

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
0329U -Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor	1			1
Approved	1			1
No Overturns	1			1
0447T -Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	1			1
Approved	1			1
No Overturns	1			1
0537T -Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	1			1
Approved	1			1
No Overturns	1			1
0538T -Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	1			1
Approved	1			1
No Overturns	1			1
0539T -Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	1			1
Approved	1			1
No Overturns	1			1
0540T -Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	1			1
Approved	1			1
No Overturns	1			1
11042 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	3			3
Approved	3			3
No Overturns	3			3
11043 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	1			1
Approved	1			1
No Overturns	1			1
11044 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	1			1
Approved	1			1
No Overturns	1			1
11045 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
11102 -Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	2			2
Approved	2			2
No Overturns	2			2
11103 -Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
11104 -Punch biopsy of skin (including simple closure, when performed); single lesion	2			2
Approved	2			2
No Overturns	2			2
11105 -Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
11403 -Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	1			1
Approved	1			1
No Overturns	1			1
11970 -Replacement of tissue expander with permanent prosthesis	1			1
Approved	1			1
No Overturns	1			1
13151 -Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	1			1
Approved	1			1
No Overturns	1			1
13152 -Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	1			1
Approved	1			1
No Overturns	1			1
14000 -Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	1			1
Approved	1			1
No Overturns	1			1
14060 -Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	2			2
Approved	2			2
No Overturns	2			2

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14061 -Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	1			1
Approved	1			1
No Overturns	1			1
15260 -Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	1			1
Approved	1			1
No Overturns	1			1
15271 -Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	3			3
Approved	3			3
No Overturns	3			3
15731 -Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	1			1
Approved	1			1
No Overturns	1			1
15733 -Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	1			1
Approved	1			1
No Overturns	1			1
15769 -Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1			1
Approved	1			1
No Overturns	1			1
15771 -Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	2			2
Approved	2			2
No Overturns	2			2
15777 -Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
17106 -Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	1			1
Approved	1			1
No Overturns	1			1
17306 -Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation	1			1
Approved	1			1
No Overturns	1			1
17311 -Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s)	1			1
Approved	1			1
No Overturns	1			1
17312 -Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s)	1			1
Approved	1			1
No Overturns	1			1
17313 -Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s)	1			1
Approved	1			1
No Overturns	1			1
17314 -Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s)	1			1
Approved	1			1
No Overturns	1			1
17315 -Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s)	1			1
Approved	1			1
No Overturns	1			1
19083 -Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	1			1
Approved	1			1
No Overturns	1			1
19120 -Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	1			1
Approved	1			1
No Overturns	1			1
19303 -Mastectomy, simple, complete	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
19328 -Removal of intact mammary implant	1			1
Approved	1			1
No Overturns	1			1
19370 -Open periprosthetic capsulotomy, breast	1			1
Approved	1			1
No Overturns	1			1
19380 -Revision of reconstructed breast	1			1
Approved	1			1
No Overturns	1			1
20206 -Biopsy, muscle, percutaneous needle	1			1
Approved	1			1
No Overturns	1			1
20696 -Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging;	1			1
Approved	1			1
No Overturns	1			1
21235 -Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	1			1
Approved	1			1
No Overturns	1			1
22513 -Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging	1			1
Approved	1			1
No Overturns	1			1
23472 -Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	1			1
Approved	1			1
No Overturns	1			1
23655 -Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	2			2
Approved	2			2
No Overturns	2			2
24200 -Removal of foreign body, upper arm or elbow area; subcutaneous	1			1
Approved	1			1
No Overturns	1			1
27427 -Ligamentous reconstruction (augmentation), knee; extra-articular	2			2
Approved	2			2
No Overturns	2			2
27466 -Osteoplasty, femur; lengthening	1			1
Approved	1			1
No Overturns	1			1
27632 -Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	1			1
Approved	1			1
No Overturns	1			1
27650 -Repair, primary, open or percutaneous, ruptured Achilles tendon;	1			1
Approved	1			1
No Overturns	1			1
27687 -Gastrocnemius recession (eg, Strayer procedure)	2			2
Approved	2			2
No Overturns	2			2
28238 -Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	2			2
Approved	2			2
No Overturns	2			2
28270 -Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	2			2
Approved	2			2
No Overturns	2			2
28285 -Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	1			1
Approved	1			1
No Overturns	1			1
28292 -Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	1			1
Approved	1			1
No Overturns	1			1
28298 -Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
28750 -Arthrodesis, great toe; metatarsophalangeal joint	1			1
Approved	1			1
No Overturns	1			1
28810 -Amputation, metatarsal, with toe, single	1			1
Approved	1			1
No Overturns	1			1
29581 -Application of multi-layer compression system; leg (below knee), including ankle and foot	1			1
Approved	1			1
No Overturns	1			1
29862 -Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	1			1
Approved	1			1
No Overturns	1			1
29863 -Arthroscopy, hip, surgical; with synovectomy	1			1
Approved	1			1
No Overturns	1			1
29885 -Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	1			1
Approved	1			1
No Overturns	1			1
29886 -Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	1			1
Approved	1			1
No Overturns	1			1
29914 -Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	1			1
Approved	1			1
No Overturns	1			1
29915 -Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	1			1
Approved	1			1
No Overturns	1			1
29916 -Arthroscopy, hip, surgical; with labral repair	2			2
Approved	2			2
No Overturns	2			2
30140 -Submucous resection inferior turbinate, partial or complete, any method	3			3
Approved	3			3
No Overturns	3			3
30150 -Rhinectomy; partial	1			1
Approved	1			1
No Overturns	1			1
30420 -Rhinoplasty, primary; including major septal repair	1			1
Approved	1			1
No Overturns	1			1
30520 -Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	2			2
Approved	2			2
No Overturns	2			2
31200 -Ethmoidectomy; intranasal, anterior	1			1
Approved	1			1
No Overturns	1			1
31231 -Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
31237 -Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
31253 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	1			1
Approved	1			1
No Overturns	1			1
31267 -Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	1			1
Approved	1			1
No Overturns	1			1
31288 -Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
31535 -Laryngoscopy, direct, operative, with biopsy;	1			1
Approved	1			1
No Overturns	1			1
31536 -Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	1			1
Approved	1			1
No Overturns	1			1
31622 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
31624 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	1			1
Approved	1			1
No Overturns	1			1
31625 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	1			1
Approved	1			1
No Overturns	1			1
31627 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure(s))	1			1
Approved	1			1
No Overturns	1			1
31628 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	1			1
Approved	1			1
No Overturns	1			1
31652 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	1			1
Approved	1			1
No Overturns	1			1
32674 -Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
33225 -Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator	1			1
Approved	1			1
No Overturns	1			1
33249 -Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	1			1
Approved	1			1
No Overturns	1			1
33285 -Insertion, subcutaneous cardiac rhythm monitor, including programming	3			3
Approved	3			3
No Overturns	3			3
33477 -Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	2			2
Approved	2			2
No Overturns	2			2
35281 -Repair blood vessel with graft other than vein; intra-abdominal	1			1
Approved	1			1
No Overturns	1			1
36224 -Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and ce	1			1
Approved	1			1
No Overturns	1			1
36226 -Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	1			1
Approved	1			1
No Overturns	1			1
36415 -Collection of venous blood by venipuncture	2			2
Approved	2			2
No Overturns	2			2
36590 -Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	4			4
Approved	4			4
No Overturns	4			4
36600 -Arterial puncture, withdrawal of blood for diagnosis	1			1
Approved	1			1
No Overturns	1			1
37200 -Transcatheter biopsy	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
38204 -Management of recipient hematopoietic progenitor cell donor search and cell acquisition	1			1
Approved	1			1
No Overturns	1			1
38205 -Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	1			1
Approved	1			1
No Overturns	1			1
38206 -Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	1			1
Approved	1			1
No Overturns	1			1
38207 -Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	1			1
Approved	1			1
No Overturns	1			1
38214 -Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	1			1
Approved	1			1
No Overturns	1			1
38221 -Diagnostic bone marrow; biopsy(ies)	2			2
Approved	2			2
No Overturns	2			2
38240 -Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	1			1
Approved	1			1
No Overturns	1			1
38241 -Hematopoietic progenitor cell (HPC); autologous transplantation	2			2
Approved	2			2
No Overturns	2			2
38525 -Biopsy or excision of lymph node(s); open, deep axillary node(s)	2			2
Approved	2			2
No Overturns	2			2
38572 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	1			1
Approved	1			1
No Overturns	1			1
38780 -Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
38900 -Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
40806 -Incision of labial frenum (frenotomy)	2			2
Approved	2			2
No Overturns	2			2
42820 -Tonsillectomy and adenoidectomy; younger than age 12	5			5
Approved	5			5
No Overturns	5			5
42826 -Tonsillectomy, primary or secondary; age 12 or over	1			1
Approved	1			1
No Overturns	1			1
42830 -Adenoidectomy, primary; younger than age 12	2			2
Approved	2			2
No Overturns	2			2
43235 -Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	5			5
Approved	5			5
No Overturns	5			5
43239 -Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	7			7
Approved	7			7
No Overturns	7			7
43245 -Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	1			1
Approved	1			1
No Overturns	1			1
43259 -Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
43260 -Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
43497 -Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	1			1
Approved	1			1
No Overturns	1			1
43631 -Gastrectomy, partial, distal; with gastroduodenostomy	1			1
Approved	1			1
No Overturns	1			1
44120 -Enterectomy, resection of small intestine; single resection and anastomosis	1			1
Approved	1			1
No Overturns	1			1
44204 -Laparoscopy, surgical; colectomy, partial, with anastomosis	1			1
Approved	1			1
No Overturns	1			1
45378 -Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	8			8
Approved	8			8
No Overturns	8			8
45380 -Colonoscopy, flexible; with biopsy, single or multiple	11			11
Approved	11			11
No Overturns	11			11
45385 -Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1			1
Approved	1			1
No Overturns	1			1
45990 -Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	1			1
Approved	1			1
No Overturns	1			1
46260 -Hemorrhoidectomy, internal and external, 2 or more columns/groups;	1			1
Approved	1			1
No Overturns	1			1
46275 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	1			1
Approved	1			1
No Overturns	1			1
46280 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	1			1
Approved	1			1
No Overturns	1			1
46930 -Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	1			1
Approved	1			1
No Overturns	1			1
47001 -Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
47120 -Hepatectomy, resection of liver; partial lobectomy	1			1
Approved	1			1
No Overturns	1			1
47135 -Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	4			4
Approved	4			4
No Overturns	4			4
47370 -Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	1			1
Approved	1			1
No Overturns	1			1
47380 -Ablation, open, of 1 or more liver tumor(s); radiofrequency	1			1
Approved	1			1
No Overturns	1			1
49320 -Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
49322 -Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	1			1
Approved	1			1
No Overturns	1			1

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49424 -Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
49505 -Repair initial inguinal hernia, age 5 years or older; reducible	1			1
Approved	1			1
No Overturns	1			1
50080 -Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single	1			1
Approved	1			1
No Overturns	1			1
50360 -Renal allotransplantation, implantation of graft; without recipient nephrectomy	1			1
Approved	1			1
No Overturns	1			1
50432 -Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
50435 -Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
50545 -Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	1			1
Approved	1			1
No Overturns	1			1
51102 -Aspiration of bladder; with insertion of suprapubic catheter	1			1
Approved	1			1
No Overturns	1			1
51600 -Injection procedure for cystography or voiding urethrocytography	1			1
Approved	1			1
No Overturns	1			1
51728 -Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	1			1
Approved	1			1
No Overturns	1			1
51741 -Complex uroflowmetry (eg, calibrated electronic equipment)	8			8
Approved	8			8
No Overturns	8			8
51784 -Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	8			8
Approved	8			8
No Overturns	8			8
51797 -Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
51798 -Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	10			10
Approved	10			10
No Overturns	10			10
52000 -Cystourethroscopy (separate procedure)	3			3
Approved	3			3
No Overturns	3			3
52005 -Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	2			2
Approved	2			2
No Overturns	2			2
52235 -Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	2			2
Approved	2			2
No Overturns	2			2
52260 -Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	1			1
Approved	1			1
No Overturns	1			1
52287 -Cystourethroscopy, with injection(s) for chemodenervation of the bladder	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
52310 -Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	1			1
Approved	1			1
No Overturns	1			1
52318 -Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	1			1
Approved	1			1
No Overturns	1			1
52332 -Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	3			3
Approved	3			3
No Overturns	3			3
52356 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	3			3
Approved	3			3
No Overturns	3			3
53410 -Urethroplasty, 1-stage reconstruction of male anterior urethra	1			1
Approved	1			1
No Overturns	1			1
55500 -Excision of hydrocele of spermatic cord, unilateral (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
55700 -Biopsy, prostate; needle or punch, single or multiple, any approach	1			1
Approved	1			1
No Overturns	1			1
55920 -Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	2			2
Approved	2			2
No Overturns	2			2
56620 -Vulvectomy simple; partial	1			1
Approved	1			1
No Overturns	1			1
57135 -Excision of vaginal cyst or tumor	1			1
Approved	1			1
No Overturns	1			1
57155 -Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	2			2
Approved	2			2
No Overturns	2			2
57156 -Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	1			1
Approved	1			1
No Overturns	1			1
57240 -Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	1			1
Approved	1			1
No Overturns	1			1
57270 -Repair of enterocele, abdominal approach (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
57500 -Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
58150 -Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	2			2
Approved	2			2
No Overturns	2			2
58563 -Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	1			1
Approved	1			1
No Overturns	1			1
58571 -Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2			2
Approved	2			2
No Overturns	2			2
58573 -Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	1			1
Approved	1			1
No Overturns	1			1
58661 -Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
58670 -Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	1			1
Approved	1			1
No Overturns	1			1
58940 -Oophorectomy, partial or total, unilateral or bilateral;	1			1
Approved	1			1
No Overturns	1			1
59000 -Amniocentesis; diagnostic	13			13
Approved	13			13
No Overturns	13			13
59015 -Chorionic villus sampling, any method	1			1
Approved	1			1
No Overturns	1			1
61343 -Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	1			1
Approved	1			1
No Overturns	1			1
61512 -Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	1			1
Approved	1			1
No Overturns	1			1
61519 -Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	1			1
Approved	1			1
No Overturns	1			1
61598 -Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	1			1
Approved	1			1
No Overturns	1			1
61616 -RESECTION OR ERESECTION or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	1			1
Approved	1			1
No Overturns	1			1
61781 -Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
61782 -Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
61863 -Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray),	1			1
Approved	1			1
No Overturns	1			1
61864 -Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperat	1			1
Approved	1			1
No Overturns	1			1
61867 -Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray),	1			1
Approved	1			1
No Overturns	1			1
61868 -Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray),	1			1
Approved	1			1
No Overturns	1			1
61880 -Revision or removal of intracranial neurostimulator electrodes	1			1
Approved	1			1
No Overturns	1			1
62140 -Cranioplasty for skull defect; up to 5 cm diameter	1			1
Approved	1			1
No Overturns	1			1
62270 -Spinal puncture, lumbar, diagnostic	1			1
Approved	1			1
No Overturns	1			1
62272 -Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
63200 -Laminectomy, with release of tethered spinal cord, lumbar	4			4
Approved	4			4
No Overturns	4			4
63650 -Percutaneous implantation of neurostimulator electrode array, epidural	1			1
Approved	1			1
No Overturns	1			1
63685 -Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	1			1
Approved	1			1
No Overturns	1			1
64421 -Injection, anesthetic agent; intercostal nerves, multiple, regional block	1			1
Approved	1			1
No Overturns	1			1
64483 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1			1
Approved	1			1
No Overturns	1			1
64484 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
64628 -Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	1			1
Approved	1			1
No Overturns	1			1
66174 -Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	1			1
Approved	1			1
No Overturns	1			1
66180 -Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	1			1
Approved	1			1
No Overturns	1			1
66710 -Ciliary body destruction; cyclophotocoagulation, transscleral	2			2
Approved	2			2
No Overturns	2			2
66761 -Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	2			2
Approved	2			2
No Overturns	2			2
66821 -Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	2			2
Approved	2			2
No Overturns	2			2
66982 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	2			2
Approved	2			2
No Overturns	2			2
66984 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	5			5
Approved	5			5
No Overturns	5			5
67028 -Intravitreal injection of a pharmacologic agent (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
67036 -Vitrectomy, mechanical, pars plana approach;	1			1
Approved	1			1
No Overturns	1			1
67040 -Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	2			2
Approved	2			2
No Overturns	2			2
67113 -Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees),	8			8
Approved	8			8
No Overturns	8			8
67121 -Removal of implanted material, posterior segment; intraocular	1			1
Approved	1			1
No Overturns	1			1
67218 -Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
67228 -Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	1			1
Approved	1			1
No Overturns	1			1
67311 -Strabismus surgery, recession or resection procedure; 1 horizontal muscle	1			1
Approved	1			1
No Overturns	1			1
67904 -Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	1			1
Approved	1			1
No Overturns	1			1
68720 -Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	1			1
Approved	1			1
No Overturns	1			1
68815 -Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	1			1
Approved	1			1
No Overturns	1			1
69436 -Tympanostomy (requiring insertion of ventilating tube), general anesthesia	9			9
Approved	9			9
No Overturns	9			9
69990 -Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
70100 -Radiologic examination, mandible; partial, less than 4 views	6			6
Approved	6			6
No Overturns	6			6
70310 -Radiologic examination, teeth; partial examination, less than full mouth	5			5
Approved	5			5
No Overturns	5			5
70390 -Sialography, radiological supervision and interpretation	2			2
Approved	2			2
No Overturns	2			2
70480 -Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	1			1
Approved	1			1
No Overturns	1			1
70491 -Computed tomography, soft tissue neck; with contrast material(s)	3			3
Approved	3			3
No Overturns	3			3
70543 -Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	1			1
Approved	1			1
No Overturns	1			1
70551 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1			1
Approved	1			1
No Overturns	1			1
70553 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	4			4
Approved	4			4
No Overturns	4			4
71045 -Radiologic examination, chest; single view	7			7
Approved	7			7
No Overturns	7			7
71046 -Radiologic examination, chest; 2 views	20			20
Approved	20			20
No Overturns	20			20
71250 -Computed tomography, thorax; without contrast material	4			4
Approved	4			4
No Overturns	4			4
71260 -Computed tomography, thorax; with contrast material(s)	13			13
Approved	13			13
No Overturns	13			13
71270 -Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
71275 -Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	6			6
Approved	6			6
No Overturns	6			6
71555 -Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	2			2
Approved	2			2
No Overturns	2			2
72040 -Radiologic examination, spine, cervical; 2 or 3 views	5			5
Approved	5			5
No Overturns	5			5
72148 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	3			3
Approved	3			3
No Overturns	3			3
72156 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	1			1
Approved	1			1
No Overturns	1			1
72157 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	1			1
Approved	1			1
No Overturns	1			1
72158 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	1			1
Approved	1			1
No Overturns	1			1
72192 -Computed tomography, pelvis; without contrast material	1			1
Approved	1			1
No Overturns	1			1
72193 -Computed tomography, pelvis; with contrast material(s)	1			1
Approved	1			1
No Overturns	1			1
72194 -Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	1			1
Approved	1			1
No Overturns	1			1
72197 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	1			1
Approved	1			1
No Overturns	1			1
73140 -Radiologic examination, finger(s), minimum of 2 views	2			2
Approved	2			2
No Overturns	2			2
73200 -Computed tomography, upper extremity; without contrast material	2			2
Approved	2			2
No Overturns	2			2
73223 -Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	2			2
Approved	2			2
No Overturns	2			2
73610 -Radiologic examination, ankle; complete, minimum of 3 views	4			4
Approved	4			4
No Overturns	4			4
73721 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	3			3
Approved	3			3
No Overturns	3			3
74018 -Radiologic examination, abdomen; 1 view	6			6
Approved	6			6
No Overturns	6			6
74160 -Computed tomography, abdomen; with contrast material(s)	1			1
Approved	1			1
No Overturns	1			1
74170 -Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	5			5
Approved	5			5
No Overturns	5			5
74174 -Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
74176 -Computed tomography, abdomen and pelvis; without contrast material	4			4
Approved	4			4
No Overturns	4			4
74177 -Computed tomography, abdomen and pelvis; with contrast material(s)	13			13
Approved	13			13
No Overturns	13			13
74178 -Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	1			1
Approved	1			1
No Overturns	1			1
74181 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	1			1
Approved	1			1
No Overturns	1			1
74183 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	3			3
Approved	3			3
No Overturns	3			3
74220 -Radiologic examination; esophagus	1			1
Approved	1			1
No Overturns	1			1
74230 -Swallowing function, with cineradiography/videoradiography	7			7
Approved	7			7
No Overturns	7			7
74240 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB	6			6
Approved	6			6
No Overturns	6			6
74270 -Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	3			3
Approved	3			3
No Overturns	3			3
74430 -Cystography, minimum of 3 views, radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
74455 -Urethrocytography, voiding, radiological supervision and interpretation	3			3
Approved	3			3
No Overturns	3			3
75557 -Cardiac magnetic resonance imaging for morphology and function without contrast material;	1			1
Approved	1			1
No Overturns	1			1
75561 -Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	5			5
Approved	5			5
No Overturns	5			5
75565 -Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4
75572 -Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	1			1
Approved	1			1
No Overturns	1			1
75574 -Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio	1			1
Approved	1			1
No Overturns	1			1
75635 -Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1			1
Approved	1			1
No Overturns	1			1
75827 -Venography, caval, superior, with serialography, radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
76080 -Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
76391 -Magnetic resonance (eg, vibration) elastography	2			2
Approved	2			2
No Overturns	2			2
76536 -Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	1			1
Approved	1			1
No Overturns	1			1
76604 -Ultrasound, chest (includes mediastinum), real time with image documentation	2			2
Approved	2			2
No Overturns	2			2
76641 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	3			3
Approved	3			3
No Overturns	3			3
76700 -Ultrasound, abdominal, real time with image documentation; complete	8			8
Approved	8			8
No Overturns	8			8
76770 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	21			21
Approved	21			21
No Overturns	21			21
76801 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	12			12
Approved	12			12
No Overturns	12			12
76802 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
76805 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	6			6
Approved	6			6
No Overturns	6			6
76810 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
76811 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	30			30
Approved	30			30
No Overturns	30			30
76812 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4
76813 -Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	12			12
Approved	12			12
No Overturns	12			12
76814 -Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
76815 -Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	52			52
Approved	52			52
No Overturns	52			52
76816 -Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a prev	73			73
Approved	73			73
No Overturns	73			73
76817 -Ultrasound, pregnant uterus, real time with image documentation, transvaginal	11			11
Approved	11			11
No Overturns	11			11
76819 -Fetal biophysical profile; without non-stress testing	63			63
Approved	63			63
No Overturns	63			63
76820 -Doppler velocimetry, fetal; umbilical artery	25			25
Approved	25			25
No Overturns	25			25

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
76821 -Doppler velocimetry, fetal; middle cerebral artery	13			13
Approved	13			13
No Overturns	13			13
76825 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	15			15
Approved	15			15
No Overturns	15			15
76826 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	2			2
Approved	2			2
No Overturns	2			2
76827 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	10			10
Approved	10			10
No Overturns	10			10
76856 -Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	2			2
Approved	2			2
No Overturns	2			2
76857 -Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	1			1
Approved	1			1
No Overturns	1			1
76870 -Ultrasound, scrotum and contents	4			4
Approved	4			4
No Overturns	4			4
76872 -Ultrasound, transrectal;	1			1
Approved	1			1
No Overturns	1			1
76882 -Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	3			3
Approved	3			3
No Overturns	3			3
76885 -Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	4			4
Approved	4			4
No Overturns	4			4
76945 -Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	4			4
Approved	4			4
No Overturns	4			4
76946 -Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	12			12
Approved	12			12
No Overturns	12			12
76981 -Ultrasound, elastography; parenchyma (eg, organ)	1			1
Approved	1			1
No Overturns	1			1
77003 -Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
77012 -Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	2			2
Approved	2			2
No Overturns	2			2
77014 -Computed tomography guidance for placement of radiation therapy fields	1			1
Approved	1			1
No Overturns	1			1
77032 -Mammographic Guidance for needle Placement, Breast	1			1
Approved	1			1
No Overturns	1			1
77049 -Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	1			1
Approved	1			1
No Overturns	1			1
77056 -Mammography; Bilateral	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
77063 -Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
77065 -Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	1			1
Approved	1			1
No Overturns	1			1
77066 -Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	1			1
Approved	1			1
No Overturns	1			1
77067 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	5			5
Approved	5			5
No Overturns	5			5
77075 -Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	1			1
Approved	1			1
No Overturns	1			1
77080 -Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	2			2
Approved	2			2
No Overturns	2			2
77263 -Therapeutic radiology treatment planning; complex	2			2
Approved	2			2
No Overturns	2			2
77280 -Therapeutic radiology simulation-aided field setting; simple	2			2
Approved	2			2
No Overturns	2			2
77285 -Therapeutic radiology simulation-aided field setting; intermediate	1			1
Approved	1			1
No Overturns	1			1
77290 -Therapeutic radiology simulation-aided field setting; complex	2			2
Approved	2			2
No Overturns	2			2
77293 -Respiratory motion management simulation (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
77300 -Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl	1			1
Approved	1			1
No Overturns	1			1
77301 -Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	1			1
Approved	1			1
No Overturns	1			1
77316 -Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	1			1
Approved	1			1
No Overturns	1			1
77317 -Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	2			2
Approved	2			2
No Overturns	2			2
77318 -Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	1			1
Approved	1			1
No Overturns	1			1
77332 -Treatment devices, design and construction; simple (simple block, simple bolus)	1			1
Approved	1			1
No Overturns	1			1
77333 -Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	2			2
Approved	2			2
No Overturns	2			2
77334 -Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	2			2
Approved	2			2
No Overturns	2			2
77336 -Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
77338 -Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	1			1
Approved	1			1
No Overturns	1			1
77370 -Special medical radiation physics consultation	1			1
Approved	1			1
No Overturns	1			1
77386 -Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	1			1
Approved	1			1
No Overturns	1			1
77387 -Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	1			1
Approved	1			1
No Overturns	1			1
77427 -Radiation treatment management, 5 treatments	1			1
Approved	1			1
No Overturns	1			1
77470 -Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	2			2
Approved	2			2
No Overturns	2			2
77770 -Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	2			2
Approved	2			2
No Overturns	2			2
77771 -Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	1			1
Approved	1			1
No Overturns	1			1
77772 -Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	1			1
Approved	1			1
No Overturns	1			1
78195 -Lymphatics and lymph nodes imaging	2			2
Approved	2			2
No Overturns	2			2
78306 -Bone and/or joint imaging; whole body	1			1
Approved	1			1
No Overturns	1			1
78452 -Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	6			6
Approved	6			6
No Overturns	6			6
78472 -Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	1			1
Approved	1			1
No Overturns	1			1
78492 -Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	2			2
Approved	2			2
No Overturns	2			2
78582 -Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	1			1
Approved	1			1
No Overturns	1			1
78598 -Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	1			1
Approved	1			1
No Overturns	1			1
78815 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	3			3
Approved	3			3
No Overturns	3			3
78816 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	1			1
Approved	1			1
No Overturns	1			1
80050 -General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
80051 -Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	2			2
Approved	2			2
No Overturns	2			2
80053 -Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine	7			7
Approved	7			7
No Overturns	7			7
80061 -Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	2			2
Approved	2			2
No Overturns	2			2
80101 -Drug Screen; Single Drug Class Each Drug Class	1			1
Approved	1			1
No Overturns	1			1
80305 -Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when perf	1			1
Approved	1			1
No Overturns	1			1
80306 -Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when perfo	2			2
Approved	2			2
No Overturns	2			2
80307 -Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spect	1			1
Approved	1			1
No Overturns	1			1
80321 -Alcohol biomarkers; 1 or 2	1			1
Approved	1			1
No Overturns	1			1
81001 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	5			5
Approved	5			5
No Overturns	5			5
81002 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	1			1
Approved	1			1
No Overturns	1			1
81003 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	1			1
Approved	1			1
No Overturns	1			1
81120 -IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	8			8
Approved	8			8
No Overturns	8			8
81121 -IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	8			8
Approved	8			8
No Overturns	8			8
81163 -BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	8			8
Approved	8			8
No Overturns	8			8
81170 -ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	7			7
Approved	7			7
No Overturns	7			7
81173 -AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	16			16
Approved	16			16
No Overturns	16			16
81175 -ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	8			8
Approved	8			8
No Overturns	8			8
81194 -NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	8			8
Approved	8			8
No Overturns	8			8

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
81201 -APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence Approved	8			8
No Overturns	8			8
81202 -APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants Approved	6			6
No Overturns	6			6
81206 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative Approved	9			9
No Overturns	9			9
81207 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative Approved	8			8
No Overturns	8			8
81208 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative Approved	8			8
No Overturns	8			8
81210 -BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s) Approved	8			8
No Overturns	8			8
81229 -Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities Approved	1			1
No Overturns	1			1
81235 -EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q) Approved	9			9
No Overturns	9			9
81236 -EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence Approved	8			8
No Overturns	8			8
81242 -FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T) Approved	8			8
No Overturns	8			8
81245 -FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15) Approved	8			8
No Overturns	8			8
81268 -Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type Approved	1			1
No Overturns	1			1
81272 -KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18) Approved	9			9
No Overturns	9			9
81275 -KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13) Approved	7			7
No Overturns	7			7
81276 -KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146) Approved	8			8
No Overturns	8			8
81279 -JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13) Approved	9			9
No Overturns	9			9
81292 -MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis Approved	7			7
No Overturns	7			7
81295 -MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis Approved	9			9
No Overturns	9			9
81298 -MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis Approved	8			8
No Overturns	8			8

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
81301 -Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	8			8
Approved	8			8
No Overturns	8			8
81307 -PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	8			8
Approved	8			8
No Overturns	8			8
81309 -PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	8			8
Approved	8			8
No Overturns	8			8
81311 -NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	8			8
Approved	8			8
No Overturns	8			8
81314 -PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	8			8
Approved	8			8
No Overturns	8			8
81321 -PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	9			9
Approved	9			9
No Overturns	9			9
81339 -MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	2			2
Approved	2			2
No Overturns	2			2
81345 -TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	8			8
Approved	8			8
No Overturns	8			8
81351 -TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	7			7
Approved	7			7
No Overturns	7			7
81370 -HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	1			1
Approved	1			1
No Overturns	1			1
81374 -HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	3			3
Approved	3			3
No Overturns	3			3
81377 -HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	3			3
Approved	3			3
No Overturns	3			3
81400 -Molecular Pathology Procedure Level 1	8			8
Approved	8			8
No Overturns	8			8
81401 -Molecular Pathology Procedure Level 2	14			14
Approved	14			14
No Overturns	14			14
81403 -Molecular Pathology Procedure Level 4	16			16
Approved	16			16
No Overturns	16			16
81404 -Molecular Pathology Procedure Level 5	13			13
Approved	13			13
No Overturns	13			13
81405 -Molecular Pathology Procedure Level 6	8			8
Approved	8			8
No Overturns	8			8
81406 -Molecular Pathology Procedure Level 7	21			21
Approved	21			21
No Overturns	21			21
81407 -Molecular Pathology Procedure Level 1	6			6
Approved	6			6
No Overturns	6			6
81408 -Molecular Pathology Procedure Level 9	16			16
Approved	16			16
No Overturns	16			16

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
81418 -Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis		1		1
Denied		1		1
No Overturns		1		1
81479 -Unlisted molecular pathology procedure	8			8
Approved	8			8
No Overturns	8			8
81519 -Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	4			4
Approved	4			4
No Overturns	4			4
81542 -Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	1			1
Approved	1			1
No Overturns	1			1
82103 -Alpha-1-antitrypsin; total	1			1
Approved	1			1
No Overturns	1			1
82104 -Alpha-1-antitrypsin; phenotype	1			1
Approved	1			1
No Overturns	1			1
82105 -Alpha-fetoprotein (AFP); serum	1			1
Approved	1			1
No Overturns	1			1
82140 -Ammonia	1			1
Approved	1			1
No Overturns	1			1
82150 -Amylase	1			1
Approved	1			1
No Overturns	1			1
82232 -Beta-2 microglobulin	1			1
Approved	1			1
No Overturns	1			1
82248 -Bilirubin; direct	1			1
Approved	1			1
No Overturns	1			1
82378 -Carcinoembryonic antigen (CEA)	1			1
Approved	1			1
No Overturns	1			1
82465 -Cholesterol, serum or whole blood, total	1			1
Approved	1			1
No Overturns	1			1
82728 -Ferritin	2			2
Approved	2			2
No Overturns	2			2
82784 -Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	3			3
Approved	3			3
No Overturns	3			3
82803 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);	3			3
Approved	3			3
No Overturns	3			3
82805 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry	1			1
Approved	1			1
No Overturns	1			1
82977 -Glutamyltransferase, gamma (GGT)	1			1
Approved	1			1
No Overturns	1			1
83036 -Hemoglobin; glycosylated (A1C)	3			3
Approved	3			3
No Overturns	3			3
83540 -Iron	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
83550 -Iron binding capacity	1			1
Approved	1			1
No Overturns	1			1
83615 -Lactate dehydrogenase (LD), (LDH);	1			1
Approved	1			1
No Overturns	1			1
83633 -Lactose, urine, qualitative	1			1
Approved	1			1
No Overturns	1			1
83721 -Lipoprotein, direct measurement; LDL cholesterol	1			1
Approved	1			1
No Overturns	1			1
83735 -Magnesium	4			4
Approved	4			4
No Overturns	4			4
83883 -Nephelometry, each analyte not elsewhere specified	2			2
Approved	2			2
No Overturns	2			2
83887 -Nicotine	1			1
Approved	1			1
No Overturns	1			1
83893 -Molecular diagnostics dotslot blot production each nuclei	1			1
Approved	1			1
No Overturns	1			1
83970 -Parathormone (parathyroid hormone)	2			2
Approved	2			2
No Overturns	2			2
84156 -Protein, total, except by refractometry; urine	1			1
Approved	1			1
No Overturns	1			1
84165 -Protein; electrophoretic fractionation and quantitation, serum	1			1
Approved	1			1
No Overturns	1			1
84166 -Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	1			1
Approved	1			1
No Overturns	1			1
84443 -Thyroid stimulating hormone (TSH)	3			3
Approved	3			3
No Overturns	3			3
84446 -Tocopherol alpha (Vitamin E)	1			1
Approved	1			1
No Overturns	1			1
84479 -Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	1			1
Approved	1			1
No Overturns	1			1
84590 -Vitamin A	1			1
Approved	1			1
No Overturns	1			1
84630 -Zinc	1			1
Approved	1			1
No Overturns	1			1
84703 -Gonadotropin, chorionic (hCG); qualitative	1			1
Approved	1			1
No Overturns	1			1
85007 -Blood count; blood smear, microscopic examination with manual differential WBC count	2			2
Approved	2			2
No Overturns	2			2
85025 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	6			6
Approved	6			6
No Overturns	6			6

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
85027 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	5			5
Approved	5			5
No Overturns	5			5
85046 -Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHR], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	1			1
Approved	1			1
No Overturns	1			1
85610 -Prothrombin time;	4			4
Approved	4			4
No Overturns	4			4
85660 -Sickling of RBC, reduction	1			1
Approved	1			1
No Overturns	1			1
85730 -Thromboplastin time, partial (PTT); plasma or whole blood	3			3
Approved	3			3
No Overturns	3			3
86301 -Immunoassay for tumor antigen, quantitative; CA 19-9	1			1
Approved	1			1
No Overturns	1			1
86334 -Immunofixation electrophoresis; serum	1			1
Approved	1			1
No Overturns	1			1
86335 -Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	1			1
Approved	1			1
No Overturns	1			1
86480 -Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	2			2
Approved	2			2
No Overturns	2			2
86580 -Skin test; tuberculosis, intradermal	1			1
Approved	1			1
No Overturns	1			1
86592 -Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	4			4
Approved	4			4
No Overturns	4			4
86644 -Antibody; cytomegalovirus (CMV)	4			4
Approved	4			4
No Overturns	4			4
86645 -Antibody; cytomegalovirus (CMV), IgM	2			2
Approved	2			2
No Overturns	2			2
86663 -Antibody; Epstein-Barr (EB) virus, early antigen (EA)	3			3
Approved	3			3
No Overturns	3			3
86664 -Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	3			3
Approved	3			3
No Overturns	3			3
86665 -Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	3			3
Approved	3			3
No Overturns	3			3
86694 -Antibody; herpes simplex, non-specific type test	1			1
Approved	1			1
No Overturns	1			1
86695 -Antibody; herpes simplex, type 1	1			1
Approved	1			1
No Overturns	1			1
86701 -Antibody; HIV-1	1			1
Approved	1			1
No Overturns	1			1
86703 -Antibody; HIV-1 and HIV-2, single result	3			3
Approved	3			3
No Overturns	3			3

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
86704 -Hepatitis B core antibody (HBcAb); total	4			4
Approved	4			4
No Overturns	4			4
86705 -Hepatitis B core antibody (HBcAb); IgM antibody	1			1
Approved	1			1
No Overturns	1			1
86706 -Hepatitis B surface antibody (HBsAb)	3			3
Approved	3			3
No Overturns	3			3
86708 -Hepatitis A antibody (HAAb)	3			3
Approved	3			3
No Overturns	3			3
86709 -Hepatitis A antibody (HAAb), IgM antibody	1			1
Approved	1			1
No Overturns	1			1
86753 -Antibody; protozoa, not elsewhere specified	1			1
Approved	1			1
No Overturns	1			1
86762 -Antibody; rubella	1			1
Approved	1			1
No Overturns	1			1
86777 -Antibody; Toxoplasma	1			1
Approved	1			1
No Overturns	1			1
86778 -Antibody; Toxoplasma, IgM	1			1
Approved	1			1
No Overturns	1			1
86787 -Antibody; varicella-zoster	3			3
Approved	3			3
No Overturns	3			3
86788 -Antibody; West Nile virus, IgM	1			1
Approved	1			1
No Overturns	1			1
86789 -Antibody; West Nile virus	1			1
Approved	1			1
No Overturns	1			1
86790 -Antibody; virus, not elsewhere specified	1			1
Approved	1			1
No Overturns	1			1
86803 -Hepatitis C antibody;	4			4
Approved	4			4
No Overturns	4			4
86806 -Lymphocytotoxicity assay, visual crossmatch; without titration	1			1
Approved	1			1
No Overturns	1			1
86807 -Serum screening for cytotoxic percent reactive antibody (PRA); standard method	1			1
Approved	1			1
No Overturns	1			1
86808 -Serum screening for cytotoxic percent reactive antibody (PRA); quick method	1			1
Approved	1			1
No Overturns	1			1
86812 -HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	1			1
Approved	1			1
No Overturns	1			1
86813 -HLA typing; A, B, or C, multiple antigens	1			1
Approved	1			1
No Overturns	1			1
86817 -HLA typing; DR/DQ, multiple antigens	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
86825 -Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	1			1
Approved	1			1
No Overturns	1			1
86826 -Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	1			1
Approved	1			1
No Overturns	1			1
86828 -Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	2			2
Approved	2			2
No Overturns	2			2
86832 -Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	2			2
Approved	2			2
No Overturns	2			2
86833 -Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	1			1
Approved	1			1
No Overturns	1			1
86849 -Unlisted immunology procedure	1			1
Approved	1			1
No Overturns	1			1
86850 -Antibody screen, RBC, each serum technique	2			2
Approved	2			2
No Overturns	2			2
86900 -Blood typing, serologic; ABO	6			6
Approved	6			6
No Overturns	6			6
86901 -Blood typing, serologic; Rh (D)	3			3
Approved	3			3
No Overturns	3			3
87254 -Virus Isolation; Shell Vial Includes Identification With IMM	1			1
Approved	1			1
No Overturns	1			1
87389 -Infectious agent antigen detection by enzyme immunoassay tec	8			8
Approved	8			8
No Overturns	8			8
87522 -Infectious agent detection by nucleic acid DNA or RNA hep	2			2
Approved	2			2
No Overturns	2			2
87534 -Infectious agent detection by nucleic acid DNA or RNA HIV	1			1
Approved	1			1
No Overturns	1			1
87635 -Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	2			2
Approved	2			2
No Overturns	2			2
87651 -Infectious agent detection by nucleic acid DNA or RNA STR	4			4
Approved	4			4
No Overturns	4			4
87799 -Infectious agent detection by nucleic acid DNA or RNA NOT	1			1
Approved	1			1
No Overturns	1			1
88143 -Cytopathology Cervical or Vaginal (Any Reporting System) COL	3			3
Approved	3			3
No Overturns	3			3
88173 -Cytopathology Evaluation of Fine Needle Asprate Interpret	1			1
Approved	1			1
No Overturns	1			1
88175 -Cytopathology Cervical or Vaginal (Any Reporting System) COL	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
88305 -Level IV Surgical Pathology Gross and Microscopic Examination		1		1
Denied		1		1
No Overturns		1		1
88314 -Special stain including interpretation and report histochem		1		1
Denied		1		1
No Overturns		1		1
88321 -Consultation and Report on Referred Slides Prepared Elsewhere	5			5
Approved	5			5
No Overturns	5			5
88346 -Immunofluorescent Study Each Antibody Direct Method		1		1
Denied		1		1
No Overturns		1		1
88350 -Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		1		1
Denied		1		1
No Overturns		1		1
88360 -Morphometric Analysis Tumor Immunohistochemistry EG HER2	6			6
Approved	6			6
No Overturns	6			6
88381 -Microdissection Manual	6			6
Approved	6			6
No Overturns	6			6
90658 -Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90670 -Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90700 -Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90707 -Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	1			1
Approved	1			1
No Overturns	1			1
90713 -Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90732 -Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90747 -Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90748 -Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90791 -Psychiatric diagnostic evaluation	8			8
Approved	8			8
No Overturns	8			8
90792 -Psychiatric diagnostic evaluation with medical services	2			2
Approved	2			2
No Overturns	2			2
90804 -Individual psychotherapy insight oriented behavior modifyi	2			2
Approved	2			2
No Overturns	2			2
90832 -Psychotherapy, 30 minutes with patient	4			4
Approved	4			4
No Overturns	4			4
90834 -Psychotherapy, 45 minutes with patient	3			3
Approved	3			3
No Overturns	3			3

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
90837 -Psychotherapy, 60 minutes with patient	10			10
Approved	10			10
No Overturns	10			10
90847 -Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	1			1
Approved	1			1
No Overturns	1			1
90853 -Group psychotherapy (other than of a multiple-family group)	1			1
Approved	1			1
No Overturns	1			1
90935 -Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	2			2
Approved	2			2
No Overturns	2			2
90999 -Unlisted dialysis procedure, inpatient or outpatient	2			2
Approved	2			2
No Overturns	2			2
91035 -Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	1			1
Approved	1			1
No Overturns	1			1
91122 -Anorectal manometry	1			1
Approved	1			1
No Overturns	1			1
92004 -Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	1			1
Approved	1			1
No Overturns	1			1
92012 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	1			1
Approved	1			1
No Overturns	1			1
92014 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	2			2
Approved	2			2
No Overturns	2			2
92504 -Binocular microscopy (separate diagnostic procedure)	2			2
Approved	2			2
No Overturns	2			2
92507 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	11			11
Approved	11			11
No Overturns	11			11
92523 -Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	7			7
Approved	7			7
No Overturns	7			7
92604 -Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	1			1
Approved	1			1
No Overturns	1			1
92610 -Evaluation of oral and pharyngeal swallowing function	1			1
Approved	1			1
No Overturns	1			1
92611 -Motion fluoroscopic evaluation of swallowing function by cine or video recording	6			6
Approved	6			6
No Overturns	6			6
92626 -Evaluation of auditory rehabilitation status; first hour	1			1
Approved	1			1
No Overturns	1			1
92652 -Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	1			1
Approved	1			1
No Overturns	1			1
92920 -Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	1			1
Approved	1			1
No Overturns	1			1
92928 -Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	28			28
Approved	28			28
No Overturns	28			28
93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	30			30
Approved	30			30
No Overturns	30			30
93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	7			7
Approved	7			7
No Overturns	7			7
93015 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	3			3
Approved	3			3
No Overturns	3			3
93016 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	1			1
Approved	1			1
No Overturns	1			1
93017 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	6			6
Approved	6			6
No Overturns	6			6
93018 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	1			1
Approved	1			1
No Overturns	1			1
93225 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	1			1
Approved	1			1
No Overturns	1			1
93226 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	1			1
Approved	1			1
No Overturns	1			1
93227 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	1			1
Approved	1			1
No Overturns	1			1
93286 -Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis,	1			1
Approved	1			1
No Overturns	1			1
93287 -Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis,	1			1
Approved	1			1
No Overturns	1			1
93303 -Transthoracic echocardiography for congenital cardiac anomalies; complete	27			27
Approved	27			27
No Overturns	27			27
93304 -Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	22			22
Approved	22			22
No Overturns	22			22
93305 -Echocardiography M-Mode; Limited (EG Follow-Up OR Limited Study)	2			2
Approved	2			2
No Overturns	2			2
93306 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	39			39
Approved	39			39
No Overturns	39			39
93307 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	26			26
Approved	26			26
No Overturns	26			26
93320 -Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	6			6
Approved	6			6
No Overturns	6			6
93325 -Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	41			41
Approved	41			41
No Overturns	41			41

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
93350 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	2			2
Approved	2			2
No Overturns	2			2
93451 -Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	1			1
Approved	1			1
No Overturns	1			1
93452 -Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	1			1
Approved	1			1
No Overturns	1			1
93453 -Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	4			4
Approved	4			4
No Overturns	4			4
93458 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	2			2
Approved	2			2
No Overturns	2			2
93460 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	1			1
Approved	1			1
No Overturns	1			1
93462 -Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
93568 -Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
93609 -Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary	2			2
Approved	2			2
No Overturns	2			2
93613 -Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
93621 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	2			2
Approved	2			2
No Overturns	2			2
93622 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	2			2
Approved	2			2
No Overturns	2			2
93623 -Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
93653 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and	2			2
Approved	2			2
No Overturns	2			2
93655 -Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia	2			2
Approved	2			2
No Overturns	2			2
93656 -Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when nec	1			1
Approved	1			1
No Overturns	1			1
93657 -Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
93662 -Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
93880 -Duplex scan of extracranial arteries; complete bilateral study	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
93922 -Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording	1			1
Approved	1			1
No Overturns	1			1
93970 -Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	1			1
Approved	1			1
No Overturns	1			1
93975 -Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	3			3
Approved	3			3
No Overturns	3			3
94010 -Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	5			5
Approved	5			5
No Overturns	5			5
94060 -Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	36			36
Approved	36			36
No Overturns	36			36
94200 -Maximum breathing capacity, maximal voluntary ventilation	1			1
Approved	1			1
No Overturns	1			1
94375 -Respiratory flow volume loop	34			34
Approved	34			34
No Overturns	34			34
94617 -Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	30			30
Approved	30			30
No Overturns	30			30
94618 -Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	2			2
Approved	2			2
No Overturns	2			2
94621 -Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	3			3
Approved	3			3
No Overturns	3			3
94640 -Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure b	1			1
Approved	1			1
No Overturns	1			1
94664 -Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	32			32
Approved	32			32
No Overturns	32			32
94726 -Plethysmography for determination of lung volumes and, when performed, airway resistance	3			3
Approved	3			3
No Overturns	3			3
94727 -Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	1			1
Approved	1			1
No Overturns	1			1
94729 -Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4
94761 -Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	2			2
Approved	2			2
No Overturns	2			2
95012 -Nitric oxide expired gas determination	2			2
Approved	2			2
No Overturns	2			2
95117 -Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	1			1
Approved	1			1
No Overturns	1			1
95716 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
95720 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	1			1
Approved	1			1
No Overturns	1			1
95722 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60	2			2
Approved	2			2
No Overturns	2			2
95726 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG re	1			1
Approved	1			1
No Overturns	1			1
95810 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	3			3
Approved	3			3
No Overturns	3			3
95811 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	2			2
Approved	2			2
No Overturns	2			2
95813 -Electroencephalogram (EEG) extended monitoring; greater than 1 hour	1			1
Approved	1			1
No Overturns	1			1
95816 -Electroencephalogram (EEG); including recording awake and drowsy	2			2
Approved	2			2
No Overturns	2			2
95861 -Needle electromyography; 2 extremities with or without related paraspinal areas	5			5
Approved	5			5
No Overturns	5			5
95868 -Needle electromyography; cranial nerve supplied muscles, bilateral	2			2
Approved	2			2
No Overturns	2			2
95870 -Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	3			3
Approved	3			3
No Overturns	3			3
95885 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	3			3
Approved	3			3
No Overturns	3			3
95886 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;	3			3
Approved	3			3
No Overturns	3			3
95907 -Nerve conduction studies; 1-2 studies	2			2
Approved	2			2
No Overturns	2			2
95908 -Nerve conduction studies; 3-4 studies	2			2
Approved	2			2
No Overturns	2			2
95909 -Nerve conduction studies; 5-6 studies	3			3
Approved	3			3
No Overturns	3			3
95910 -Nerve conduction studies; 7-8 studies	2			2
Approved	2			2
No Overturns	2			2
95911 -Nerve conduction studies; 9-10 studies	2			2
Approved	2			2
No Overturns	2			2
95913 -Nerve conduction studies; 13 or more studies	2			2
Approved	2			2
No Overturns	2			2
95927 -Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	4			4
Approved	4			4
No Overturns	4			4

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
95937 -Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	2			2
Approved	2			2
No Overturns	2			2
95938 -Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	5			5
Approved	5			5
No Overturns	5			5
95939 -Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	5			5
Approved	5			5
No Overturns	5			5
95941 -Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	3			3
Approved	3			3
No Overturns	3			3
95955 -Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	2			2
Approved	2			2
No Overturns	2			2
95957 -Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	1			1
Approved	1			1
No Overturns	1			1
96110 -Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	2			2
Approved	2			2
No Overturns	2			2
96112 -Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care	2			2
Approved	2			2
No Overturns	2			2
96113 -Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care	2			2
Approved	2			2
No Overturns	2			2
96127 -Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	2			2
Approved	2			2
No Overturns	2			2
96136 -Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	1			1
Approved	1			1
No Overturns	1			1
96158 -Health behavior intervention, individual, face-to-face; initial 30 minutes	1			1
Approved	1			1
No Overturns	1			1
96159 -Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	1			1
Approved	1			1
No Overturns	1			1
96365 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	4			4
Approved	4			4
No Overturns	4			4
96367 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
96372 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	1			1
Approved	1			1
No Overturns	1			1
96413 -Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	2			2
Approved	2			2
No Overturns	2			2
96415 -Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
96450 -Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
97010 -Application of a modality to 1 or more areas; hot or cold packs	1			1
Approved	1			1
No Overturns	1			1
97014 -Application of a modality to 1 or more areas; Electrical Stimulation	1			1
Approved	1			1
No Overturns	1			1
97110 -Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	8			8
Approved	8			8
No Overturns	8			8
97112 -Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	6			6
Approved	6			6
No Overturns	6			6
97140 -Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	8			8
Approved	8			8
No Overturns	8			8
97151 -Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) ad	1			1
Approved	1			1
No Overturns	1			1
97161 -Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements f	6			6
Approved	6			6
No Overturns	6			6
97162 -Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in	5			5
Approved	5			5
No Overturns	5			5
97163 -Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures	5			5
Approved	5			5
No Overturns	5			5
97165 -Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An	2			2
Approved	2			2
No Overturns	2			2
97166 -Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or	3			3
Approved	3			3
No Overturns	3			3
97167 -Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psych	2			2
Approved	2			2
No Overturns	2			2
97530 -Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	7			7
Approved	7			7
No Overturns	7			7
97535 -Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	2			2
Approved	2			2
No Overturns	2			2
97597 -Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	1			1
Approved	1			1
No Overturns	1			1
97598 -Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
97605 -Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session;	2			2
Approved	2			2
No Overturns	2			2
97606 -Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session;	1			1
Approved	1			1
No Overturns	1			1
97607 -Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ong	1			1
Approved	1			1
No Overturns	1			1
97610 -Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	1			1
Approved	1			1
No Overturns	1			1
97803 -Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	1			1
Approved	1			1
No Overturns	1			1
99024 -Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the	2			2
Approved	2			2
No Overturns	2			2
99152 -Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports,	1			1
Approved	1			1
No Overturns	1			1
99153 -Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports,	1			1
Approved	1			1
No Overturns	1			1
99202 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused	4			4
Approved	4			4
No Overturns	4			4
99203 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low	28			28
Approved	28			28
No Overturns	28			28
99204 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordinatio	27			27
Approved	27			27
No Overturns	27			27
99205 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of	177	1		178
Approved	177			177
No Overturns	177			177
Denied		1		1
No Overturns		1		1
99211 -Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minute	10			10
Approved	10			10
No Overturns	10			10
99212 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counselin	8			8
Approved	8			8
No Overturns	8			8
99213 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low	111			111
Approved	111			111
No Overturns	111			111
99214 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/o	90			90
Approved	90			90
No Overturns	90			90

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
99215 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling	421	1		422
Approved	421			421
No Overturns	421			421
Denied		1		1
No Overturns		1		1
99242 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection,	1			1
Approved	1			1
No Overturns	1			1
99243 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30	6			6
Approved	6			6
No Overturns	6			6
99244 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 5	28			28
Approved	28			28
No Overturns	28			28
99245 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 5	5			5
Approved	5			5
No Overturns	5			5
99303 -Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, which requires these three key components: a comprehensive history; a comprehensive examination	2			2
Approved	2			2
No Overturns	2			2
99349 -Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection,	1			1
Approved	1			1
No Overturns	1			1
99381 -Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnoses	1			1
Approved	1			1
No Overturns	1			1
99396 -Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnoses	1			1
Approved	1			1
No Overturns	1			1
99397 -Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnoses	1			1
Approved	1			1
No Overturns	1			1
99417 -Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately)	1			1
Approved	1			1
No Overturns	1			1
99499 -Unlisted evaluation and management service	2			2
Approved	2			2
No Overturns	2			2
A0425 -Ground mileage, per statute mile	2			2
Approved	2			2
No Overturns	2			2
A0428 -Ambulance service, basic life support, nonemergency transport, (BLS)	2			2
Approved	2			2
No Overturns	2			2
A4230 -Infusion set for external insulin pump, nonneedle cannula type	3			3
Approved	3			3
No Overturns	3			3
A4232 -Syringe with needle for external insulin pump, sterile, 3 cc	3			3
Approved	3			3
No Overturns	3			3

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
A4238 -Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	1			1
Approved	1			1
No Overturns	1			1
A4245 -Alcohol wipes, per box	1			1
Approved	1			1
No Overturns	1			1
A4364 -Adhesive, liquid or equal, any type, per oz	1			1
Approved	1			1
No Overturns	1			1
A4456 -Adhesive remover, wipes, any type, each	1			1
Approved	1			1
No Overturns	1			1
A4481 -Tracheostoma filter, any type, any size, each	1			1
Approved	1			1
No Overturns	1			1
A4604 -Tubing with integrated heating element for use with positive airway pressure device	1			1
Approved	1			1
No Overturns	1			1
A4626 -Tracheostomy cleaning brush, each	1			1
Approved	1			1
No Overturns	1			1
A5120 -Skin barrier, wipes or swabs, each	1			1
Approved	1			1
No Overturns	1			1
A5126 -Adhesive or nonadhesive; disk or foam pad	1			1
Approved	1			1
No Overturns	1			1
A7030 -Full face mask used with positive airway pressure device, each	1			1
Approved	1			1
No Overturns	1			1
A7031 -Face mask interface, replacement for full face mask, each	1			1
Approved	1			1
No Overturns	1			1
A7035 -Headgear used with positive airway pressure device	1			1
Approved	1			1
No Overturns	1			1
A7038 -Filter, disposable, used with positive airway pressure device	1			1
Approved	1			1
No Overturns	1			1
A7039 -Filter, nondisposable, used with positive airway pressure device	1			1
Approved	1			1
No Overturns	1			1
A7046 -Water chamber for humidifier, used with positive airway pressure device, replacement, each	1			1
Approved	1			1
No Overturns	1			1
A7507 -Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	1			1
Approved	1			1
No Overturns	1			1
A7508 -Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	1			1
Approved	1			1
No Overturns	1			1
A7520 -Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each	1			1
Approved	1			1
No Overturns	1			1
A7523 -Tracheostomy shower protector, each	1			1
Approved	1			1
No Overturns	1			1
A9276 -Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply	3			3
Approved	3			3
No Overturns	3			3

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
A9277 -Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	3			3
Approved	3			3
No Overturns	3			3
A9279 -Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	1			1
Approved	1			1
No Overturns	1			1
A9500 -Technetium Tc-99m sestamibi, diagnostic, per study dose	1			1
Approved	1			1
No Overturns	1			1
A9502 -Technetium Tc-99m tetrofosmin, diagnostic, per study dose	1			1
Approved	1			1
No Overturns	1			1
A9900 -Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	1			1
Approved	1			1
No Overturns	1			1
A9901 -DME delivery, set up, and/or dispensing service component of another HCPCS code	1			1
Approved	1			1
No Overturns	1			1
C1717 -Brachytherapy source, nonstranded, high dose rate iridium-192, per source	1			1
Approved	1			1
No Overturns	1			1
C8929 -Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow do	2			2
Approved	2			2
No Overturns	2			2
C9600 -Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	1			1
Approved	1			1
No Overturns	1			1
C9803 -Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	2			2
Approved	2			2
No Overturns	2			2
E0471 -Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	1			1
Approved	1			1
No Overturns	1			1
E0562 -Humidifier, heated, used with positive airway pressure device	1			1
Approved	1			1
No Overturns	1			1
E0691 -Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	1			1
Approved	1			1
No Overturns	1			1
E0784 -External ambulatory infusion pump, insulin	4			4
Approved	4			4
No Overturns	4			4
E1810 -Dynamic adjustable knee extension/flexion device, includes soft interface material	1			1
Approved	1			1
No Overturns	1			1
E2102 -Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	1			1
Approved	1			1
No Overturns	1			1
E2510 -Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	1			1
Approved	1			1
No Overturns	1			1
E2599 -Accessory for speech generating device, not otherwise classified	2			2
Approved	2			2
No Overturns	2			2
G0105 -Colorectal cancer screening; colonoscopy on individual at high risk	1			1
Approved	1			1
No Overturns	1			1
G0121 -Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
G0279 -Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	1			1
Approved	1			1
No Overturns	1			1
G0453 -Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	2			2
Approved	2			2
No Overturns	2			2
H0015 -Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therap	1			1
Approved	1			1
No Overturns	1			1
Hospital Inpatient Rehabilitation	1			1
Approved	1			1
No Overturns	1			1
Hospital Inpatient Residential Mental/Nervous	3			3
Approved	3			3
No Overturns	3			3
Hospital Inpatient Services	315		4	319
Approved	315			315
No Overturns	315			315
Partially Approved			4	4
No Overturns			4	4
Hospital Inpatient Substance Abuse Detox	3			3
Approved	3			3
No Overturns	3			3
Hospital Outpatient Observation	80			80
Approved	80			80
No Overturns	80			80
Inpatient - Mental Health	26		2	28
Approved	26			26
No Overturns	26			26
Partially Approved			2	2
No Overturns			2	2
Inpatient Hospital Transplant	1			1
Approved	1			1
No Overturns	1			1
Inpatient Psychiatric Facility	10		1	11
Approved	10			10
No Overturns	10			10
Partially Approved			1	1
No Overturns			1	1
Inpatient Skilled Nursing	2			2
Approved	2			2
No Overturns	2			2
J0178 -Injection, aflibercept, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J0180 -Injection, agalsidase beta, 1 mg	2			2
Approved	2			2
No Overturns	2			2
J0223 -Injection, givosiran, 0.5 mg	2			2
Approved	2			2
No Overturns	2			2
J0585 -Injection, onabotulinumtoxinA, 1 unit	2			2
Approved	2			2
No Overturns	2			2
J1100 -Injection, dexamethasone sodium phosphate, 1 mg	2			2
Approved	2			2
No Overturns	2			2
J1200 -Injection, diphenhydramine HCl, up to 50 mg	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
J1640 -Injection, hemin, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J1745 -Injection, infliximab, excludes biosimilar, 10 mg	1			1
Approved	1			1
No Overturns	1			1
J2001 -Injection, lidocaine HCl for intravenous infusion, 10 mg	2			2
Approved	2			2
No Overturns	2			2
J2562 -Injection, plerixafor, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J2785 -Injection, regadenoson, 0.1 mg	2			2
Approved	2			2
No Overturns	2			2
J2930 -Injection, methylprednisolone sodium succinate, up to 125 mg	1			1
Approved	1			1
No Overturns	1			1
J7050 -Infusion, normal saline solution, 250 cc	1			1
Approved	1			1
No Overturns	1			1
J7330 -Autologous cultured chondrocytes, implant	1			1
Approved	1			1
No Overturns	1			1
J7999 -Compounded drug, not otherwise classified	2			2
Approved	2			2
No Overturns	2			2
J9035 -Injection, bevacizumab, 10 mg	1			1
Approved	1			1
No Overturns	1			1
J9312 -Injection, rituximab, 10 mg	1			1
Approved	1			1
No Overturns	1			1
L3960 -Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	1			1
Approved	1			1
No Overturns	1			1
L8499 -Unlisted procedure for miscellaneous prosthetic services	2			2
Approved	2			2
No Overturns	2			2
L8500 -Artificial larynx, any type	1			1
Approved	1			1
No Overturns	1			1
L8509 -Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	1			1
Approved	1			1
No Overturns	1			1
L8511 -Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	1			1
Approved	1			1
No Overturns	1			1
L8513 -Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	1			1
Approved	1			1
No Overturns	1			1
L8680 -Implantable neurostimulator electrode, each	1			1
Approved	1			1
No Overturns	1			1
L8687 -Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	1			1
Approved	1			1
No Overturns	1			1
L8691 -Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
L8694 -Auditory osseointegrated device, transducer/actuator, replacement only, each	1			1
Approved	1			1
No Overturns	1			1
Q2053 -Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1			1
Approved	1			1
No Overturns	1			1
Q4186 -Epifix, per sq cm	2			2
Approved	2			2
No Overturns	2			2
Q9957 -Injection, perflutren lipid microspheres, per ml	2			2
Approved	2			2
No Overturns	2			2
Q9967 -Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	1			1
Approved	1			1
No Overturns	1			1
R0070 -Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	5			5
Approved	5			5
No Overturns	5			5
S0630 -Remove Sutures; MD Not MD Who Closed Wound	1			1
Approved	1			1
No Overturns	1			1
S2900 -Surg Tech RQR Use Robotic Surg System	1			1
Approved	1			1
No Overturns	1			1
S8950 -Complex Lymphedema TX EA 15 MIN	1			1
Approved	1			1
No Overturns	1			1
S9480 -Intensive OP PSYC Services Per Diem	2	1		3
Approved	2			2
No Overturns	2			2
Denied		1		1
No Overturns		1		1
V5261 -Hearing aid, digital, binaural, BTE	1			1
Approved	1			1
No Overturns	1			1
Grand Total	3781	8	7	3796