

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
00170 -Anesthesia for intraoral procedures, including biopsy; not otherwise specified	24			24
Approved	24			24
No Overturns	24			24
00880 -Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01270 -Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01440 -Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01500 -Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01916 -Anesthesia for diagnostic arteriography/venography	1			1
Approved	1			1
No Overturns	1			1
01924 -Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01926 -Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	1			1
Approved	1			1
No Overturns	1			1
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 with DNA fr	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
0364U -Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quanti	1			1
Approved	1			1
No Overturns	1			1
10005 -Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1			1
Approved	1			1
No Overturns	1			1
11011 -Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	2			2
Approved	2			2
No Overturns	2			2
11042 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	11			11
Approved	11			11
No Overturns	11			11
11043 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	4			4
Approved	4			4
No Overturns	4			4
11044 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4			4
Approved	4			4
No Overturns	4			4
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)	11			11
Approved	11			11
No Overturns	11			11
11046 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, 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



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
11721 -Debridement of nail(s) by any method(s); 6 or more	1			1
Approved	1			1
No Overturns	1			1
11900 -Injection, intralesional; up to and including 7 lesions	2			2
Approved	2			2
No Overturns	2			2
13101 -Repair, complex, trunk; 2.6 cm to 7.5 cm	1			1
Approved	1			1
No Overturns	1			1
13120 -Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	1			1
Approved	1			1
No Overturns	1			1
14000 -Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	2			2
Approved	2			2
No Overturns	2			2
14001 -Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	3			3
Approved	3			3
No Overturns	3			3
14040 -Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	2			2
Approved	2			2
No Overturns	2			2
14301 -Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	1			1
Approved	1			1
No Overturns	1			1
14302 -Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
15002 -Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	1			1
Approved	1			1

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
15003 -Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each	1			1
Approved	1			1
No Overturns	1			1
15004 -Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or	1			1
Approved	1			1
No Overturns	1			1
15100 -Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	1			1
Approved	1			1
No Overturns	1			1
15101 -Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
15120 -Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	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	2			2
Approved	2			2
No Overturns	2			2

	Approved	Denied	Partially Approved	Grand Total
15272 -Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
15273 -Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	1			1
Approved	1			1
No Overturns	1			1
15274 -Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm;	1			1
Approved	1			1
No Overturns	1			1
15757 -Free skin flap with microvascular anastomosis	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
15770 -Graft; derma-fat-fascia	1			1
Approved	1			1
No Overturns	1			1
15823 -Blepharoplasty, upper eyelid; with excessive skin weighting down lid	2			2
Approved	2			2
No Overturns	2			2
16020 -Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	2			2
Approved	2			2
No Overturns	2			2
17106 -Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	2			2
Approved	2			2
No Overturns	2			2

	Approved	Denied	Partially Approved	Grand Total
17110 -Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	8			8
Approved	8			8
No Overturns	8			8
17111 -Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	8			8
Approved	8			8
No Overturns	8			8
17250 -Chemical cauterization of granulation tissue (ie, proud flesh)	2			2
Approved	2			2
No Overturns	2			2
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 incl	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
19301 -Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	4			4
Approved	4			4
No Overturns	4			4
19303 -Mastectomy, simple, complete	2			2
Approved	2			2
No Overturns	2			2
19357 -Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
19371 -Periprosthetic capsulectomy, breast	1			1
Approved	1			1
No Overturns	1			1
19380 -Revision of reconstructed breast	1			1
Approved	1			1
No Overturns	1			1
20205 -Biopsy, muscle; deep	1			1
Approved	1			1
No Overturns	1			1
20610 -Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	1			1
Approved	1			1
No Overturns	1			1
20660 -Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
20670 -Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	2			2
Approved	2			2
No Overturns	2			2
20680 -Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1			1
Approved	1			1
No Overturns	1			1
20694 -Removal, under anesthesia, of external fixation system	1			1
Approved	1			1
No Overturns	1			1
20920 -Fascia lata graft; by stripper	1			1
Approved	1			1
No Overturns	1			1
20930 -Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	4			4
Approved	4			4



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	4			4
20937 -Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	3			3
Approved	3			3
No Overturns	3			3
20938 -Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
21089 -Unlisted maxillofacial prosthetic procedure	1			1
Approved	1			1
No Overturns	1			1
22326 -Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	1			1
Approved	1			1
No Overturns	1			1
22328 -Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary proce	1			1
Approved	1			1
No Overturns	1			1
22551 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	2			2
Approved	2			2
No Overturns	2			2
22552 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	2			2
Approved	2			2
No Overturns	2			2
22554 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	1			1
Approved	1			1

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
22558 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	1			1
Approved	1			1
No Overturns	1			1
22585 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
22610 -Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	1			1
Approved	1			1
No Overturns	1			1
22612 -Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	1			1
Approved	1			1
No Overturns	1			1
22614 -Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
22633 -Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	3			3
Approved	3			3
No Overturns	3			3
22634 -Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment;	1			1
Approved	1			1
No Overturns	1			1
22802 -Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
22830 -Exploration of spinal fusion	1			1
Approved	1			1
No Overturns	1			1
22840 -Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	2			2
Approved	2			2
No Overturns	2			2
22842 -Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
22843 -Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
22845 -Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
22846 -Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
22853 -Insertion of interbody biomechanical device(s)(eg, synthetic cage,mesh) with integral anterior instrumentation for device anchoring (eg, screws,flanges) when performed to intervertebral disc space in conjunction with interbody arthrodesis, each interspace	5			5
Approved	5			5
No Overturns	5			5
22854 -Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or	1			1

	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
22855 -Removal of anterior instrumentation	1			1
Approved	1			1
No Overturns	1			1
23474 -Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	1			1
Approved	1			1
No Overturns	1			1
24579 -Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	2			2
Approved	2			2
No Overturns	2			2
24582 -Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	2			2
Approved	2			2
No Overturns	2			2
24620 -Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	1			1
Approved	1			1
No Overturns	1			1
25071 -Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	2			2
Approved	2			2
No Overturns	2			2
26725 -Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	2			2
Approved	2			2
No Overturns	2			2
26727 -Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	3			3
Approved	3			3
No Overturns	3			3
27279 -Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	1			1

	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
27280 -Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	1			1
Approved	1			1
No Overturns	1			1
27466 -Osteoplasty, femur; lengthening	1			1
Approved	1			1
No Overturns	1			1
27487 -Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	1			1
Approved	1			1
No Overturns	1			1
27509 -Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	1			1
Approved	1			1
No Overturns	1			1
27641 -Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	1			1
Approved	1			1
No Overturns	1			1
27658 -Repair, flexor tendon, leg; primary, without graft, each tendon	1			1
Approved	1			1
No Overturns	1			1
27659 -Repair, flexor tendon, leg; secondary, with or without graft, each tendon	1			1
Approved	1			1
No Overturns	1			1
27691 -Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	1			1
Approved	1			1
No Overturns	1			1
27692 -Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
27880 -Amputation, leg, through tibia and fibula;	1			1
Approved	1			1
No Overturns	1			1
27899 -Unlisted procedure, leg or ankle	1			1
Approved	1			1
No Overturns	1			1
28238 -Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	1			1
Approved	1			1
No Overturns	1			1
28270 -Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
28285 -Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	1			1
Approved	1			1
No Overturns	1			1
28286 -Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	1			1
Approved	1			1
No Overturns	1			1
28291 -Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	1			1
Approved	1			1
No Overturns	1			1
28296 -Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	1			1
Approved	1			1
No Overturns	1			1
28297 -Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	1			1
Approved	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
28298 -Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	1			1
Approved	1			1
No Overturns	1			1
28299 -Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	1			1
Approved	1			1
No Overturns	1			1
28308 -Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	1			1
Approved	1			1
No Overturns	1			1
28730 -Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	1			1
Approved	1			1
No Overturns	1			1
28825 -Amputation, toe; interphalangeal joint	1			1
Approved	1			1
No Overturns	1			1
29075 -Application, cast; elbow to finger (short arm)	2			2
Approved	2			2
No Overturns	2			2
29105 -Application of long arm splint (shoulder to hand)	2			2
Approved	2			2
No Overturns	2			2
29125 -Application of short arm splint (forearm to hand); static	2			2
Approved	2			2
No Overturns	2			2
29580 -Strapping; Unna boot	6			6
Approved	6			6
No Overturns	6			6
29581 -Application of multi-layer compression system; leg (below knee), including ankle and foot	8			8
Approved	8			8



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	8			8
29584 -Application of multi-layer compression system; upper arm, forearm, hand, and fingers	1			1
Approved	1			1
No Overturns	1			1
29881 -Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	1			1
Approved	1			1
No Overturns	1			1
29882 -Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	4			4
Approved	4			4
No Overturns	4			4
29888 -Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	4			4
Approved	4			4
No Overturns	4			4
30140 -Submucous resection inferior turbinate, partial or complete, any method	3			3
Approved	3			3
No Overturns	3			3
30465 -Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	1			1
Approved	1			1
No Overturns	1			1
30520 -Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	3			3
Approved	3			3
No Overturns	3			3
31526 -Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	1			1
Approved	1			1
No Overturns	1			1
31528 -Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	1			1
Approved	1			1
No Overturns	1			1
31535 -Laryngoscopy, direct, operative, with biopsy;	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
31536 -Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	2			2
Approved	2			2
No Overturns	2			2
31541 -Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	1			1
Approved	1			1
No Overturns	1			1
31571 -Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	1			1
Approved	1			1
No Overturns	1			1
31575 -Laryngoscopy, flexible; diagnostic	1			1
Approved	1			1
No Overturns	1			1
31600 -Tracheostomy, planned (separate procedure);	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)	2			2
Approved	2			2
No Overturns	2			2
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
32408 -Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	1			1
Approved	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
32997 -Total lung lavage (unilateral)	2			2
Approved	2			2
No Overturns	2			2
33902 -Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	2			2
Approved	2			2
No Overturns	2			2
33945 -Heart transplant, with or without recipient cardiectomy	1			1
Approved	1			1
No Overturns	1			1
35206 -Repair blood vessel, direct; upper extremity	1			1
Approved	1			1
No Overturns	1			1
35701 -Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	2			2
Approved	2			2
No Overturns	2			2
36011 -Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	1			1
Approved	1			1
No Overturns	1			1
36012 -Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	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

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
36227 -Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
36245 -Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4			4
Approved	4			4
No Overturns	4			4
36246 -Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	3			3
Approved	3			3
No Overturns	3			3
36247 -Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	7			7
Approved	7			7
No Overturns	7			7
36248 -Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	2			2
Approved	2			2
No Overturns	2			2
36415 -Collection of venous blood by venipuncture	6			6
Approved	6			6
No Overturns	6			6
36430 -Transfusion, blood or blood components	1			1
Approved	1			1
No Overturns	1			1
36475 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
36561 -Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	3			3
Approved	3			3
No Overturns	3			3
36582 -Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	2			2
Approved	2			2
No Overturns	2			2
36589 -Removal of tunneled central venous catheter, without subcutaneous port or pump	1			1
Approved	1			1
No Overturns	1			1
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
36597 -Repositioning of previously placed central venous catheter under fluoroscopic guidance	1			1
Approved	1			1
No Overturns	1			1
37242 -Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention;	6			6
Approved	6			6
No Overturns	6			6
37243 -Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	6			6
Approved	6			6
No Overturns	6			6
37246 -Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation nec	2			2
Approved	2			2
No Overturns	2			2
38204 -Management of recipient hematopoietic progenitor cell donor search and cell acquisition	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
38220 -Diagnostic bone marrow; aspiration(s)	3			3
Approved	3			3
No Overturns	3			3
38221 -Diagnostic bone marrow; biopsy(ies)	5			5
Approved	5			5
No Overturns	5			5
38222 -Diagnostic bone marrow; biopsy(ies) and aspiration(s)	5			5
Approved	5			5
No Overturns	5			5
38241 -Hematopoietic progenitor cell (HPC); autologous transplantation	1			1
Approved	1			1
No Overturns	1			1
38510 -Biopsy or excision of lymph node(s); open, deep cervical node(s)	1			1
Approved	1			1
No Overturns	1			1
38525 -Biopsy or excision of lymph node(s); open, deep axillary node(s)	3			3
Approved	3			3
No Overturns	3			3
38570 -Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	2			2
Approved	2			2
No Overturns	2			2
38571 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	3			3
Approved	3			3
No Overturns	3			3
38572 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	2			2
Approved	2			2
No Overturns	2			2
38724 -Cervical lymphadenectomy (modified radical neck dissection)	5			5
Approved	5			5
No Overturns	5			5



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
38745 -Axillary lymphadenectomy; complete	3			3
Approved	3			3
No Overturns	3			3
38747 -Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
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)	5			5
Approved	5			5
No Overturns	5			5
41010 -Incision of lingual frenum (frenotomy)	2			2
Approved	2			2
No Overturns	2			2
41120 -Glossectomy; less than one-half tongue	1			1
Approved	1			1
No Overturns	1			1
41520 -Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	2			2
Approved	2			2
No Overturns	2			2
41899 -Unlisted procedure, dentoalveolar structures	24			24
Approved	24			24
No Overturns	24			24
42200 -Palatoplasty for cleft palate, soft and/or hard palate only	2			2
Approved	2			2
No Overturns	2			2
42210 -Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	1			1
Approved	1			1

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
42215 -Palatoplasty for cleft palate; major revision	2			2
Approved	2			2
No Overturns	2			2
42225 -Palatoplasty for cleft palate; attachment pharyngeal flap	1			1
Approved	1			1
No Overturns	1			1
42415 -Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	1			1
Approved	1			1
No Overturns	1			1
42820 -Tonsillectomy and adenoidectomy; younger than age 12	16			16
Approved	16			16
No Overturns	16			16
42821 -Tonsillectomy and adenoidectomy; age 12 or over	2			2
Approved	2			2
No Overturns	2			2
42830 -Adenoidectomy, primary; younger than age 12	10			10
Approved	10			10
No Overturns	10			10
42890 -Limited pharyngectomy	1			1
Approved	1			1
No Overturns	1			1
42975 -Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	1			1
Approved	1			1
No Overturns	1			1
43191 -Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
43235 -Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	9			9

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
Approved	9			9
No Overturns	9			9
43239 -Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	5			5
Approved	5			5
No Overturns	5			5
43244 -Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	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
43264 -Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	1			1
Approved	1			1
No Overturns	1			1
43275 -Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	1			1
Approved	1			1
No Overturns	1			1
43499 -Unlisted procedure, esophagus	1			1
Approved	1			1
No Overturns	1			1
43774 -Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	1			1
Approved	1			1
No Overturns	1			1
44005 -Enterolysis (freeing of intestinal adhesion) (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
44120 -Enterectomy, resection of small intestine; single resection and anastomosis	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
44140 -Colectomy, partial; with anastomosis	1			1
Approved	1			1
No Overturns	1			1
44145 -Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	2			2
Approved	2			2
No Overturns	2			2
44146 -Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	1			1
Approved	1			1
No Overturns	1			1
44180 -Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
44205 -Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	1			1
Approved	1			1
No Overturns	1			1
44207 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	1			1
Approved	1			1
No Overturns	1			1
44208 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	1			1
Approved	1			1
No Overturns	1			1
44300 -Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
44310 -Ileostomy or jejunostomy, non-tube	1			1
Approved	1			1
No Overturns	1			1
44314 -Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
45330 -Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
45331 -Sigmoidoscopy, flexible; with biopsy, single or multiple	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)	4			4
Approved	4			4
No Overturns	4			4
45380 -Colonoscopy, flexible; with biopsy, single or multiple	10			10
Approved	10			10
No Overturns	10			10
45381 -Colonoscopy, flexible; with directed submucosal injection(s), any substance	1			1
Approved	1			1
No Overturns	1			1
45385 -Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2			2
Approved	2			2
No Overturns	2			2
45390 -Colonoscopy, flexible; with endoscopic mucosal resection	2			2
Approved	2			2
No Overturns	2			2
45400 -Laparoscopy, surgical; proctopexy (for prolapse)	1			1
Approved	1			1
No Overturns	1			1
45505 -Proctoplasty; for prolapse of mucous membrane	4			4
Approved	4			4
No Overturns	4			4
45540 -Proctopexy (eg, for prolapse); abdominal approach	1			1
Approved	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
45541 -Proctopexy (eg, for prolapse); perineal approach	1			1
Approved	1			1
No Overturns	1			1
45560 -Repair of rectocele (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
45990 -Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	2			2
Approved	2			2
No Overturns	2			2
46020 -Placement of seton	1			1
Approved	1			1
No Overturns	1			1
46200 -Fissurectomy, including sphincterotomy, when performed	2			2
Approved	2			2
No Overturns	2			2
46221 -Hemorrhoidectomy, internal, by rubber band ligation(s)	1			1
Approved	1			1
No Overturns	1			1
46230 -Excision of multiple external papillae or tags, anus	1			1
Approved	1			1
No Overturns	1			1
46255 -Hemorrhoidectomy, internal and external, single column/group;	3			3
Approved	3			3
No Overturns	3			3
46260 -Hemorrhoidectomy, internal and external, 2 or more columns/groups;	1			1
Approved	1			1
No Overturns	1			1
46270 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	2			2
Approved	2			2
No Overturns	2			2
46280 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	1			1

	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
46505 -Chemodenervation of internal anal sphincter	1			1
Approved	1			1
No Overturns	1			1
46946 -Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	4			4
Approved	4			4
No Overturns	4			4
47000 -Biopsy of liver, needle; percutaneous	2			2
Approved	2			2
No Overturns	2			2
47120 -Hepatectomy, resection of liver; partial lobectomy	3			3
Approved	3			3
No Overturns	3			3
47122 -Hepatectomy, resection of liver; trisegmentectomy	1			1
Approved	1			1
No Overturns	1			1
47135 -Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	1			1
Approved	1			1
No Overturns	1			1
47360 -Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	1			1
Approved	1			1
No Overturns	1			1
47536 -Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiolo	4			4
Approved	4			4
No Overturns	4			4
47562 -Laparoscopy, surgical; cholecystectomy	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
47600 -Cholecystectomy;	2			2
Approved	2			2
No Overturns	2			2
47711 -Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	1			1
Approved	1			1
No Overturns	1			1
48150 -Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	1			1
Approved	1			1
No Overturns	1			1
48152 -Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	1			1
Approved	1			1
No Overturns	1			1
49000 -Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	3			3
Approved	3			3
No Overturns	3			3
49203 -Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	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)	2			2
Approved	2			2
No Overturns	2			2
49325 -Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	1			1
Approved	1			1
No Overturns	1			1
49402 -Removal of peritoneal foreign body from peritoneal cavity	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
49421 -Insertion of tunneled intraperitoneal catheter for dialysis, open	2			2
Approved	2			2
No Overturns	2			2
49593 -Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm	1			1
Approved	1			1
No Overturns	1			1
49594 -Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm	1			1
Approved	1			1
No Overturns	1			1
50220 -Nephrectomy, including partial ureterectomy, any open approach including rib resection;	1			1
Approved	1			1
No Overturns	1			1
50230 -Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	2			2
Approved	2			2
No Overturns	2			2
50360 -Renal allotransplantation, implantation of graft; without recipient nephrectomy	4			4
Approved	4			4
No Overturns	4			4
50385 -Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including 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
50546 -Laparoscopy, surgical; nephrectomy, including partial ureterectomy	1			1
Approved	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
51600 -Injection procedure for cystography or voiding urethrocytography	2			2
Approved	2			2
No Overturns	2			2
51715 -Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	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	9			9
Approved	9			9
No Overturns	9			9
51798 -Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	9			9
Approved	9			9
No Overturns	9			9
52000 -Cystourethroscopy (separate procedure)	6			6
Approved	6			6
No Overturns	6			6
52234 -Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	1			1
Approved	1			1
No Overturns	1			1
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
52240 -Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
52281 -Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	2			2
Approved	2			2
No Overturns	2			2
52287 -Cystourethroscopy, with injection(s) for chemodenervation of the bladder	2			2
Approved	2			2
No Overturns	2			2
52310 -Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	3			3
Approved	3			3
No Overturns	3			3
52325 -Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	1			1
Approved	1			1
No Overturns	1			1
52330 -Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	1			1
Approved	1			1
No Overturns	1			1
52332 -Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2			2
Approved	2			2
No Overturns	2			2
52344 -Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	1			1
Approved	1			1
No Overturns	1			1
52345 -Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1			1
Approved	1			1
No Overturns	1			1
52351 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
52353 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1			1
Approved	1			1
No Overturns	1			1
52354 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	1			1
Approved	1			1
No Overturns	1			1
52356 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2			2
Approved	2			2
No Overturns	2			2
53660 -Dilation of female urethra including suppository and/or instillation; initial	2			2
Approved	2			2
No Overturns	2			2
54161 -Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	4			4
Approved	4			4
No Overturns	4			4
54405 -Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	1			1
Approved	1			1
No Overturns	1			1
54640 -Orchiopexy, inguinal approach, with or without hernia repair	2			2
Approved	2			2
No Overturns	2			2
54650 -Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	2			2
Approved	2			2
No Overturns	2			2
54692 -Laparoscopy, surgical; orchiopexy for intra-abdominal testis	2			2
Approved	2			2
No Overturns	2			2
55060 -Repair of tunica vaginalis hydrocele (Bottle type)	1			1
Approved	1			1

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
55700 -Biopsy, prostate; needle or punch, single or multiple, any approach	1			1
Approved	1			1
No Overturns	1			1
55866 -Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	2			2
Approved	2			2
No Overturns	2			2
56620 -Vulvectomy simple; partial	1			1
Approved	1			1
No Overturns	1			1
56810 -Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
57288 -Sling operation for stress incontinence (eg, fascia or synthetic)	1			1
Approved	1			1
No Overturns	1			1
57410 -Pelvic examination under anesthesia (other than local)	1			1
Approved	1			1
No Overturns	1			1
57425 -Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	1			1
Approved	1			1
No Overturns	1			1
57454 -Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	1			1
Approved	1			1
No Overturns	1			1
58180 -Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	1			1
Approved	1			1
No Overturns	1			1
58210 -Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
58548 -Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	1			1
Approved	1			1
No Overturns	1			1
58555 -Hysteroscopy, diagnostic (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
58558 -Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	1			1
Approved	1			1
No Overturns	1			1
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)	1			1
Approved	1			1
No Overturns	1			1
58662 -Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	1			1
Approved	1			1
No Overturns	1			1
58954 -Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	1			1
Approved	1			1
No Overturns	1			1
58956 -Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	1			1
Approved	1			1
No Overturns	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
59000 -Amniocentesis; diagnostic	7			7
Approved	7			7
No Overturns	7			7
59015 -Chorionic villus sampling, any method	1			1
Approved	1			1
No Overturns	1			1
59074 -Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	1			1
Approved	1			1
No Overturns	1			1
59076 -Fetal shunt placement, including ultrasound guidance	1			1
Approved	1			1
No Overturns	1			1
59820 -Treatment of missed abortion, completed surgically; first trimester	1			1
Approved	1			1
No Overturns	1			1
60500 -Parathyroidectomy or exploration of parathyroid(s);	1			1
Approved	1			1
No Overturns	1			1
60699 -Unlisted procedure, endocrine system	1			1
Approved	1			1
No Overturns	1			1
61140 -Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	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

	Approved	Denied	Partially Approved	Grand Total
61580 -Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	1			1
Approved	1			1
No Overturns	1			1
61595 -Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	1			1
Approved	1			1
No Overturns	1			1
61601 -Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	1			1
Approved	1			1
No Overturns	1			1
61616 -RESECTION OR REsection 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
61750 -Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	1			1
Approved	1			1
No Overturns	1			1
61751 -Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	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

	Approved	Denied	Partially Approved	Grand Total
61800 -Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
61885 -Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1			1
Approved	1			1
No Overturns	1			1
61886 -Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	1			1
Approved	1			1
No Overturns	1			1
62164 -Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	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
62322 -Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar	4			4
Approved	4			4
No Overturns	4			4
62323 -Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
62350 -Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	4			4
Approved	4			4
No Overturns	4			4
62370 -Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status);	1			1
Approved	1			1
No Overturns	1			1
63030 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	1			1
Approved	1			1
No Overturns	1			1
63035 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primar	1			1
Approved	1			1
No Overturns	1			1
63047 -Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	4			4
Approved	4			4
No Overturns	4			4
63048 -Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment;	3			3
Approved	3			3
No Overturns	3			3
63053 -Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
63081 -Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	1			1
Approved	1			1
No Overturns	1			1
63082 -Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
63286 -Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	1			1
Approved	1			1
No Overturns	1			1
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, requiring pocket creation and connection between electrode array and pulse generator or receiver	1			1
Approved	1			1
No Overturns	1			1
64479 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	1			1
Approved	1			1
No Overturns	1			1
64480 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	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

	Approved	Denied	Partially Approved	Grand Total
64490 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	1			1
Approved	1			1
No Overturns	1			1
64491 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic;	1			1
Approved	1			1
No Overturns	1			1
64493 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	3			3
Approved	3			3
No Overturns	3			3
64494 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
64561 -Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	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
65175 -Removal of ocular implant	1			1
Approved	1			1
No Overturns	1			1
65426 -Excision or transposition of pterygium; with graft	1			1
Approved	1			1
No Overturns	1			1
65730 -Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	2			2
Approved	2			2

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
65855 -Trabeculoplasty by laser surgery	3			3
Approved	3			3
No Overturns	3			3
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	2			2
Approved	2			2
No Overturns	2			2
66183 -Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	1			1
Approved	1			1
No Overturns	1			1
66250 -Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	1			1
Approved	1			1
No Overturns	1			1
66821 -Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	4			4
Approved	4			4
No Overturns	4			4
66982 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification),	9			9
Approved	9			9
No Overturns	9			9
66984 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	17			17
Approved	17			17
No Overturns	17			17
67028 -Intravitreal injection of a pharmacologic agent (separate procedure)	1			1
Approved	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
67036 -Vitrectomy, mechanical, pars plana approach;	1			1
Approved	1			1
No Overturns	1			1
67039 -Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	1			1
Approved	1			1
No Overturns	1			1
67040 -Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	4			4
Approved	4			4
No Overturns	4			4
67041 -Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	2			2
Approved	2			2
No Overturns	2			2
67042 -Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	1			1
Approved	1			1
No Overturns	1			1
67043 -Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	1			1
Approved	1			1
No Overturns	1			1
67108 -Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	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),	2			2
Approved	2			2
No Overturns	2			2



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
67228 -Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	2			2
Approved	2			2
No Overturns	2			2
67314 -Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	1			1
Approved	1			1
No Overturns	1			1
67318 -Strabismus surgery, any procedure, superior oblique muscle	1			1
Approved	1			1
No Overturns	1			1
67875 -Temporary closure of eyelids by suture (eg, Frost suture)	2			2
Approved	2			2
No Overturns	2			2
67900 -Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	2			2
Approved	2			2
No Overturns	2			2
67904 -Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	1			1
Approved	1			1
No Overturns	1			1
67966 -Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	1			1
Approved	1			1
No Overturns	1			1
67973 -Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	1			1
Approved	1			1
No Overturns	1			1
69436 -Tympanostomy (requiring insertion of ventilating tube), general anesthesia	14			14
Approved	14			14
No Overturns	14			14
69535 -Resection temporal bone, external approach	1			1
Approved	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
69646 -Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	1			1
Approved	1			1
No Overturns	1			1
69990 -Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4
70100 -Radiologic examination, mandible; partial, less than 4 views	3			3
Approved	3			3
No Overturns	3			3
70160 -Radiologic examination, nasal bones, complete, minimum of 3 views	4			4
Approved	4			4
No Overturns	4			4
70250 -Radiologic examination, skull; less than 4 views	4			4
Approved	4			4
No Overturns	4			4
70310 -Radiologic examination, teeth; partial examination, less than full mouth	3			3
Approved	3			3
No Overturns	3			3
70450 -Computed tomography, head or brain; without contrast material	1			1
Approved	1			1
No Overturns	1			1
70460 -Computed tomography, head or brain; with contrast material(s)	1			1
Approved	1			1
No Overturns	1			1
70486 -Computed tomography, maxillofacial area; without contrast material	1			1
Approved	1			1
No Overturns	1			1
70491 -Computed tomography, soft tissue neck; with contrast material(s)	2			2
Approved	2			2
No Overturns	2			2

	Approved	Denied	Partially Approved	Grand Total
70496 -Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1			1
Approved	1			1
No Overturns	1			1
70543 -Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	2			2
Approved	2			2
No Overturns	2			2
70551 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2			2
Approved	2			2
No Overturns	2			2
70553 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	20			20
Approved	20			20
No Overturns	20			20
71020 -Radiologic examination, chest, 2 views, frontal and lateral;	1			1
Approved	1			1
No Overturns	1			1
71045 -Radiologic examination, chest; single view	4			4
Approved	4			4
No Overturns	4			4
71046 -Radiologic examination, chest; 2 views	13			13
Approved	13			13
No Overturns	13			13
71047 -Radiologic examination, chest; 3 views	1			1
Approved	1			1
No Overturns	1			1
71250 -Computed tomography, thorax; without contrast material	11			11
Approved	11			11
No Overturns	11			11
71260 -Computed tomography, thorax; with contrast material(s)	23			23
Approved	23			23
No Overturns	23			23



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
71270 -Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	3			3
Approved	3			3
No Overturns	3			3
71271 -Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1			1
Approved	1			1
No Overturns	1			1
71555 -Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	1			1
Approved	1			1
No Overturns	1			1
72040 -Radiologic examination, spine, cervical; 2 or 3 views	3			3
Approved	3			3
No Overturns	3			3
72052 -Radiologic examination, spine, cervical; 6 or more views	6			6
Approved	6			6
No Overturns	6			6
72072 -Radiologic examination, spine; thoracic, 3 views	2			2
Approved	2			2
No Overturns	2			2
72114 -Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	11			11
Approved	11			11
No Overturns	11			11
72141 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	4			4
Approved	4			4
No Overturns	4			4
72146 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
72148 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	5			5
Approved	5			5
No Overturns	5			5
72156 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	3			3
Approved	3			3
No Overturns	3			3
72157 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	3			3
Approved	3			3
No Overturns	3			3
72158 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	3			3
Approved	3			3
No Overturns	3			3
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	4			4
Approved	4			4
No Overturns	4			4
73030 -Radiologic examination, shoulder; complete, minimum of 2 views	2			2
Approved	2			2
No Overturns	2			2



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
73070 -Radiologic examination, elbow; 2 views	2			2
Approved	2			2
No Overturns	2			2
73090 -Radiologic examination; forearm, 2 views	1			1
Approved	1			1
No Overturns	1			1
73110 -Radiologic examination, wrist; complete, minimum of 3 views	4			4
Approved	4			4
No Overturns	4			4
73130 -Radiologic examination, hand; minimum of 3 views	6			6
Approved	6			6
No Overturns	6			6
73140 -Radiologic examination, finger(s), minimum of 2 views	4			4
Approved	4			4
No Overturns	4			4
73560 -Radiologic examination, knee; 1 or 2 views	2			2
Approved	2			2
No Overturns	2			2
73610 -Radiologic examination, ankle; complete, minimum of 3 views	7			7
Approved	7			7
No Overturns	7			7
73630 -Radiologic examination, foot; complete, minimum of 3 views	5			5
Approved	5			5
No Overturns	5			5
73700 -Computed tomography, lower extremity; without contrast material	1			1
Approved	1			1
No Overturns	1			1
73718 -Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	1			1
Approved	1			1
No Overturns	1			1
73721 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	3			3
Approved	3			3



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	3			3
74018 -Radiologic examination, abdomen; 1 view	10			10
Approved	10			10
No Overturns	10			10
74021 -Radiologic examination, abdomen; 3 or more views	2			2
Approved	2			2
No Overturns	2			2
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	7			7
Approved	7			7
No Overturns	7			7
74176 -Computed tomography, abdomen and pelvis; without contrast material	5			5
Approved	5			5
No Overturns	5			5
74177 -Computed tomography, abdomen and pelvis; with contrast material(s)	15			15
Approved	15			15
No Overturns	15			15
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	8			8
Approved	8			8
No Overturns	8			8
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	10			10
Approved	10			10
No Overturns	10			10
74230 -Swallowing function, with cineradiography/videoradiography	3			3
Approved	3			3

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	3			3
74240 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB	10			10
Approved	10			10
No Overturns	10			10
74270 -Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	2			2
Approved	2			2
No Overturns	2			2
74300 -Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
74455 -Urethrocystography, voiding, radiological supervision and interpretation	5			5
Approved	5			5
No Overturns	5			5
74712 -Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	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)	3			3
Approved	3			3
No Overturns	3			3
75571 -Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
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
75573 -Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluati	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	4			4
Approved	4			4
No Overturns	4			4
75625 -Aortography, abdominal, by serialography, radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
75726 -Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	6			6
Approved	6			6
No Overturns	6			6
75736 -Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
75774 -Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	5			5
Approved	5			5
No Overturns	5			5
75827 -Venography, caval, superior, with serialography, radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
75894 -Transcatheter therapy, embolization, any method, radiological supervision and interpretation	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
76000 -Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	7			7
Approved	7			7
No Overturns	7			7
76098 -Radiological examination, surgical specimen	3			3
Approved	3			3
No Overturns	3			3
76376 -3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision;	1			1
Approved	1			1
No Overturns	1			1
76380 -Computed tomography, limited or localized follow-up study	1			1
Approved	1			1
No Overturns	1			1
76391 -Magnetic resonance (eg, vibration) elastography	2			2
Approved	2			2
No Overturns	2			2
76512 -Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	1			1
Approved	1			1
No Overturns	1			1
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	6			6
Approved	6			6
No Overturns	6			6
76641 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	4			4



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	4			4
No Overturns	4			4
76642 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	2			2
Approved	2			2
No Overturns	2			2
76645 -ULTRASOUND BREASTS UNILATERAL OR BILATERAL REAL TIME W	2			2
Approved	2			2
No Overturns	2			2
76700 -Ultrasound, abdominal, real time with image documentation; complete	13			13
Approved	13			13
No Overturns	13			13
76705 -Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	12			12
Approved	12			12
No Overturns	12			12
76770 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	13	2		15
Not Med Necessary		2		2
No Overturns		2		2
Approved	13			13
No Overturns	13			13
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	11			11
Not Med Necessary	1			1
No Overturns	1			1
Approved	10			10
No Overturns	10			10
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	14			14
Approved	14			14
No Overturns	14			14

	Approved	Denied	Partially Approved	Grand Total
76811 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	36			36
Approved	36			36
No Overturns	36			36
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)	3			3
Approved	3			3
No Overturns	3			3
76813 -Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	10			10
Not Med Necessary	1			1
No Overturns	1			1
Approved	9			9
No Overturns	9			9
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	72			72
Approved	72			72
No Overturns	72			72
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	91			91
Approved	91			91
No Overturns	91			91
76817 -Ultrasound, pregnant uterus, real time with image documentation, transvaginal	19			19
Not Med Necessary	1			1
No Overturns	1			1
Approved	18			18
No Overturns	18			18
76819 -Fetal biophysical profile; without non-stress testing	116			116
Approved	116			116
No Overturns	116			116
76820 -Doppler velocimetry, fetal; umbilical artery	31			31



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	31			31
No Overturns	31			31
76821 -Doppler velocimetry, fetal; middle cerebral artery	28			28
Approved	28			28
No Overturns	28			28
76825 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	17			17
Approved	17			17
No Overturns	17			17
76826 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	5			5
Approved	5			5
No Overturns	5			5
76827 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	14			14
Approved	14			14
No Overturns	14			14
76828 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	1			1
Approved	1			1
No Overturns	1			1
76856 -Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	8			8
Approved	8			8
No Overturns	8			8
76870 -Ultrasound, scrotum and contents	7			7
Approved	7			7
No Overturns	7			7
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	9			9

	Approved	Denied	Partially Approved	Grand Total
Approved	9			9
No Overturns	9			9
76937 -Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting	2			2
Approved	2			2
No Overturns	2			2
76942 -Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
76945 -Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	2			2
Approved	2			2
No Overturns	2			2
76946 -Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	5			5
Approved	5			5
No Overturns	5			5
76981 -Ultrasound, elastography; parenchyma (eg, organ)	8			8
Approved	8			8
No Overturns	8			8
76998 -Ultrasonic guidance, intraoperative	6			6
Approved	6			6
No Overturns	6			6
77001 -Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access s	3			3
Approved	3			3
No Overturns	3			3
77002 -Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
77003 -Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	1			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	4			4
Approved	4			4
No Overturns	4			4
77014 -Computed tomography guidance for placement of radiation therapy fields	3			3
Approved	3			3
No Overturns	3			3
77032 -MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST	1			1
Approved	1			1
No Overturns	1			1
77063 -Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	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)	3			3
Approved	3			3
No Overturns	3			3
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



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
77261 -Therapeutic radiology treatment planning; simple	1			1
Approved	1			1
No Overturns	1			1
77263 -Therapeutic radiology treatment planning; complex	6			6
Approved	6			6
No Overturns	6			6
77280 -Therapeutic radiology simulation-aided field setting; simple	2			2
Approved	2			2
No Overturns	2			2
77290 -Therapeutic radiology simulation-aided field setting; complex	1			1
Approved	1			1
No Overturns	1			1
77293 -Respiratory motion management simulation (List separately in addition to code for primary procedure)	3			3
Approved	3			3
No Overturns	3			3
77295 -3-dimensional radiotherapy plan, including dose-volume histograms	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	6			6
Approved	6			6
No Overturns	6			6
77301 -Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	3			3
Approved	3			3
No Overturns	3			3
77318 -Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	2			2
Approved	2			2
No Overturns	2			2
77321 -Special teletherapy port plan, particles, hemibody, total body	3			3

	Approved	Denied	Partially Approved	Grand Total
Approved	3			3
No Overturns	3			3
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)	3			3
Approved	3			3
No Overturns	3			3
77334 -Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	3			3
Approved	3			3
No Overturns	3			3
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	4			4
Approved	4			4
No Overturns	4			4
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
77371 -Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	1			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



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
77387 -Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	3			3
Approved	3			3
No Overturns	3			3
77427 -Radiation treatment management, 5 treatments	3			3
Approved	3			3
No Overturns	3			3
77432 -Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	1			1
Approved	1			1
No Overturns	1			1
77470 -Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	4			4
Approved	4			4
No Overturns	4			4
77520 -Proton treatment delivery; simple, without compensation	3			3
Approved	3			3
No Overturns	3			3
77522 -Proton treatment delivery; simple, with compensation	3			3
Approved	3			3
No Overturns	3			3
77523 -Proton treatment delivery; intermediate	3			3
Approved	3			3
No Overturns	3			3
77525 -Proton treatment delivery; complex	3			3
Approved	3			3
No Overturns	3			3
77778 -Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	1			1
Approved	1			1
No Overturns	1			1
77790 -Supervision, handling, loading of radiation source	1			1
Approved	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
78202 -Liver imaging; with vascular flow	1			1
Approved	1			1
No Overturns	1			1
78264 -Gastric emptying imaging study (eg, solid, liquid, or both);	1			1
Approved	1			1
No Overturns	1			1
78306 -Bone and/or joint imaging; whole body	3			3
Approved	3			3
No Overturns	3			3
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);	10			10
Approved	10			10
No Overturns	10			10
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
78803 -Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acqisitio	5			5
Approved	5			5
No Overturns	5			5
78815 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	7			7
Approved	7			7
No Overturns	7			7
78816 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	3			3
Approved	3			3
No Overturns	3			3

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
79445 -Radiopharmaceutical therapy, by intra-arterial particulate administration	5			5
Approved	5			5
No Overturns	5			5
80047 -Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	2			2
Approved	2			2
No Overturns	2			2
80048 -Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	3			3
Approved	3			3
No Overturns	3			3
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	9			9
Approved	9			9
No Overturns	9			9
80051 -Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	8			8
Approved	8			8
No Overturns	8			8
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 (82565) Glucose (82947) Phosphatase, alkaline (84075) Pot	23			23
Approved	23			23
No Overturns	23			23
80061 -Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	3			3
Approved	3			3
No Overturns	3			3

	Approved	Denied	Partially Approved	Grand Total
80074 -Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	1			1
Approved	1			1
No Overturns	1			1
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
80320 -Alcohols	2			2
Approved	2			2
No Overturns	2			2
80321 -Alcohol biomarkers; 1 or 2	2			2
Approved	2			2
No Overturns	2			2
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	22			22
Approved	22			22
No Overturns	22			22
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	2			2
Approved	2			2
No Overturns	2			2
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

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
81025 -Urine pregnancy test, by visual color comparison methods	1			1
Approved	1			1
No Overturns	1			1
81206 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	2			2
Approved	2			2
No Overturns	2			2
81207 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	1			1
Approved	1			1
No Overturns	1			1
81208 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	1			1
Approved	1			1
No Overturns	1			1
81220 -CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	2			2
Approved	2			2
No Overturns	2			2
81245 -FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	1			1
Approved	1			1
No Overturns	1			1
81246 -FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	1			1
Approved	1			1
No Overturns	1			1
81257 -HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant S	2			2
Approved	2			2
No Overturns	2			2

	Approved	Denied	Partially Approved	Grand Total
81268 -Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	1			1
Approved	1			1
No Overturns	1			1
81329 -SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	2			2
Approved	2			2
No Overturns	2			2
81361 -HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	2			2
Approved	2			2
No Overturns	2			2
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	1			1
Approved	1			1
No Overturns	1			1
81376 -HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	1			1
Approved	1			1
No Overturns	1			1
81377 -HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	1			1
Approved	1			1
No Overturns	1			1
81378 -HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	1			1
Approved	1			1
No Overturns	1			1
81420 -Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	2			2

	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
81455 -Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA an	1			1
Approved	1			1
No Overturns	1			1
81456 -Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA an	1			1
Approved	1			1
No Overturns	1			1
81479 -Unlisted molecular pathology procedure	1			1
Approved	1			1
No Overturns	1			1
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
Not Med Necessary		1		1
No Overturns		1		1
82055 -ALCOHOL ETHANOL ANY SPECIMEN EXCEPT BREATH	1			1
Approved	1			1
No Overturns	1			1
82103 -Alpha-1-antitrypsin; total	2			2
Approved	2			2
No Overturns	2			2
82104 -Alpha-1-antitrypsin; phenotype	2			2
Approved	2			2
No Overturns	2			2
82105 -Alpha-fetoprotein (AFP); serum	2			2
Approved	2			2
No Overturns	2			2
82140 -Ammonia	1			1
Approved	1			1



	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
82150 -Amylase	3			3
Approved	3			3
No Overturns	3			3
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
82306 -Vitamin D; 25 hydroxy, includes fraction(s), if performed	1			1
Approved	1			1
No Overturns	1			1
82378 -Carcinoembryonic antigen (CEA)	1			1
Approved	1			1
No Overturns	1			1
82390 -Ceruloplasmin	1			1
Approved	1			1
No Overturns	1			1
82728 -Ferritin	5			5
Approved	5			5
No Overturns	5			5
82784 -Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	2			2
Approved	2			2
No Overturns	2			2
82803 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);	1			1
Approved	1			1
No Overturns	1			1
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)	2			2



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
83036 -Hemoglobin; glycosylated (A1C)	2			2
Approved	2			2
No Overturns	2			2
83516 -Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	2			2
Approved	2			2
No Overturns	2			2
83540 -Iron	2			2
Approved	2			2
No Overturns	2			2
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
83690 -Lipase	2			2
Approved	2			2
No Overturns	2			2
83721 -Lipoprotein, direct measurement; LDL cholesterol	1			1
Approved	1			1
No Overturns	1			1
83735 -Magnesium	3			3
Approved	3			3
No Overturns	3			3
83883 -Nephelometry, each analyte not elsewhere specified	1			1
Approved	1			1
No Overturns	1			1
83887 -Nicotine	1			1
Approved	1			1
No Overturns	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
83893 -Molecular diagnostics dotslot blot production each nuclei	1			1
Approved	1			1
No Overturns	1			1
83993 -Calprotectin, fecal	2			2
Approved	2			2
No Overturns	2			2
84153 -Prostate specific antigen (PSA); total	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)	2			2
Approved	2			2
No Overturns	2			2
84446 -Tocopherol alpha (Vitamin E)	1			1
Approved	1			1
No Overturns	1			1
84450 -Transferase; aspartate amino (AST) (SGOT)	2			2
Approved	2			2
No Overturns	2			2
84460 -Transferase; alanine amino (ALT) (SGPT)	2			2
Approved	2			2
No Overturns	2			2
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	2			2
Approved	2			2



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
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	6			6
Approved	6			6
No Overturns	6			6
85025 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	11			11
Approved	11			11
No Overturns	11			11
85027 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	14			14
Approved	14			14
No Overturns	14			14
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	2			2
Approved	2			2
No Overturns	2			2
85220 -Clotting; factor V (AcG or proaccelerin), labile factor	1			1
Approved	1			1
No Overturns	1			1
85610 -Prothrombin time;	4			4
Approved	4			4
No Overturns	4			4
85651 -Sedimentation rate, erythrocyte; non-automated	2			2
Approved	2			2
No Overturns	2			2
85660 -Sickling of RBC, reduction	1			1
Approved	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
85730 -Thromboplastin time, partial (PTT); plasma or whole blood	4			4
Approved	4			4
No Overturns	4			4
86140 -C-reactive protein;	2			2
Approved	2			2
No Overturns	2			2
86256 -Fluorescent noninfectious agent antibody; titer, each antibody	1			1
Approved	1			1
No Overturns	1			1
86301 -Immunoassay for tumor antigen, quantitative; CA 19-9	1			1
Approved	1			1
No Overturns	1			1
86308 -Heterophile antibodies; screening	2			2
Approved	2			2
No Overturns	2			2
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
86376 -Microsomal antibodies (eg, thyroid or liver-kidney), each	1			1
Approved	1			1
No Overturns	1			1
86480 -Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	1			1
Approved	1			1
No Overturns	1			1
86481 -Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	1			1
Approved	1			1
No Overturns	1			1
86580 -Skin test; tuberculosis, intradermal	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
86592 -Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	2			2
Approved	2			2
No Overturns	2			2
86644 -Antibody; cytomegalovirus (CMV)	3			3
Approved	3			3
No Overturns	3			3
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)	4			4
Approved	4			4
No Overturns	4			4
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
86703 -Antibody; HIV-1 and HIV-2, single result	3			3
Approved	3			3
No Overturns	3			3
86704 -Hepatitis B core antibody (HBcAb); total	3			3
Approved	3			3
No Overturns	3			3
86706 -Hepatitis B surface antibody (HBsAb)	2			2

	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
86707 -Hepatitis Be antibody (HBeAb)	1			1
Approved	1			1
No Overturns	1			1
86708 -Hepatitis A antibody (HAAb)	1			1
Approved	1			1
No Overturns	1			1
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
86757 -Antibody; Rickettsia	2			2
Approved	2			2
No Overturns	2			2
86762 -Antibody; rubella	1			1
Approved	1			1
No Overturns	1			1
86765 -Antibody; rubeola	1			1
Approved	1			1
No Overturns	1			1
86780 -Antibody; Treponema pallidum	1			1
Approved	1			1
No Overturns	1			1
86787 -Antibody; varicella-zoster	2			2
Approved	2			2
No Overturns	2			2
86788 -Antibody; West Nile virus, IgM	1			1
Approved	1			1
No Overturns	1			1
86789 -Antibody; West Nile virus	1			1

	Approved	Denied	Partially Approved	Grand Total
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;	3			3
Approved	3			3
No Overturns	3			3
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	1			1
Approved	1			1
No Overturns	1			1
86850 -Antibody screen, RBC, each serum technique	1			1
Approved	1			1
No Overturns	1			1
86900 -Blood typing, serologic; ABO	7			7
Approved	7			7
No Overturns	7			7
86901 -Blood typing, serologic; Rh (D)	2			2
Approved	2			2
No Overturns	2			2
87086 -CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	3			3
Approved	3			3
No Overturns	3			3
87101 -CULTURE FUNGI (MOLD OR YEAST) ISOLATION WITH PRESUMPTIVE IDE	2			2
Approved	2			2
No Overturns	2			2
87338 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	2			2
Approved	2			2
No Overturns	2			2
87340 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	3			3
Approved	3			3

	Approved	Denied	Partially Approved	Grand Total
No Overturns	3			3
87350 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	1			1
Approved	1			1
No Overturns	1			1
87426 -Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory sy	1			1
Approved	1			1
No Overturns	1			1
87517 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HEP	1			1
Approved	1			1
No Overturns	1			1
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
87631 -Infectious agent detection by nucleic acid DNA or RNA res	32			32
Approved	32			32
No Overturns	32			32
87633 -Infectious agent detection by nucleic acid DNA or RNA res	8			8
Approved	8			8
No Overturns	8			8
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	28			28
Approved	28			28
No Overturns	28			28
87651 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA STR	64			64
Approved	64			64
No Overturns	64			64
87799 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA NOT	1			1
Approved	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
87804 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	29			29
Approved	29			29
No Overturns	29			29
87902 -Infectious agent genotype analysis by nucleic acid DNA or R	1			1
Approved	1			1
No Overturns	1			1
88143 -CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COL	4			4
Approved	4			4
No Overturns	4			4
88184 -FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUCLEAR MARKER	2			2
Approved	2			2
No Overturns	2			2
88185 -FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUCLEAR MARKER	2			2
Approved	2			2
No Overturns	2			2
88237 -TISSUE CULTURE FOR NEOPLASTIC DISORDERS BONE MARROW BLOOD	2			2
Approved	2			2
No Overturns	2			2
88239 -TISSUE CULTURE FOR NEOPLASTIC DISORDERS SOLID TUMOR	2			2
Approved	2			2
No Overturns	2			2
88264 -CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	2			2
Approved	2			2
No Overturns	2			2
88271 -MOLECULAR CYTOGENETICS DNA PROBE EACH EG FISH	2			2
Approved	2			2
No Overturns	2			2
88275 -MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION ANA	2			2
Approved	2			2
No Overturns	2			2
88321 -CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHER	13		1	14
Approved	13		1	14



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	13		1	14
88360 -MORPHOMETRIC ANALYSIS TUMOR IMMUNOHISTOCHEMISTRY EG HER2	1			1
Approved	1			1
No Overturns	1			1
90460 -Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	3			3
Approved	3			3
No Overturns	3			3
90461 -Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code fo	1			1
Approved	1			1
No Overturns	1			1
90633 -Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	2			2
Approved	2			2
No Overturns	2			2
90648 -Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90661 -Influenza virus vaccine, trivalent (cclIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	1			1
Approved	1			1
No Overturns	1			1
90677 -Pneumococcal conjugate vaccine, 20 valent (PCV20), 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
90710 -Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
90715 -Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	4			4
Approved	4			4
No Overturns	4			4
90791 -Psychiatric diagnostic evaluation	6	1		7
Not Med Necessary		1		1
No Overturns		1		1
Approved	6			6
No Overturns	6			6
90792 -Psychiatric diagnostic evaluation with medical services	2			2
Approved	2			2
No Overturns	2			2
90832 -Psychotherapy, 30 minutes with patient	2			2
Approved	2			2
No Overturns	2			2
90833 -Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	3	1		4
Benefit Limits Met		1		1
No Overturns		1		1
Approved	3			3
No Overturns	3			3
90834 -Psychotherapy, 45 minutes with patient	5			5
Approved	5			5
No Overturns	5			5
90836 -Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	2	1		3
Benefit Limits Met		1		1
No Overturns		1		1
Approved	2			2
No Overturns	2			2
90837 -Psychotherapy, 60 minutes with patient	17			17



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	17			17
No Overturns	17			17
90853 -Group psychotherapy (other than of a multiple-family group)	2			2
Approved	2			2
No Overturns	2			2
90911 -Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	1			1
Approved	1			1
No Overturns	1			1
90935 -Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	3			3
Approved	3			3
No Overturns	3			3
90937 -Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	2			2
Approved	2			2
No Overturns	2			2
90999 -Unlisted dialysis procedure, inpatient or outpatient	3			3
Approved	3			3
No Overturns	3			3
91010 -Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	1			1
Approved	1			1
No Overturns	1			1
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
91120 -Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	1			1
Approved	1			1
No Overturns	1			1
91122 -Anorectal manometry	1			1
Approved	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
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
92134 -Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	1			1
Approved	1			1
No Overturns	1			1
92235 -Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	1			1
Approved	1			1
No Overturns	1			1
92507 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	32			32
Approved	32			32
No Overturns	32			32
92523 -Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	22			22
Approved	22			22
No Overturns	22			22
92526 -Treatment of swallowing dysfunction and/or oral function for feeding	2			2
Approved	2			2
No Overturns	2			2
92552 -Pure tone audiometry (threshold); air only	84			84
Approved	84			84
No Overturns	84			84
92553 -Pure tone audiometry (threshold); air and bone	78			78
Approved	78			78
No Overturns	78			78
92555 -Speech audiometry threshold;	84			84
Approved	84			84

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	84			84
92567 -Tympanometry (impedance testing)	92			92
Approved	92			92
No Overturns	92			92
92579 -Visual reinforcement audiometry (VRA)	82			82
Approved	82			82
No Overturns	82			82
92582 -Conditioning play audiometry	78			78
Approved	78			78
No Overturns	78			78
92583 -Select picture audiometry	76			76
Approved	76			76
No Overturns	76			76
92585 -Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	1			1
Approved	1			1
No Overturns	1			1
92587 -Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	92			92
Approved	92			92
No Overturns	92			92
92610 -Evaluation of oral and pharyngeal swallowing function	2			2
Approved	2			2
No Overturns	2			2
92611 -Motion fluoroscopic evaluation of swallowing function by cine or video recording	1			1
Approved	1			1
No Overturns	1			1
92651 -Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
92652 -Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	1			1
Approved	1			1
No Overturns	1			1
92978 -Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report;	1			1
Approved	1			1
No Overturns	1			1
92990 -Percutaneous balloon valvuloplasty; pulmonary valve	2			2
Approved	2			2
No Overturns	2			2
92997 -Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	2			2
Approved	2			2
No Overturns	2			2
93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	55			55
Approved	55			55
No Overturns	55			55
93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	49			49
Approved	49			49
No Overturns	49			49
93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	5			5
Approved	5			5
No Overturns	5			5
93015 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	4			4
Approved	4			4
No Overturns	4			4
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	4			4

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
Approved	4			4
No Overturns	4			4
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	4			4
Approved	4			4
No Overturns	4			4
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
93288 -Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter;	1			1
Approved	1			1
No Overturns	1			1
93296 -Interrogation device evaluation(s) (remote), up to 90 days;	1			1
Approved	1			1
No Overturns	1			1
93303 -Transthoracic echocardiography for congenital cardiac anomalies; complete	51			51
Approved	51			51

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	51			51
93304 -Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	43			43
Approved	43			43
No Overturns	43			43
93305 -ECHOCARDIOGRAPHY M-MODE; LIMITED (EG FOLLOW-UP OR LIMITED ST	3			3
Approved	3			3
No Overturns	3			3
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	63	1		64
Benefit Limits Met		1		1
No Overturns		1		1
Approved	63			63
No Overturns	63			63
93307 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	44			44
Approved	44			44
No Overturns	44			44
93308 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	1			1
Approved	1			1
No Overturns	1			1
93312 -Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	1			1
Approved	1			1
No Overturns	1			1
93320 -Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	50			50
Approved	50			50
No Overturns	50			50
93325 -Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	64			64
Approved	64			64

	Approved	Denied	Partially Approved	Grand Total
No Overturns	64			64
93350 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	1			1
Approved	1			1
No Overturns	1			1
93351 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	2			2
Approved	2			2
No Overturns	2			2
93451 -Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	5			5
Approved	5			5
No Overturns	5			5
93452 -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
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;	1			1
Approved	1			1
No Overturns	1			1
93462 -Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
93463 -Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration,	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)	2			2
Approved	2			2
No Overturns	2			2
93569 -Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
93571 -Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary pro	1			1
Approved	1			1
No Overturns	1			1
93573 -Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
93574 -Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code fo	2			2
Approved	2			2
No Overturns	2			2
93597 -Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	2			2
Approved	2			2

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
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 procedure)	1			1
Approved	1			1
No Overturns	1			1
93622 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	1			1
Approved	1			1
No Overturns	1			1
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 recording, right ventricular pacing and recording (when n	1			1
Approved	1			1
No Overturns	1			1
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	1			1
Approved	1			1
No Overturns	1			1
93656 -Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardia	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



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
93875 -NONINVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES CO	1			1
Approved	1			1
No Overturns	1			1
93880 -Duplex scan of extracranial arteries; complete bilateral study	1			1
Approved	1			1
No Overturns	1			1
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	3			3
Approved	3			3
No Overturns	3			3
93925 -Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	1			1
Approved	1			1
No Overturns	1			1
93926 -Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	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	4			4
Approved	4			4
No Overturns	4			4
93971 -Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited 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	17			17
Approved	17			17
No Overturns	17			17
93978 -Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
94060 -Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	35			35
Approved	35			35
No Overturns	35			35
94375 -Respiratory flow volume loop	32			32
Approved	32			32
No Overturns	32			32
94617 -Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	32			32
Approved	32			32
No Overturns	32			32
94618 -Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	3			3
Approved	3			3
No Overturns	3			3
94621 -Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	2			2
Approved	2			2
No Overturns	2			2
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	5			5
Approved	5			5
No Overturns	5			5
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)	3			3
Approved	3			3

	Approved	Denied	Partially Approved	Grand Total
No Overturns	3			3
95076 -Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	1			1
Approved	1			1
No Overturns	1			1
95251 -Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	1			1
Approved	1			1
No Overturns	1			1
95700 -Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	2			2
Approved	2			2
No Overturns	2			2
95715 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	2			2
Approved	2			2
No Overturns	2			2
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
95719 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	1			1
Approved	1			1
No Overturns	1			1
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	3			3
Approved	3			3
No Overturns	3			3



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
95724 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84	2			2
Approved	2			2
No Overturns	2			2
95782 -Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	6			6
Approved	6			6
No Overturns	6			6
95810 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	6			6
Approved	6			6
No Overturns	6			6
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	3			3
Approved	3			3
No Overturns	3			3
95819 -Electroencephalogram (EEG); including recording awake and asleep	2			2
Approved	2			2
No Overturns	2			2
95861 -Needle electromyography; 2 extremities with or without related paraspinal areas	2			2
Approved	2			2
No Overturns	2			2
95865 -Needle electromyography; larynx	2			2
Approved	2			2
No Overturns	2			2
95868 -Needle electromyography; cranial nerve supplied muscles, bilateral	2			2
Approved	2			2
No Overturns	2			2
95886 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;	19			19

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
Approved	19			19
No Overturns	19			19
95887 -Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
95909 -Nerve conduction studies; 5-6 studies	13			13
Approved	13			13
No Overturns	13			13
95910 -Nerve conduction studies; 7-8 studies	7			7
Approved	7			7
No Overturns	7			7
95911 -Nerve conduction studies; 9-10 studies	7			7
Approved	7			7
No Overturns	7			7
95912 -Nerve conduction studies; 11-12 studies	13			13
Approved	13			13
No Overturns	13			13
95913 -Nerve conduction studies; 13 or more studies	14			14
Approved	14			14
No Overturns	14			14
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	2			2
Approved	2			2
No Overturns	2			2
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	2			2
Approved	2			2
No Overturns	2			2

	Approved	Denied	Partially Approved	Grand Total
95939 -Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	2			2
Approved	2			2
No Overturns	2			2
95940 -Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
95941 -Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
95957 -Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	1			1
Approved	1			1
No Overturns	1			1
95965 -Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	1			1
Approved	1			1
No Overturns	1			1
95966 -Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	1			1
Approved	1			1
No Overturns	1			1
95967 -Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	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	5			5
Approved	5			5
No Overturns	5			5

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
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	6			6
Approved	6			6
No Overturns	6			6
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
96116 -Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professio	2			2
Approved	2			2
No Overturns	2			2
96121 -Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professio	1			1
Approved	1			1
No Overturns	1			1
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
96132 -Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and	2			2
Approved	2			2
No Overturns	2			2
96133 -Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and	2			2
Approved	2			2

	Approved	Denied	Partially Approved	Grand Total
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
96137 -Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
96138 -Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	1			1
Approved	1			1
No Overturns	1			1
96139 -Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
96361 -Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)		1		1
Not a Covered Benefit		1		1
No Overturns		1		1
96365 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	2			2
Approved	2			2
No Overturns	2			2
96372 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	6			6
Approved	6			6
No Overturns	6			6
96401 -Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
96402 -Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	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	1		3
Not a Covered Benefit		1		1
No Overturns		1		1
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
96416 -Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	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
97010 -Application of a modality to 1 or more areas; hot or cold packs	4			4
Approved	4			4
No Overturns	4			4
97016 -Application of a modality to 1 or more areas; vasopneumatic devices	3			3
Approved	3			3
No Overturns	3			3
97022 -Application of a modality to 1 or more areas; whirlpool	2			2
Approved	2			2
No Overturns	2			2
97034 -Application of a modality to 1 or more areas; contrast baths, each 15 minutes	3			3
Approved	3			3
No Overturns	3			3
97035 -Application of a modality to 1 or more areas; ultrasound, each 15 minutes	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
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	27			27
Approved	27			27
No Overturns	27			27
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	27			27
Approved	27			27
No Overturns	27			27
97116 -Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	3			3
Approved	3			3
No Overturns	3			3
97140 -Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	22			22
Approved	22			22
No Overturns	22			22
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	2			2
Approved	2			2
No Overturns	2			2
97153 -Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	2			2
Approved	2			2
No Overturns	2			2
97154 -Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
97155 -Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	2			2
Approved	2			2
No Overturns	2			2
97156 -Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	2			2
Approved	2			2
No Overturns	2			2
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	32			32
Approved	32			32
No Overturns	32			32
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	37			37
Approved	37			37
No Overturns	37			37
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	33			33
Approved	33			33
No Overturns	33			33
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	3			3
Approved	3			3
No Overturns	3			3
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	4			4

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
Approved	4			4
No Overturns	4			4
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	6			6
Approved	6			6
No Overturns	6			6
97530 -Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	31			31
Approved	31			31
No Overturns	31			31
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	4			4
Approved	4			4
No Overturns	4			4
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	12			12
Approved	12			12
No Overturns	12			12
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	11			11
Approved	11			11
No Overturns	11			11
97750 -Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	2			2
Approved	2			2
No Overturns	2			2
97760 -Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
97802 -Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	5			5
Approved	5			5
No Overturns	5			5
97803 -Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	5			5
Approved	5			5
No Overturns	5			5
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 original procedure	1			1
Approved	1			1
No Overturns	1			1
99025 -Initial (new patient) visit when starred (*) surgical procedure constitutes major service at that visit	1			1
Approved	1			1
No Overturns	1			1
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
99201 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination	2			2
Approved	2			2
No Overturns	2			2

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
99202 -Office or other outpatient visit for the evaluation and management of a new 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	12			12
Approved	12			12
No Overturns	12			12
99203 -Office or other outpatient visit for the evaluation and management of a new 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 se	48			48
Approved	48			48
No Overturns	48			48
99204 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for co	50	1		51
Benefit Limits Met		1		1
No Overturns		1		1
Approved	50			50
No Overturns	50			50
99205 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code s	317	3	1	321
Not Med Necessary	1	3		4
No Overturns	1	3		4
Approved	316		1	317
No Overturns	316		1	317
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	9			9
Approved	9			9
No Overturns	9			9
99212 -Office or other outpatient visit for the evaluation and management of an 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	35			35
Approved	35			35

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	35			35
99213 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter fo	236			236
Approved	236			236
No Overturns	236			236
99214 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encount	193	1		194
Benefit Limits Met		1		1
No Overturns		1		1
Approved	193			193
No Overturns	193			193
99215 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter f	817	2	1	820
Not a Covered Benefit		1		1
No Overturns		1		1
Not Med Necessary		1		1
No Overturns		1		1
Approved	817		1	818
No Overturns	817		1	818
99218 -Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or		1		1
Benefit Limits Met		1		1
No Overturns		1		1
99224 -Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
99233 -Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of t	1			1
Approved	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,	2			2
Approved	2			2
No Overturns	2			2
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	5			5
Approved	5			5
No Overturns	5			5
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	65			65
Approved	65			65
No Overturns	65			65
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	27			27
Approved	27			27
No Overturns	27			27
99305 -Initial nursing facility care, per day, for the evaluation and management of a 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	1			1
Approved	1			1
No Overturns	1			1
99307 -Subsequent nursing facility care, per day, for the evaluation and management of a 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 fo	1			1

	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
99308 -Subsequent nursing facility care, per day, for the evaluation and management of a 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 c	1			1
Approved	1			1
No Overturns	1			1
99309 -Subsequent nursing facility care, per day, for the evaluation and management of a 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	1			1
Approved	1			1
No Overturns	1			1
99344 -Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code select	1			1
Approved	1			1
No Overturns	1			1
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 co	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/diagnos	2			2
Approved	2			2
No Overturns	2			2
99382 -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/diagnos	1			1
Approved	1			1
No Overturns	1			1

	Approved	Denied	Partially Approved	Grand Total
99392 -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/diag	2			2
Approved	2			2
No Overturns	2			2
99395 -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/diag	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/diag	1			1
Approved	1			1
No Overturns	1			1
99459 -Pelvic examination (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
99499 -Unlisted evaluation and management service	2			2
Approved	2			2
No Overturns	2			2
99601 -Home infusion/specialty drug administration, per visit (up to 2 hours);	2	1		3
Not Med Necessary		1		1
No Overturns		1		1
Approved	2			2
No Overturns	2			2
99602 -Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	2	1		3
Not Med Necessary		1		1
No Overturns		1		1
Approved	2			2
No Overturns	2			2
A0426 -Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
A0430 -Ambulance service, conventional air services, transport, one way (fixed wing)	1			1
Approved	1			1
No Overturns	1			1
A0431 -Ambulance service, conventional air services, transport, one way (rotary wing)	2			2
Approved	2			2
No Overturns	2			2
A0434 -Specialty care transport (SCT)	1			1
Approved	1			1
No Overturns	1			1
A0435 -Fixed wing air mileage, per statute mile	1			1
Approved	1			1
No Overturns	1			1
A0436 -Rotary wing air mileage, per statute mile	2			2
Approved	2			2
No Overturns	2			2
A4215 -Needle, sterile, any size, each	2			2
Approved	2			2
No Overturns	2			2
A4221 -Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	2			2
Approved	2			2
No Overturns	2			2
A4222 -Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	2			2
Approved	2			2
No Overturns	2			2
A4224 -Supplies for maintenance of insulin infusion catheter, per week	7			7
Approved	7			7
No Overturns	7			7
A4225 -Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	7			7
Approved	7			7
No Overturns	7			7
A4230 -Infusion set for external insulin pump, nonneedle cannula type	1			1



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
A4232 -Syringe with needle for external insulin pump, sterile, 3 cc	1			1
Approved	1			1
No Overturns	1			1
A4238 -Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	8			8
Approved	8			8
No Overturns	8			8
A4245 -Alcohol wipes, per box	1			1
Approved	1			1
No Overturns	1			1
A4364 -Adhesive, liquid or equal, any type, per oz	2			2
Approved	2			2
No Overturns	2			2
A4456 -Adhesive remover, wipes, any type, each	2			2
Approved	2			2
No Overturns	2			2
A4481 -Tracheostoma filter, any type, any size, each	1			1
Approved	1			1
No Overturns	1			1
A4556 -Electrodes (e.g., apnea monitor), per pair	2			2
Approved	2			2
No Overturns	2			2
A4626 -Tracheostomy cleaning brush, each	1			1
Approved	1			1
No Overturns	1			1
A5120 -Skin barrier, wipes or swabs, each	2			2
Approved	2			2
No Overturns	2			2
A5126 -Adhesive or nonadhesive; disk or foam pad	1			1
Approved	1			1
No Overturns	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
A7507 -Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	2			2
Approved	2			2
No Overturns	2			2
A7508 -Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	2			2
Approved	2			2
No Overturns	2			2
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
A7526 -Tracheostomy tube collar/holder, 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	1			1
Approved	1			1
No Overturns	1			1
A9277 -Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	1			1
Approved	1			1
No Overturns	1			1
A9500 -Technetium Tc-99m sestamibi, diagnostic, per study dose	2			2
Approved	2			2
No Overturns	2			2
A9503 -Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1			1
Approved	1			1
No Overturns	1			1
A9540 -Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1			1
Approved	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
A9552 -Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi	5			5
Approved	5			5
No Overturns	5			5
A9587 -Gallium Ga-68, dotatate, diagnostic, 0.1 mCi	3			3
Approved	3			3
No Overturns	3			3
C2616 -Brachytherapy source, nonstranded, yttrium-90, per source	4			4
Approved	4			4
No Overturns	4			4
C9063 -Injection, eptinezumab-jjmr, 1 mg	1			1
Approved	1			1
No Overturns	1			1
E0486 -Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	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
E0739 -Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors		1		1
Not Med Necessary		1		1
No Overturns		1		1
E0781 -Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	2			2
Approved	2			2
No Overturns	2			2
E0784 -External ambulatory infusion pump, insulin	8			8
Approved	8			8
No Overturns	8			8
E0951 -Heel loop/holder, any type, with or without ankle strap, each	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
E0961 -Manual wheelchair accessory, wheel lock brake extension (handle), each	1			1
Approved	1			1
No Overturns	1			1
E0971 -Manual wheelchair accessory, antitipping device, each	1			1
Approved	1			1
No Overturns	1			1
E0973 -Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	1			1
Approved	1			1
No Overturns	1			1
E0978 -Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	1			1
Approved	1			1
No Overturns	1			1
E0990 -Wheelchair accessory, elevating legrest, complete assembly, each	1			1
Approved	1			1
No Overturns	1			1
E2102 -Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	8			8
Approved	8			8
No Overturns	8			8
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	1			1
Approved	1			1
No Overturns	1			1
E2601 -General use wheelchair seat cushion, width less than 22 in, any depth	1			1
Approved	1			1
No Overturns	1			1
E2611 -General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	1			1
Approved	1			1

	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
G0023 -Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities:		1		1
Not Med Necessary		1		1
No Overturns		1		1
G0024 -Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)		1		1
Not Med Necessary		1		1
No Overturns		1		1
G0068 -Professional services for the administration of antiinfective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes	1			1
Approved	1			1
No Overturns	1			1
G0088 -Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biologi	1			1
Approved	1			1
No Overturns	1			1
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
G0283 -Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	3			3
Approved	3			3
No Overturns	3			3
G0330 -Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	12			12
Approved	12			12
No Overturns	12			12



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
G0410 -Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes	2			2
Approved	2			2
No Overturns	2			2
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)	1			1
Approved	1			1
No Overturns	1			1
G6002 -Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	3			3
Approved	3			3
No Overturns	3			3
H0020 -Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	1			1
Approved	1			1
No Overturns	1			1
J0178 -Injection, aflibercept, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J0223 -Injection, givosiran, 0.5 mg	1			1
Approved	1			1
No Overturns	1			1
J0585 -Injection, onabotulinumtoxinA, 1 unit	3			3
Approved	3			3
No Overturns	3			3
J0696 -Injection, ceftriaxone sodium, per 250 mg	2			2
Approved	2			2
No Overturns	2			2
J0775 -Injection, collagenase, clostridium histolyticum, 0.01 mg	1			1
Approved	1			1
No Overturns	1			1
J0887 -Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	9			9
Approved	9			9



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	9			9
J1097 -Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	2			2
Approved	2			2
No Overturns	2			2
J1100 -Injection, dexamethasone sodium phosphate, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J1453 -Injection, fosaprepitant, 1 mg	3			3
Approved	3			3
No Overturns	3			3
J1557 -Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	1			1
Approved	1			1
No Overturns	1			1
J1559 -Injection, immune globulin (Hizentra), 100 mg	1			1
Approved	1			1
No Overturns	1			1
J1561 -Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg		1		1
Not Med Necessary		1		1
No Overturns		1		1
J1576 -Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	1			1
Approved	1			1
No Overturns	1			1
J1640 -Injection, hemin, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J1745 -Injection, infliximab, excludes biosimilar, 10 mg	3	2		5
Not Med Necessary		2		2
No Overturns		2		2
Approved	3			3
No Overturns	1			1
Yes Overturned	2			2
J1756 -Injection, iron sucrose, 1 mg	3			3



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	3			3
No Overturns	3			3
J2405 -Injection, ondansetron HCl, per 1 mg	6			6
Approved	6			6
No Overturns	6			6
J2785 -Injection, regadenoson, 0.1 mg	1			1
Approved	1			1
No Overturns	1			1
J2930 -Injection, methylprednisolone sodium succinate, up to 125 mg	1			1
Approved	1			1
No Overturns	1			1
J3490 -Unclassified drugs	2			2
Approved	2			2
No Overturns	2			2
J7354 -Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	2			2
Approved	2			2
No Overturns	2			2
J7512 -Prednisone, immediate release or delayed release, oral, 1 mg	2			2
Approved	2			2
No Overturns	2			2
J7999 -Compounded drug, not otherwise classified	1			1
Approved	1			1
No Overturns	1			1
J9045 -Injection, carboplatin, 50 mg	1			1
Approved	1			1
No Overturns	1			1
J9060 -Injection, cisplatin, powder or solution, 10 mg	2			2
Approved	2			2
No Overturns	2			2
J9070 -Cyclophosphamide, 100 mg	1			1
Approved	1			1
No Overturns	1			1
J9100 -Injection, cytarabine, 100 mg	4			4



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	4			4
No Overturns	4			4
J9173 -Injection, durvalumab, 10 mg	3			3
Approved	3			3
No Overturns	3			3
J9201 -Injection, gemcitabine HCl, not otherwise specified, 200 mg	3			3
Approved	3			3
No Overturns	3			3
J9217 -Leuprolide acetate (for depot suspension), 7.5 mg	1			1
Approved	1			1
No Overturns	1			1
J9228 -Injection, ipilimumab, 1 mg	2			2
Approved	2			2
No Overturns	2			2
J9229 -Injection, inotuzumab ozogamicin, 0.1 mg	3			3
Approved	3			3
No Overturns	3			3
J9260 -Methotrexate sodium, 50 mg	2			2
Approved	2			2
No Overturns	2			2
J9267 -Injection, paclitaxel, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J9271 -Injection, pembrolizumab, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J9299 -Injection, nivolumab, 1 mg	2			2
Approved	2			2
No Overturns	2			2
J9312 -Injection, rituximab, 10 mg	2			2
Approved	2			2
No Overturns	2			2
J9371 -Injection, vincristine sulfate liposome, 1 mg	1			1



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
K0005 -Ultralightweight wheelchair	1			1
Approved	1			1
No Overturns	1			1
K0108 -Wheelchair component or accessory, not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
L0180 -Cervical, multiple post collar, occipital/mandibular supports, adjustable	1			1
Approved	1			1
No Overturns	1			1
L0637 -Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressur	3			3
Approved	3			3
No Overturns	3			3
L1930 -Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	2			2
Approved	2			2
No Overturns	2			2
L1960 -Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	1			1
Approved	1			1
No Overturns	1			1
L2275 -Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	1			1
Approved	1			1
No Overturns	1			1
L2280 -Addition to lower extremity, molded inner boot	1			1
Approved	1			1
No Overturns	1			1
L8499 -Unlisted procedure for miscellaneous prosthetic services	1			1
Approved	1			1
No Overturns	1			1
L8500 -Artificial larynx, any type	1			1
Approved	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
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
L8606 -Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	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
L8694 -Auditory osseointegrated device, transducer/actuator, replacement only, each	1			1
Approved	1			1
No Overturns	1			1
Q3001 -Radioelements for brachytherapy, any type, each	4			4
Approved	4			4
No Overturns	4			4
Q4191 -Restorigin, per sq cm	1			1
Approved	1			1
No Overturns	1			1
Q4271 -Complete FT, per sq cm		1		1
Not a Covered Benefit		1		1
No Overturns		1		1
Q4281 -Barrera SL or Barrera DL, per sq cm	1			1
Approved	1			1

Approval and Denials with Overturns 2024

	Approved	Denied	Partially Approved	Grand Total
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	1			1
Approved	1			1
No Overturns	1			1
S0119 -Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	4			4
Approved	4			4
No Overturns	4			4
S2068 -BREAST RECON DIEP/SIEA FLAP UNI	1			1
Approved	1			1
No Overturns	1			1
S2095 -TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	5			5
Approved	5			5
No Overturns	5			5
S2900 -SURG TECH RQR USE ROBOTIC SURG SYS	1			1
Approved	1			1
No Overturns	1			1
S9338 -HOME INFUS TX IMMUOTHAPY; PER DIEM	2	1		3
Not Med Necessary		1		1
No Overturns		1		1
Approved	2			2
No Overturns	2			2
S9480 -INTENSIVE OP PSYC SERVICES PER DIEM	3		1	4
Approved	3		1	4
No Overturns	3		1	4
S9990 -SRVC PROV PART PHASE II CLIN TRIAL		1		1
Not a Covered Benefit		1		1
No Overturns		1		1
V2785 -Processing, preserving and transporting corneal tissue	1			1
Approved	1			1
No Overturns	1			1
V5257 -Hearing aid, digital, monaural, BTE	1			1
Approved	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
V5261 -Hearing aid, digital, binaural, BTE	1			1
Approved	1			1
No Overturns	1			1
Home Health Care	4			4
Approved	4			4
No Overturns	4			4
Hospital Inpatient Care - Mental Health	108	2	44	154
Not Med Necessary		2	4	6
No Overturns		2	4	6
Benefit Limits Met	1			1
No Overturns	1			1
Approved	107		40	147
No Overturns	107		40	147
Hospital Inpatient Care - Residential Treatment (RTC)	9	1	3	13
Benefit Limits Met		1		1
No Overturns		1		1
Approved	9		3	12
No Overturns	9		3	12
Hospital Inpatient Rehabilitation	3			3
Approved	3			3
No Overturns	3			3
Hospital Inpatient Services	554	75	3	632
Not Med Necessary	2	45		47
No Overturns	2	45		47
Benefit Limits Met	1			1
No Overturns	1			1
Approved	551	30	3	584
No Overturns	551	30	3	584
Hospital Inpatient Substance Abuse Detox R&B	8		3	11
Approved	8		3	11
No Overturns	8		3	11
Hospital OP - Mental/Nervous-Individual	1			1



Approval and Denials with Overturns 2024



	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
Hospital Partial Hospitalization Mental/Nervous	19	4		23
Not Med Necessary		4		4
No Overturns		4		4
Approved	19			19
No Overturns	19			19
Hospital Partial Hospitalization. Substance Abuse	3		3	6
Approved	3		3	6
No Overturns	3		3	6
Observation Service	166			166
Benefit Limits Met	1			1
No Overturns	1			1
Approved	165			165
No Overturns	165			165
Office Visit - Chemotherapy Administration	3	1		4
Not a Covered Benefit		1		1
No Overturns		1		1
Approved	3			3
No Overturns	3			3
Office Visit - Mental Health	2			2
Approved	2			2
No Overturns	2			2
Office Visit - Specialist	4			4
Approved	4			4
No Overturns	4			4
Outpatient Dialysis Services	13			13
Approved	13			13
No Overturns	13			13
Skilled Nursing Facility	1			1
Approved	1			1
No Overturns	1			1
Grand Total	7240	111	60	7411