1	0	1
APPROVED			1	0	1
V5020	Conformity evaluation		1	0	1
APPROVED			1	0	1
V5160	Dispensing fee binaural		1	0	1
APPROVED			1	0	1
V5251	HEARING AID DIGITALLY PROGRAMMED ANALOG BINAURAL ITC		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
V5256	HEARING AID DIGITAL MONOAUURAL ITC		0	1	1
DENIED			0	1	1
Denied Non Participating Provider			0	1	1
V5257	HEARING AID DIGITAL MONOAUURAL RTE		0	2	2
DENIED			0	2	2
Denied Non Participating Provider			0	2	2
V5261	HEARING AID DIGITAL BINAURAL RTE		2	1	3
APPROVED			2	0	2
DENIED			0	1	1
Denied Medical Necessity Criteria Not Met Medical Director			0	1	1
Prior Authorization Grand Totals			59089	22552	81641