

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
00170 -Anesthesia for intraoral procedures, including biopsy; not otherwise specified	24			24
Ambulatory Surgical	2			2
General Acute Care Hospital	22			22
00880 -Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01270 -Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01440 -Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01500 -Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01916 -Anesthesia for diagnostic arteriography/venography	1			1
Nurse Anesthetist, Certified Registered	1			1
01924 -Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01926 -Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	1			1
Nurse Anesthetist, Certified Registered	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
Clinical Medical Laboratory	1			1
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
Clinical Medical Laboratory	1			1
10005 -Fine needle aspiration biopsy, including ultrasound guidance; first lesion	1			1
General Acute Care Hospital	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
General Acute Care Hospital	2			2
11042 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	11			11
Foot & Ankle Surgery	1			1
General Acute Care Hospital	10			10
11043 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	4			4
Foot & Ankle Surgery	1			1
General Acute Care Hospital	3			3
11044 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4			4
Foot & Ankle Surgery	1			1
General Acute Care Hospital	3			3
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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
11721 -Debridement of nail(s) by any method(s); 6 or more	1			1

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General Acute Care Hospital	1			1
11900 -Injection, intralesional; up to and including 7 lesions	2			2
General Acute Care Hospital	2			2
13101 -Repair, complex, trunk; 2.6 cm to 7.5 cm	1			1
Ambulatory Surgical	1			1
13120 -Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	1			1
General Acute Care Hospital	1			1
14000 -Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	2			2
General Acute Care Hospital	2			2
14001 -Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	3			3
Ambulatory Surgical	1			1
General Acute Care Hospital	2			2
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
General Acute Care Hospital	2			2
14301 -Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	1			1
Ambulatory Surgical	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
Ambulatory Surgical	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
General Acute Care Hospital	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
General Acute Care Hospital	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
Ambulatory Surgical	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
Ambulatory Surgical	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
Family	1			1
General Acute Care Hospital	1			1
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
Family	1			1

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General Acute Care Hospital	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
15757 -Free skin flap with microvascular anastomosis	1			1
General Acute Care Hospital	1			1
15769 -Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1			1
General Acute Care Hospital	1			1
15770 -Graft; derma-fat-fascia	1			1
General Acute Care Hospital	1			1
15823 -Blepharoplasty, upper eyelid; with excessive skin weighting down lid	2			2
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
16020 -Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	2			2
General Acute Care Hospital	2			2
17106 -Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	2			2
General Acute Care Hospital	2			2
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
General Acute Care Hospital	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
General Acute Care Hospital	8			8
17250 -Chemical cauterization of granulation tissue (ie, proud flesh)	2			2
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
Ambulatory Surgical	1			1
19301 -Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	4			4
Ambulatory Surgical	1			1
General Acute Care Hospital	3			3
19303 -Mastectomy, simple, complete	2			2
General Acute Care Hospital	2			2
19357 -Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	1			1
General Acute Care Hospital	1			1
19371 -Periprosthetic capsulectomy, breast	1			1

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General Acute Care Hospital	1			1
19380 -Revision of reconstructed breast	1			1
General Acute Care Hospital	1			1
20205 -Biopsy, muscle; deep	1			1
General Acute Care Hospital	1			1
20610 -Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	1			1
General Acute Care Hospital	1			1
20660 -Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	1			1
General Acute Care Hospital	1			1
20670 -Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	2			2
General Acute Care Hospital	2			2
20680 -Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1			1
General Acute Care Hospital	1			1
20694 -Removal, under anesthesia, of external fixation system	1			1
General Acute Care Hospital	1			1
20920 -Fascia lata graft; by stripper	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
21089 -Unlisted maxillofacial prosthetic procedure	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	2			2
22554 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	1			1
General Acute Care Hospital	1			1
22558 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	1			1

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General Acute Care Hospital	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
General Acute Care Hospital	2			2
22610 -Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	1			1
General Acute Care Hospital	1			1
22612 -Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
22802 -Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	1			1
General Acute Care Hospital	1			1
22830 -Exploration of spinal fusion	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
22845 -Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	2			2
General Acute Care Hospital	2			2
22846 -Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
22855 -Removal of anterior instrumentation	1			1
General Acute Care Hospital	1			1
23474 -Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	1			1
General Acute Care Hospital	1			1

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24579 -Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	2			2
General Acute Care Hospital	2			2
24582 -Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	2			2
General Acute Care Hospital	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
Orthopaedic Surgery	1			1
25071 -Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	2			2
General Acute Care Hospital	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
General Acute Care Hospital	2			2
26727 -Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	3			3
General Acute Care Hospital	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
General Acute Care Hospital	1			1
27280 -Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	1			1
General Acute Care Hospital	1			1
27466 -Osteoplasty, femur; lengthening	1			1
Hand Surgery	1			1
27487 -Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
27641 -Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	1			1
General Acute Care Hospital	1			1
27658 -Repair, flexor tendon, leg; primary, without graft, each tendon	1			1
General Acute Care Hospital	1			1
27659 -Repair, flexor tendon, leg; secondary, with or without graft, each tendon	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
27880 -Amputation, leg, through tibia and fibula;	1			1
General Acute Care Hospital	1			1
27899 -Unlisted procedure, leg or ankle	1			1
General Acute Care Hospital	1			1
28238 -Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	1			1
General Acute Care Hospital	1			1

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28270 -Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	1			1
General Acute Care Hospital	1			1
28285 -Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	1			1
General Acute Care Hospital	1			1
28286 -Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	1			1
General Acute Care Hospital	1			1
28291 -Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	1			1
(blank)	1			1
28296 -Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	1			1
General Acute Care Hospital	1			1
28297 -Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	1			1
General Acute Care Hospital	1			1
28298 -Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	1			1
General Acute Care Hospital	1			1
28299 -Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	1			1
General Acute Care Hospital	1			1
28308 -Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	1			1
General Acute Care Hospital	1			1
28730 -Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	1			1
General Acute Care Hospital	1			1
28825 -Amputation, toe; interphalangeal joint	1			1
(blank)	1			1
29075 -Application, cast; elbow to finger (short arm)	2			2
General Acute Care Hospital	2			2
29105 -Application of long arm splint (shoulder to hand)	2			2
General Acute Care Hospital	2			2
29125 -Application of short arm splint (forearm to hand); static	2			2
General Acute Care Hospital	2			2
29580 -Strapping; Unna boot	6			6
General Acute Care Hospital	6			6
29581 -Application of multi-layer compression system; leg (below knee), including ankle and foot	8			8
General Acute Care Hospital	6			6
Multi-Specialty	1			1
Occupational Therapist	1			1
29584 -Application of multi-layer compression system; upper arm, forearm, hand, and fingers	1			1
Multi-Specialty	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
General Acute Care Hospital	1			1
29882 -Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	4			4
General Acute Care Hospital	4			4
29888 -Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	4			4
General Acute Care Hospital	4			4

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30140 -Submucous resection inferior turbinate, partial or complete, any method	3			3
General Acute Care Hospital	3			3
30465 -Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	1			1
General Acute Care Hospital	1			1
30520 -Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	3			3
General Acute Care Hospital	3			3
31526 -Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	1			1
General Acute Care Hospital	1			1
31528 -Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	1			1
General Acute Care Hospital	1			1
31535 -Laryngoscopy, direct, operative, with biopsy;	1			1
General Acute Care Hospital	1			1
31536 -Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	2			2
General Acute Care Hospital	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
General Acute Care Hospital	1			1
31571 -Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	1			1
General Acute Care Hospital	1			1
31575 -Laryngoscopy, flexible; diagnostic	1			1
Otolaryngology	1			1
31600 -Tracheostomy, planned (separate procedure);	1			1
General Acute Care Hospital	1			1
31622 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	2			2
General Acute Care Hospital	2			2
31628 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	1			1
General Acute Care Hospital	1			1
31652 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	1			1
General Acute Care Hospital	1			1
32408 -Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	1			1
General Acute Care Hospital	1			1
32997 -Total lung lavage (unilateral)	2			2
General Acute Care Hospital	2			2
33902 -Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	2			2
General Acute Care Hospital	2			2
33945 -Heart transplant, with or without recipient cardiectomy	1			1
General Acute Care Hospital	1			1
35206 -Repair blood vessel, direct; upper extremity	1			1
General Acute Care Hospital	1			1
35701 -Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	2			2
General Acute Care Hospital	2			2
36011 -Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	1			1
Ambulatory Surgical	1			1
36012 -Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	1			1

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Ambulatory Surgical	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
36245 -Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4			4
General Acute Care Hospital	4			4
36246 -Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	3			3
General Acute Care Hospital	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
Ambulatory Surgical	1			1
General Acute Care Hospital	6			6
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
General Acute Care Hospital	2			2
36415 -Collection of venous blood by venipuncture	6			6
General Acute Care Hospital	6			6
36430 -Transfusion, blood or blood components	1			1
General Acute Care Hospital	1			1
36475 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	1			1
Cardiovascular Disease	1			1
36561 -Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	3			3
General Acute Care Hospital	3			3
36582 -Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	2			2
Gastroenterology	1			1
General Acute Care Hospital	1			1
36589 -Removal of tunneled central venous catheter, without subcutaneous port or pump	1			1
General Acute Care Hospital	1			1
36590 -Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	4			4
Ambulatory Surgical	1			1
Gastroenterology	1			1
General Acute Care Hospital	2			2
36597 -Repositioning of previously placed central venous catheter under fluoroscopic guidance	1			1
General Acute Care Hospital	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
General Acute Care Hospital	6			6

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	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
General Acute Care Hospital	2			2
38204 -Management of recipient hematopoietic progenitor cell donor search and cell acquisition	1			1
General Acute Care Hospital	1			1
38220 -Diagnostic bone marrow; aspiration(s)	3			3
General Acute Care Hospital	3			3
38221 -Diagnostic bone marrow; biopsy(ies)	5			5
General Acute Care Hospital	5			5
38222 -Diagnostic bone marrow; biopsy(ies) and aspiration(s)	5			5
General Acute Care Hospital	5			5
38241 -Hematopoietic progenitor cell (HPC); autologous transplantation	1			1
General Acute Care Hospital	1			1
38510 -Biopsy or excision of lymph node(s); open, deep cervical node(s)	1			1
Ambulatory Surgical	1			1
38525 -Biopsy or excision of lymph node(s); open, deep axillary node(s)	3			3
Ambulatory Surgical	1			1
General Acute Care Hospital	2			2
38570 -Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	2			2
General Acute Care Hospital	2			2
38571 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	3			3
General Acute Care Hospital	3			3
38572 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	2			2
General Acute Care Hospital	2			2
38724 -Cervical lymphadenectomy (modified radical neck dissection)	5			5
Ambulatory Surgical	1			1
General Acute Care Hospital	3			3
Otolaryngology	1			1
38745 -Axillary lymphadenectomy; complete	3			3
General Acute Care Hospital	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
General Acute Care Hospital	2			2
38780 -Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	1			1
General Acute Care Hospital	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
Ambulatory Surgical	1			1
General Acute Care Hospital	4			4
41010 -Incision of lingual frenum (frenotomy)	2			2
General Acute Care Hospital	2			2

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
41120 -Glossectomy; less than one-half tongue	1			1
General Acute Care Hospital	1			1
41520 -Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	2			2
General Acute Care Hospital	2			2
41899 -Unlisted procedure, dentoalveolar structures	24			24
Ambulatory Surgical	1			1
General Acute Care Hospital	23			23
42200 -Palatoplasty for cleft palate, soft and/or hard palate only	2			2
General Acute Care Hospital	2			2
42210 -Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	1			1
General Acute Care Hospital	1			1
42215 -Palatoplasty for cleft palate; major revision	2			2
General Acute Care Hospital	2			2
42225 -Palatoplasty for cleft palate; attachment pharyngeal flap	1			1
General Acute Care Hospital	1			1
42415 -Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	1			1
General Acute Care Hospital	1			1
42820 -Tonsillectomy and adenoidectomy; younger than age 12	16			16
General Acute Care Hospital	16			16
42821 -Tonsillectomy and adenoidectomy; age 12 or over	2			2
General Acute Care Hospital	2			2
42830 -Adenoidectomy, primary; younger than age 12	10			10
General Acute Care Hospital	10			10
42890 -Limited pharyngectomy	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
43191 -Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	1			1
General Acute Care Hospital	1			1
43235 -Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	9			9
Ambulatory Surgical	1			1
General Acute Care Hospital	8			8
43239 -Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	5			5
General Acute Care Hospital	5			5
43244 -Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	1			1
General Acute Care Hospital	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
General Acute Care Hospital	2			2
43264 -Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	1			1
General Acute Care Hospital	1			1
43275 -Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
43499 -Unlisted procedure, esophagus	1			1
Gastroenterology	1			1
43774 -Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	1			1
General Acute Care Hospital	1			1
44005 -Enterolysis (freeing of intestinal adhesion) (separate procedure)	1			1
General Acute Care Hospital	1			1
44120 -Enterectomy, resection of small intestine; single resection and anastomosis	1			1
General Acute Care Hospital	1			1
44140 -Colectomy, partial; with anastomosis	1			1
General Acute Care Hospital	1			1
44145 -Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	2			2
General Acute Care Hospital	2			2
44146 -Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	1			1
General Acute Care Hospital	1			1
44180 -Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	1			1
General Acute Care Hospital	1			1
44205 -Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	1			1
General Acute Care Hospital	1			1
44207 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	1			1
General Acute Care Hospital	1			1
44208 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	1			1
General Acute Care Hospital	1			1
44300 -Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	1			1
General Acute Care Hospital	1			1
44310 -Ileostomy or jejunostomy, non-tube	1			1
General Acute Care Hospital	1			1
44314 -Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	1			1
General Acute Care Hospital	1			1
45330 -Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1			1
General Acute Care Hospital	1			1
45331 -Sigmoidoscopy, flexible; with biopsy, single or multiple	1			1
General Acute Care Hospital	1			1
45378 -Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	4			4
Ambulatory Surgical	1			1
Gastroenterology	1			1
General Acute Care Hospital	2			2
45380 -Colonoscopy, flexible; with biopsy, single or multiple	10			10
Ambulatory Surgical	1			1
General Acute Care Hospital	9			9
45381 -Colonoscopy, flexible; with directed submucosal injection(s), any substance	1			1
Ambulatory Surgical	1			1
45385 -Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2			2
Ambulatory Surgical	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
45390 -Colonoscopy, flexible; with endoscopic mucosal resection	2			2
General Acute Care Hospital	2			2
45400 -Laparoscopy, surgical; proctopexy (for prolapse)	1			1
General Acute Care Hospital	1			1
45505 -Proctoplasty; for prolapse of mucous membrane	4			4
General Acute Care Hospital	4			4
45540 -Proctopexy (eg, for prolapse); abdominal approach	1			1
General Acute Care Hospital	1			1
45541 -Proctopexy (eg, for prolapse); perineal approach	1			1
General Acute Care Hospital	1			1
45560 -Repair of rectocele (separate procedure)	1			1
General Acute Care Hospital	1			1
45990 -Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	2			2
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
46020 -Placement of seton	1			1
General Acute Care Hospital	1			1
46200 -Fissurectomy, including sphincterotomy, when performed	2			2
General Acute Care Hospital	2			2
46221 -Hemorrhoidectomy, internal, by rubber band ligation(s)	1			1
Ambulatory Surgical	1			1
46230 -Excision of multiple external papillae or tags, anus	1			1
General Acute Care Hospital	1			1
46255 -Hemorrhoidectomy, internal and external, single column/group;	3			3
General Acute Care Hospital	3			3
46260 -Hemorrhoidectomy, internal and external, 2 or more columns/groups;	1			1
General Acute Care Hospital	1			1
46270 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	2			2
General Acute Care Hospital	2			2
46280 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	1			1
General Acute Care Hospital	1			1
46505 -Chemodenervation of internal anal sphincter	1			1
General Acute Care Hospital	1			1
46946 -Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	4			4
General Acute Care Hospital	4			4
47000 -Biopsy of liver, needle; percutaneous	2			2
General Acute Care Hospital	2			2
47120 -Hepatectomy, resection of liver; partial lobectomy	3			3
General Acute Care Hospital	3			3
47122 -Hepatectomy, resection of liver; trisegmentectomy	1			1
General Acute Care Hospital	1			1
47135 -Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
47360 -Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	1			1
General Acute Care Hospital	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
General Acute Care Hospital	4			4
47562 -Laparoscopy, surgical; cholecystectomy	1			1
General Acute Care Hospital	1			1
47600 -Cholecystectomy;	2			2
General Acute Care Hospital	2			2
47711 -Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	1			1
General Acute Care Hospital	1			1
48150 -Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	1			1
General Acute Care Hospital	1			1
48152 -Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	1			1
General Acute Care Hospital	1			1
49000 -Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	3			3
General Acute Care Hospital	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
General Acute Care Hospital	1			1
49320 -Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	2			2
General Acute Care Hospital	2			2
49325 -Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	1			1
General Acute Care Hospital	1			1
49402 -Removal of peritoneal foreign body from peritoneal cavity	1			1
General Acute Care Hospital	1			1
49421 -Insertion of tunneled intraperitoneal catheter for dialysis, open	2			2
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
50220 -Nephrectomy, including partial ureterectomy, any open approach including rib resection;	1			1
General Acute Care Hospital	1			1
50230 -Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	2			2
General Acute Care Hospital	2			2

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
50360 -Renal allotransplantation, implantation of graft; without recipient nephrectomy	4			4
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
50546 -Laparoscopy, surgical; nephrectomy, including partial ureterectomy	1			1
General Acute Care Hospital	1			1
51600 -Injection procedure for cystography or voiding urethrocystography	2			2
General Acute Care Hospital	2			2
51715 -Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	1			1
Female Pelvic Medicine and Reconstructive Surgery	1			1
51741 -Complex uroflowmetry (eg, calibrated electronic equipment)	8			8
General Acute Care Hospital	8			8
51784 -Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	9			9
General Acute Care Hospital	9			9
51798 -Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	9			9
Female Pelvic Medicine and Reconstructive Surgery	1			1
General Acute Care Hospital	8			8
52000 -Cystourethroscopy (separate procedure)	6			6
Ambulatory Surgical	1			1
Female Pelvic Medicine and Reconstructive Surgery	2			2
General Acute Care Hospital	2			2
Urology	1			1
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
General Acute Care Hospital	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
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
52240 -Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	1			1
General Acute Care Hospital	1			1
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
General Acute Care Hospital	2			2
52287 -Cystourethroscopy, with injection(s) for chemodenervation of the bladder	2			2
Ambulatory Surgical	2			2
52310 -Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	3			3
General Acute Care Hospital	3			3
52325 -Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	1			1
General Acute Care Hospital	1			1
52330 -Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
52332 -Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2			2
General Acute Care Hospital	2			2
52344 -Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	1			1
General Acute Care Hospital	1			1
52345 -Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1			1
General Acute Care Hospital	1			1
52351 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	1			1
General Acute Care Hospital	1			1
52353 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1			1
General Acute Care Hospital	1			1
52354 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	1			1
General Acute Care Hospital	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
General Acute Care Hospital	2			2
53660 -Dilation of female urethra including suppository and/or instillation; initial	2			2
General Acute Care Hospital	2			2
54161 -Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	4			4
General Acute Care Hospital	4			4
54405 -Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	1			1
General Acute Care Hospital	1			1
54640 -Orchiopexy, inguinal approach, with or without hernia repair	2			2
General Acute Care Hospital	2			2
54650 -Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	2			2
General Acute Care Hospital	2			2
54692 -Laparoscopy, surgical; orchiopexy for intra-abdominal testis	2			2
General Acute Care Hospital	2			2
55060 -Repair of tunica vaginalis hydrocele (Bottle type)	1			1
General Acute Care Hospital	1			1
55700 -Biopsy, prostate; needle or punch, single or multiple, any approach	1			1
General Acute Care Hospital	1			1
55866 -Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	2			2
General Acute Care Hospital	2			2
56620 -Vulvectomy simple; partial	1			1
General Acute Care Hospital	1			1
56810 -Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	1			1
General Acute Care Hospital	1			1
57288 -Sling operation for stress incontinence (eg, fascia or synthetic)	1			1
General Acute Care Hospital	1			1
57410 -Pelvic examination under anesthesia (other than local)	1			1
Ambulatory Surgical	1			1
57425 -Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
57454 -Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	1			1
Ambulatory Surgical	1			1
58180 -Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
58555 -Hysteroscopy, diagnostic (separate procedure)	1			1
Ambulatory Surgical	1			1
58558 -Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	1			1
Ambulatory Surgical	1			1
58563 -Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
58662 -Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
58956 -Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	1			1
General Acute Care Hospital	1			1
59000 -Amniocentesis; diagnostic	7			7
General Acute Care Hospital	1			1
Pediatrics	6			6
59015 -Chorionic villus sampling, any method	1			1
General Acute Care Hospital	1			1
59074 -Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	1			1
General Acute Care Hospital	1			1
59076 -Fetal shunt placement, including ultrasound guidance	1			1
General Acute Care Hospital	1			1
59820 -Treatment of missed abortion, completed surgically; first trimester	1			1
Ambulatory Surgical	1			1
60500 -Parathyroidectomy or exploration of parathyroid(s);	1			1
Ambulatory Surgical	1			1
60699 -Unlisted procedure, endocrine system	1			1
Ambulatory Surgical	1			1
61140 -Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	1			1
General Acute Care Hospital	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

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
61512 -Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	1			1
General Acute Care Hospital	1			1
61580 -Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
61750 -Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
61781 -Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	2			2
General Acute Care Hospital	2			2
61782 -Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	1			1
61800 -Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
62164 -Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	1			1
General Acute Care Hospital	1			1
62270 -Spinal puncture, lumbar, diagnostic	1			1
General Acute Care Hospital	1			1
62272 -Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
Anesthesiology	1			1

Indications Offered by Provider 2024

	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
General Acute Care Hospital	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
Family	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
63286 -Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	1			1
General Acute Care Hospital	1			1
63650 -Percutaneous implantation of neurostimulator electrode array, epidural	1			1
Ambulatory Surgical	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
Ambulatory Surgical	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
Ambulatory Surgical	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
Ambulatory Surgical	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
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	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
Interventional Pain Medicine	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
Interventional Pain Medicine	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
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
Interventional Pain Medicine	1			1
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
Ambulatory Surgical	1			1
64561 -Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	1			1
Ambulatory Surgical	1			1
64628 -Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	1			1
General Acute Care Hospital	1			1
65175 -Removal of ocular implant	1			1
General Acute Care Hospital	1			1
65426 -Excision or transposition of pterygium; with graft	1			1
General Acute Care Hospital	1			1
65730 -Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	2			2
General Acute Care Hospital	2			2
65855 -Trabeculoplasty by laser surgery	3			3
Ambulatory Surgical	3			3
66174 -Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	1			1
Ambulatory Surgical	1			1
66180 -Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	2			2
Ambulatory Surgical	2			2
66183 -Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	1			1
Ambulatory Surgical	1			1
66250 -Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	1			1
Ambulatory Surgical	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
Ambulatory Surgical	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
Ambulatory Surgical	8			8
General Acute Care Hospital	1			1
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

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Ambulatory Surgical	16			16
General Acute Care Hospital	1			1
67028 -Intravitreal injection of a pharmacologic agent (separate procedure)	1			1
Ophthalmology	1			1
67036 -Vitrectomy, mechanical, pars plana approach;	1			1
Ambulatory Surgical	1			1
67039 -Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	1			1
Ambulatory Surgical	1			1
67040 -Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	4			4
Ambulatory Surgical	4			4
67041 -Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	2			2
Ambulatory Surgical	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
Ambulatory Surgical	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
Ambulatory Surgical	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
Ambulatory Surgical	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
Ambulatory Surgical	2			2
67228 -Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	2			2
Ambulatory Surgical	2			2
67314 -Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	1			1
General Acute Care Hospital	1			1
67318 -Strabismus surgery, any procedure, superior oblique muscle	1			1
General Acute Care Hospital	1			1
67875 -Temporary closure of eyelids by suture (eg, Frost suture)	2			2
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
67900 -Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	2			2
General Acute Care Hospital	2			2
67904 -Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	1			1
General Acute Care Hospital	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
Ambulatory Surgical	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
Ambulatory Surgical	1			1
69436 -Tympanostomy (requiring insertion of ventilating tube), general anesthesia	14			14
General Acute Care Hospital	14			14

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
69535 -Resection temporal bone, external approach	1			1
General Acute Care Hospital	1			1
69646 -Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	1			1
General Acute Care Hospital	1			1
69990 -Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	4			4
General Acute Care Hospital	4			4
70100 -Radiologic examination, mandible; partial, less than 4 views	3			3
Geriatric Medicine	3			3
70160 -Radiologic examination, nasal bones, complete, minimum of 3 views	4			4
General Acute Care Hospital	4			4
70250 -Radiologic examination, skull; less than 4 views	4			4
General Acute Care Hospital	4			4
70310 -Radiologic examination, teeth; partial examination, less than full mouth	3			3
Geriatric Medicine	3			3
70450 -Computed tomography, head or brain; without contrast material	1			1
General Acute Care Hospital	1			1
70460 -Computed tomography, head or brain; with contrast material(s)	1			1
General Acute Care Hospital	1			1
70486 -Computed tomography, maxillofacial area; without contrast material	1			1
Otolaryngology	1			1
70491 -Computed tomography, soft tissue neck; with contrast material(s)	2			2
General Acute Care Hospital	2			2
70496 -Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1			1
General Acute Care Hospital	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
General Acute Care Hospital	2			2
70551 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	2			2
General Acute Care Hospital	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
General Acute Care Hospital	20			20
71020 -Radiologic examination, chest, 2 views, frontal and lateral;	1			1
General Acute Care Hospital	1			1
71045 -Radiologic examination, chest; single view	4			4
Critical Care Medicine	1			1
Geriatric Medicine	3			3
71046 -Radiologic examination, chest; 2 views	13			13
Critical Care Medicine	1			1
General Acute Care Hospital	12			12
71047 -Radiologic examination, chest; 3 views	1			1
Critical Care Medicine	1			1
71250 -Computed tomography, thorax; without contrast material	11			11

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	11			11
71260 -Computed tomography, thorax; with contrast material(s)	23			23
General Acute Care Hospital	21			21
Physician Assistant	1			1
Surgical Oncology	1			1
71270 -Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	3			3
General Acute Care Hospital	3			3
71271 -Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1			1
General Acute Care Hospital	1			1
71555 -Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	1			1
General Acute Care Hospital	1			1
72040 -Radiologic examination, spine, cervical; 2 or 3 views	3			3
Geriatric Medicine	3			3
72052 -Radiologic examination, spine, cervical; 6 or more views	6			6
Orthopaedic Surgery	6			6
72072 -Radiologic examination, spine; thoracic, 3 views	2			2
General Acute Care Hospital	2			2
72114 -Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	11			11
Orthopaedic Surgery	11			11
72141 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	4			4
General Acute Care Hospital	4			4
72146 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	2			2
General Acute Care Hospital	2			2
72148 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	5			5
General Acute Care Hospital	4			4
Physiological Laboratory	1			1
72156 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	3			3
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	3			3
72192 -Computed tomography, pelvis; without contrast material	1			1
General Acute Care Hospital	1			1
72193 -Computed tomography, pelvis; with contrast material(s)	1			1
General Acute Care Hospital	1			1
72194 -Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	1			1
General Acute Care Hospital	1			1
72197 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	4			4
Diagnostic Radiology	3			3
Radiology	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
73030 -Radiologic examination, shoulder; complete, minimum of 2 views	2			2
General Acute Care Hospital	2			2
73070 -Radiologic examination, elbow; 2 views	2			2
General Acute Care Hospital	2			2
73090 -Radiologic examination; forearm, 2 views	1			1
Orthopaedic Surgery	1			1
73110 -Radiologic examination, wrist; complete, minimum of 3 views	4			4
General Acute Care Hospital	4			4
73130 -Radiologic examination, hand; minimum of 3 views	6			6
General Acute Care Hospital	6			6
73140 -Radiologic examination, finger(s), minimum of 2 views	4			4
General Acute Care Hospital	4			4
73560 -Radiologic examination, knee; 1 or 2 views	2			2
General Acute Care Hospital	2			2
73610 -Radiologic examination, ankle; complete, minimum of 3 views	7			7
General Acute Care Hospital	6			6
Orthopaedic Trauma	1			1
73630 -Radiologic examination, foot; complete, minimum of 3 views	5			5
Foot & Ankle Surgery	1			1
General Acute Care Hospital	4			4
73700 -Computed tomography, lower extremity; without contrast material	1			1
General Acute Care Hospital	1			1
73718 -Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	1			1
Orthopaedic Trauma	1			1
73721 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	3			3
General Acute Care Hospital	2			2
Orthopaedic Trauma	1			1
74018 -Radiologic examination, abdomen; 1 view	10			10
General Acute Care Hospital	10			10
74021 -Radiologic examination, abdomen; 3 or more views	2			2
General Acute Care Hospital	2			2
74160 -Computed tomography, abdomen; with contrast material(s)	1			1
General Acute Care Hospital	1			1
74170 -Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	7			7
General Acute Care Hospital	6			6
Radiology	1			1
74176 -Computed tomography, abdomen and pelvis; without contrast material	5			5
General Acute Care Hospital	5			5
74177 -Computed tomography, abdomen and pelvis; with contrast material(s)	15			15
General Acute Care Hospital	14			14
Physician Assistant	1			1
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
General Acute Care Hospital	8			8

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
74181 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	1			1
General Acute Care Hospital	1			1
74183 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	10			10
General Acute Care Hospital	9			9
Surgery	1			1
74230 -Swallowing function, with cineradiography/videoradiography	3			3
Geriatric Medicine	3			3
74240 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB	10			10
General Acute Care Hospital	7			7
Geriatric Medicine	3			3
74270 -Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	2			2
General Acute Care Hospital	2			2
74300 -Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	1			1
General Acute Care Hospital	1			1
74455 -Urethrocytography, voiding, radiological supervision and interpretation	5			5
General Acute Care Hospital	5			5
74712 -Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	3			3
General Acute Care Hospital	3			3
75557 -Cardiac magnetic resonance imaging for morphology and function without contrast material;	1			1
General Acute Care Hospital	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
General Acute Care Hospital	5			5
75565 -Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	3			3
General Acute Care Hospital	3			3
75571 -Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	1			1
General Acute Care Hospital	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	4			4
75625 -Aortography, abdominal, by serialography, radiological supervision and interpretation	1			1
Ambulatory Surgical	1			1
75726 -Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	6			6
General Acute Care Hospital	6			6
75736 -Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	1			1
Ambulatory Surgical	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

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	5			5
75827 -Venography, caval, superior, with serialography, radiological supervision and interpretation	1			1
General Acute Care Hospital	1			1
75894 -Transcatheter therapy, embolization, any method, radiological supervision and interpretation	1			1
General Acute Care Hospital	1			1
76000 -Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	7			7
General Acute Care Hospital	7			7
76098 -Radiological examination, surgical specimen	3			3
General Acute Care Hospital	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
General Acute Care Hospital	1			1
76380 -Computed tomography, limited or localized follow-up study	1			1
Radiology	1			1
76391 -Magnetic resonance (eg, vibration) elastography	2			2
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
76512 -Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	1			1
General Acute Care Hospital	1			1
76536 -Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	1			1
Endocrinology, Diabetes & Metabolism	1			1
76604 -Ultrasound, chest (includes mediastinum), real time with image documentation	6			6
General Acute Care Hospital	6			6
76641 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	4			4
General Acute Care Hospital	4			4
76642 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	2			2
General Acute Care Hospital	2			2
76645 -ULTRASOUND BREASTS UNILATERAL OR BILATERAL REAL TIME W	2			2
General Acute Care Hospital	2			2
76700 -Ultrasound, abdominal, real time with image documentation; complete	13			13
Gastroenterology	4			4
General Acute Care Hospital	9			9
76705 -Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	12			12
General Acute Care Hospital	12			12
76770 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	13	2		15
General Acute Care Hospital	13	2		15
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
Maternal & Fetal Medicine	1			1
Pediatrics	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
Maternal & Fetal Medicine	1			1
Pediatrics	13			13

Indications Offered by Provider 2024

	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
General Acute Care Hospital	5			5
Maternal & Fetal Medicine	2			2
Pediatrics	29			29
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
Pediatrics	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
Maternal & Fetal Medicine	1			1
Pediatrics	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
General Acute Care Hospital	7			7
Pediatrics	65			65
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
General Acute Care Hospital	8			8
Maternal & Fetal Medicine	2			2
Pediatrics	81			81
76817 -Ultrasound, pregnant uterus, real time with image documentation, transvaginal	19			19
General Acute Care Hospital	3			3
Pediatrics	16			16
76819 -Fetal biophysical profile; without non-stress testing	116			116
General Acute Care Hospital	16			16
Maternal & Fetal Medicine	3			3
Pediatrics	97			97
76820 -Doppler velocimetry, fetal; umbilical artery	31			31
General Acute Care Hospital	5			5
Maternal & Fetal Medicine	1			1
Pediatrics	25			25
76821 -Doppler velocimetry, fetal; middle cerebral artery	28			28
General Acute Care Hospital	5			5
Pediatrics	23			23
76825 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	17			17
General Acute Care Hospital	13			13
Maternal & Fetal Medicine	1			1
Pediatrics	3			3
76826 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	5			5
General Acute Care Hospital	5			5
76827 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	14			14
General Acute Care Hospital	13			13

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Maternal & Fetal Medicine	1			1
76828 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	1			1
General Acute Care Hospital	1			1
76856 -Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	8			8
General Acute Care Hospital	8			8
76870 -Ultrasound, scrotum and contents	7			7
General Acute Care Hospital	7			7
76872 -Ultrasound, transrectal;	1			1
General Acute Care Hospital	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
General Acute Care Hospital	8			8
Medical Oncology	1			1
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
General Acute Care Hospital	2			2
76942 -Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	1			1
General Acute Care Hospital	1			1
76945 -Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	2			2
General Acute Care Hospital	1			1
Pediatrics	1			1
76946 -Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	5			5
General Acute Care Hospital	1			1
Pediatrics	4			4
76981 -Ultrasound, elastography; parenchyma (eg, organ)	8			8
Gastroenterology	4			4
General Acute Care Hospital	4			4
76998 -Ultrasonic guidance, intraoperative	6			6
Ambulatory Surgical	1			1
General Acute Care Hospital	5			5
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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
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
General Acute Care Hospital	1			1
77012 -Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	4			4
General Acute Care Hospital	4			4
77014 -Computed tomography guidance for placement of radiation therapy fields	3			3
General Acute Care Hospital	3			3

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
77032 -MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST	1			1
General Acute Care Hospital	1			1
77063 -Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	1			1
77066 -Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	1			1
General Acute Care Hospital	1			1
77067 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	5			5
General Acute Care Hospital	5			5
77075 -Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	3			3
General Acute Care Hospital	3			3
77080 -Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	2			2
General Acute Care Hospital	2			2
77261 -Therapeutic radiology treatment planning; simple	1			1
Radiology	1			1
77263 -Therapeutic radiology treatment planning; complex	6			6
General Acute Care Hospital	6			6
77280 -Therapeutic radiology simulation-aided field setting; simple	2			2
General Acute Care Hospital	2			2
77290 -Therapeutic radiology simulation-aided field setting; complex	1			1
General Acute Care Hospital	1			1
77293 -Respiratory motion management simulation (List separately in addition to code for primary procedure)	3			3
General Acute Care Hospital	3			3
77295 -3-dimensional radiotherapy plan, including dose-volume histograms	1			1
General Acute Care Hospital	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
General Acute Care Hospital	6			6
77301 -Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	3			3
General Acute Care Hospital	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
General Acute Care Hospital	2			2
77321 -Special teletherapy port plan, particles, hemibody, total body	3			3
General Acute Care Hospital	3			3
77332 -Treatment devices, design and construction; simple (simple block, simple bolus)	1			1
General Acute Care Hospital	1			1
77333 -Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	3			3
General Acute Care Hospital	3			3
77334 -Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	3			3
General Acute Care Hospital	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
General Acute Care Hospital	4			4
77338 -Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
77370 -Special medical radiation physics consultation	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
77386 -Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	1			1
General Acute Care Hospital	1			1
77387 -Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	3			3
General Acute Care Hospital	3			3
77427 -Radiation treatment management, 5 treatments	3			3
General Acute Care Hospital	3			3
77432 -Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	1			1
General Acute Care Hospital	1			1
77470 -Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	4			4
General Acute Care Hospital	4			4
77520 -Proton treatment delivery; simple, without compensation	3			3
General Acute Care Hospital	3			3
77522 -Proton treatment delivery; simple, with compensation	3			3
General Acute Care Hospital	3			3
77523 -Proton treatment delivery; intermediate	3			3
General Acute Care Hospital	3			3
77525 -Proton treatment delivery; complex	3			3
General Acute Care Hospital	3			3
77778 -Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	1			1
General Acute Care Hospital	1			1
77790 -Supervision, handling, loading of radiation source	1			1
General Acute Care Hospital	1			1
78202 -Liver imaging; with vascular flow	1			1
General Acute Care Hospital	1			1
78264 -Gastric emptying imaging study (eg, solid, liquid, or both);	1			1
General Acute Care Hospital	1			1
78306 -Bone and/or joint imaging; whole body	3			3
General Acute Care Hospital	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
Cardiovascular Disease	1			1
General Acute Care Hospital	9			9
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
General Acute Care Hospital	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 acquisition	5			5
General Acute Care Hospital	4			4

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Radiology	1			1
78815 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	7			7
Diagnostic Radiology	1			1
General Acute Care Hospital	4			4
Radiology	1			1
Surgical Oncology	1			1
78816 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	3			3
General Acute Care Hospital	3			3
79445 -Radiopharmaceutical therapy, by intra-arterial particulate administration	5			5
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	9			9
80051 -Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	8			8
General Acute Care Hospital	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
General Acute Care Hospital	22			22
Pediatrics	1			1
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
General Acute Care Hospital	3			3
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
General Acute Care Hospital	1			1
80101 -DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
80320 -Alcohols	2			2
General Acute Care Hospital	2			2
80321 -Alcohol biomarkers; 1 or 2	2			2
General Acute Care Hospital	2			2

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	21			21
Pediatrics	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
81025 -Urine pregnancy test, by visual color comparison methods	1			1
Obstetrics & Gynecology	1			1
81206 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	2			2
General Acute Care Hospital	2			2
81207 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	1			1
General Acute Care Hospital	1			1
81208 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	1			1
General Acute Care Hospital	1			1
81220 -CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	2			2
Clinical Medical Laboratory	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
General Acute Care Hospital	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
General Acute Care Hospital	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
Clinical Medical Laboratory	2			2
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
General Acute Care Hospital	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
Clinical Medical Laboratory	2			2
81361 -HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	2			2
Clinical Medical Laboratory	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
General Acute Care Hospital	1			1
81374 -HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
81377 -HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	1			1
General Acute Care Hospital	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	Denied	Partially Approved	Grand Total
General Acute Care Hospital	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
Clinical Medical Laboratory	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
81479 -Unlisted molecular pathology procedure	1			1
Clinical Medical Laboratory	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
Clinical Medical Laboratory		1		1
82055 -ALCOHOL ETHANOL ANY SPECIMEN EXCEPT BREATH	1			1
General Acute Care Hospital	1			1
82103 -Alpha-1-antitrypsin; total	2			2
General Acute Care Hospital	2			2
82104 -Alpha-1-antitrypsin; phenotype	2			2
General Acute Care Hospital	2			2
82105 -Alpha-fetoprotein (AFP); serum	2			2
General Acute Care Hospital	2			2
82140 -Ammonia	1			1
General Acute Care Hospital	1			1
82150 -Amylase	3			3
General Acute Care Hospital	3			3
82232 -Beta-2 microglobulin	1			1
General Acute Care Hospital	1			1
82248 -Bilirubin; direct	1			1
General Acute Care Hospital	1			1
82306 -Vitamin D; 25 hydroxy, includes fraction(s), if performed	1			1
General Acute Care Hospital	1			1
82378 -Carcinoembryonic antigen (CEA)	1			1
General Acute Care Hospital	1			1
82390 -Ceruloplasmin	1			1
General Acute Care Hospital	1			1
82728 -Ferritin	5			5
General Acute Care Hospital	5			5
82784 -Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	2			2
General Acute Care Hospital	2			2
82803 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	1			1
82977 -Glutamyltransferase, gamma (GGT)	2			2
General Acute Care Hospital	2			2
83036 -Hemoglobin; glycosylated (A1C)	2			2
General Acute Care Hospital	2			2
83516 -Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	2			2
General Acute Care Hospital	2			2
83540 -Iron	2			2
General Acute Care Hospital	2			2
83550 -Iron binding capacity	1			1
General Acute Care Hospital	1			1
83615 -Lactate dehydrogenase (LD), (LDH);	1			1
General Acute Care Hospital	1			1
83690 -Lipase	2			2
General Acute Care Hospital	2			2
83721 -Lipoprotein, direct measurement; LDL cholesterol	1			1
General Acute Care Hospital	1			1
83735 -Magnesium	3			3
General Acute Care Hospital	3			3
83883 -Nephelometry, each analyte not elsewhere specified	1			1
General Acute Care Hospital	1			1
83887 -Nicotine	1			1
General Acute Care Hospital	1			1
83893 -Molecular diagnostics dot/slot blot production each nuclei	1			1
General Acute Care Hospital	1			1
83993 -Calprotectin, fecal	2			2
General Acute Care Hospital	2			2
84153 -Prostate specific antigen (PSA); total	1			1
General Acute Care Hospital	1			1
84165 -Protein; electrophoretic fractionation and quantitation, serum	1			1
General Acute Care Hospital	1			1
84166 -Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	1			1
General Acute Care Hospital	1			1
84443 -Thyroid stimulating hormone (TSH)	2			2
General Acute Care Hospital	2			2
84446 -Tocopherol alpha (Vitamin E)	1			1
General Acute Care Hospital	1			1
84450 -Transferase; aspartate amino (AST) (SGOT)	2			2
General Acute Care Hospital	2			2
84460 -Transferase; alanine amino (ALT) (SGPT)	2			2
General Acute Care Hospital	2			2

	Approved	Denied	Partially Approved	Grand Total
84479 -Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	1			1
General Acute Care Hospital	1			1
84590 -Vitamin A	2			2
General Acute Care Hospital	2			2
84630 -Zinc	1			1
General Acute Care Hospital	1			1
84703 -Gonadotropin, chorionic (hCG); qualitative	1			1
General Acute Care Hospital	1			1
85007 -Blood count; blood smear, microscopic examination with manual differential WBC count	6			6
General Acute Care Hospital	6			6
85025 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	11			11
General Acute Care Hospital	11			11
85027 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	14			14
General Acute Care Hospital	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
General Acute Care Hospital	2			2
85220 -Clotting; factor V (AcG or proaccelerin), labile factor	1			1
General Acute Care Hospital	1			1
85610 -Prothrombin time;	4			4
General Acute Care Hospital	4			4
85651 -Sedimentation rate, erythrocyte; non-automated	2			2
General Acute Care Hospital	2			2
85660 -Sickling of RBC, reduction	1			1
General Acute Care Hospital	1			1
85730 -Thromboplastin time, partial (PTT); plasma or whole blood	4			4
General Acute Care Hospital	4			4
86140 -C-reactive protein;	2			2
General Acute Care Hospital	2			2
86256 -Fluorescent noninfectious agent antibody; titer, each antibody	1			1
General Acute Care Hospital	1			1
86301 -Immunoassay for tumor antigen, quantitative; CA 19-9	1			1
General Acute Care Hospital	1			1
86308 -Heterophile antibodies; screening	2			2
General Acute Care Hospital	2			2
86334 -Immunofixation electrophoresis; serum	1			1
General Acute Care Hospital	1			1
86335 -Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	1			1
General Acute Care Hospital	1			1
86376 -Microsomal antibodies (eg, thyroid or liver-kidney), each	1			1
General Acute Care Hospital	1			1
86480 -Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
86481 -Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	1			1
General Acute Care Hospital	1			1
86580 -Skin test; tuberculosis, intradermal	1			1
General Acute Care Hospital	1			1
86592 -Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	2			2
General Acute Care Hospital	2			2
86644 -Antibody; cytomegalovirus (CMV)	3			3
General Acute Care Hospital	3			3
86645 -Antibody; cytomegalovirus (CMV), IgM	2			2
General Acute Care Hospital	2			2
86663 -Antibody; Epstein-Barr (EB) virus, early antigen (EA)	3			3
General Acute Care Hospital	3			3
86664 -Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	3			3
General Acute Care Hospital	3			3
86665 -Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	4			4
General Acute Care Hospital	4			4
86694 -Antibody; herpes simplex, non-specific type test	1			1
General Acute Care Hospital	1			1
86695 -Antibody; herpes simplex, type 1	1			1
General Acute Care Hospital	1			1
86703 -Antibody; HIV-1 and HIV-2, single result	3			3
General Acute Care Hospital	3			3
86704 -Hepatitis B core antibody (HBcAb); total	3			3
General Acute Care Hospital	3			3
86706 -Hepatitis B surface antibody (HBsAb)	2			2
General Acute Care Hospital	2			2
86707 -Hepatitis Be antibody (HBeAb)	1			1
General Acute Care Hospital	1			1
86708 -Hepatitis A antibody (HAAb)	1			1
General Acute Care Hospital	1			1
86709 -Hepatitis A antibody (HAAb), IgM antibody	1			1
General Acute Care Hospital	1			1
86753 -Antibody; protozoa, not elsewhere specified	1			1
General Acute Care Hospital	1			1
86757 -Antibody; Rickettsia	2			2
General Acute Care Hospital	2			2
86762 -Antibody; rubella	1			1
General Acute Care Hospital	1			1
86765 -Antibody; rubeola	1			1
General Acute Care Hospital	1			1
86780 -Antibody; Treponema pallidum	1			1
General Acute Care Hospital	1			1
86787 -Antibody; varicella-zoster	2			2

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	2			2
86788 -Antibody; West Nile virus, IgM	1			1
General Acute Care Hospital	1			1
86789 -Antibody; West Nile virus	1			1
General Acute Care Hospital	1			1
86790 -Antibody; virus, not elsewhere specified	1			1
General Acute Care Hospital	1			1
86803 -Hepatitis C antibody;	3			3
General Acute Care Hospital	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
General Acute Care Hospital	1			1
86850 -Antibody screen, RBC, each serum technique	1			1
General Acute Care Hospital	1			1
86900 -Blood typing, serologic; ABO	7			7
General Acute Care Hospital	7			7
86901 -Blood typing, serologic; Rh (D)	2			2
General Acute Care Hospital	2			2
87086 -CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	3			3
General Acute Care Hospital	3			3
87101 -CULTURE FUNGI (MOLD OR YEAST) ISOLATION WITH PRESUMPTIVE IDE	2			2
General Acute Care Hospital	2			2
87338 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	2			2
General Acute Care Hospital	2			2
87340 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	3			3
General Acute Care Hospital	3			3
87350 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	1			1
General Acute Care Hospital	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
Pediatrics	1			1
87517 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HEP	1			1
General Acute Care Hospital	1			1
87522 -Infectious agent detection by nucleic acid DNA or RNA hep	2			2
General Acute Care Hospital	2			2
87534 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HIV	1			1
General Acute Care Hospital	1			1
87631 -Infectious agent detection by nucleic acid DNA or RNA res	32			32
General Acute Care Hospital	32			32
87633 -Infectious agent detection by nucleic acid DNA or RNA res	8			8
General Acute Care Hospital	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
General Acute Care Hospital	28			28

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
87651 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA STR	64			64
General Acute Care Hospital	64			64
87799 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA NOT	1			1
General Acute Care Hospital	1			1
87804 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	29			29
General Acute Care Hospital	28			28
Pediatrics	1			1
87902 -Infectious agent genotype analysis by nucleic acid DNA or R	1			1
General Acute Care Hospital	1			1
88143 -CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COL	4			4
General Acute Care Hospital	4			4
88184 -FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUCLEAR MARKER	2			2
General Acute Care Hospital	2			2
88185 -FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUCLEAR MARKER	2			2
General Acute Care Hospital	2			2
88237 -TISSUE CULTURE FOR NEOPLASTIC DISORDERS BONE MARROW BLOOD	2			2
General Acute Care Hospital	2			2
88239 -TISSUE CULTURE FOR NEOPLASTIC DISORDERS SOLID TUMOR	2			2
General Acute Care Hospital	2			2
88264 -CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	2			2
General Acute Care Hospital	2			2
88271 -MOLECULAR CYTOGENETICS DNA PROBE EACH EG FISH	2			2
General Acute Care Hospital	2			2
88275 -MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION ANA	2			2
General Acute Care Hospital	2			2
88321 -CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	13		1	14
General Acute Care Hospital	7		1	8
Hematology & Oncology	1			1
Medical Oncology	1			1
Neurological Surgery	1			1
Pediatric Orthopaedic Surgery	1			1
Radiology	1			1
Surgical Oncology	1			1
88360 -MORPHOMETRIC ANALYSIS TUMOR IMMUNOHISTOCHEMISTRY EG HER2	1			1
Clinical Medical Laboratory	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
Pediatrics	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
Pediatrics	1			1
90633 -Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	2			2
Pediatrics	2			2
90648 -Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Pediatrics	1			1
90661 -Influenza virus vaccine, trivalent (ccIIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	1			1
Pediatrics	1			1
90677 -Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	1			1
Pediatrics	1			1
90700 -Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	1			1
Pediatrics	1			1
90710 -Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	1			1
Pediatrics	1			1
90715 -Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	4			4
General Acute Care Hospital	4			4
90791 -Psychiatric diagnostic evaluation	6	1		7
Counselor	1			1
General Acute Care Hospital	1			1
Multi-Specialty	2	1		3
Professional	1			1
Psychotherapy	1			1
90792 -Psychiatric diagnostic evaluation with medical services	2			2
Child & Adolescent Psychiatry	1			1
Multi-Specialty	1			1
90832 -Psychotherapy, 30 minutes with patient	2			2
Multi-Specialty	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
Child & Adolescent Psychiatry	2			2
Psychiatry		1		1
Sleep Medicine	1			1
90834 -Psychotherapy, 45 minutes with patient	5			5
Mental Health	1			1
Multi-Specialty	2			2
Psychotherapy	2			2
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
Child & Adolescent Psychiatry	1			1
Psychiatry		1		1
Sleep Medicine	1			1
90837 -Psychotherapy, 60 minutes with patient	17			17
Counselor	2			2
Mental Health	4			4
Multi-Specialty	1			1
Professional	7			7
Psychotherapy	2			2
Social Worker, Clinical	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
90853 -Group psychotherapy (other than of a multiple-family group)	2			2
General Acute Care Hospital	1			1
Psychiatric Hospital	1			1
90911 -Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	1			1
Occupational Therapist	1			1
90935 -Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	3			3
End-Stage Renal Disease (ESRD) Treatment	3			3
90937 -Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	2			2
End-Stage Renal Disease (ESRD) Treatment	2			2
90999 -Unlisted dialysis procedure, inpatient or outpatient	3			3
End-Stage Renal Disease (ESRD) Treatment	3			3
91010 -Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	1			1
General Acute Care Hospital	1			1
91035 -Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	1			1
General Acute Care Hospital	1			1
91120 -Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	1			1
General Acute Care Hospital	1			1
91122 -Anorectal manometry	1			1
General Acute Care Hospital	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
Ophthalmology	2			2
92134 -Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	1			1
Ophthalmology	1			1
92235 -Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	1			1
General Acute Care Hospital	1			1
92507 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	32			32
General Acute Care Hospital	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
General Acute Care Hospital	22			22
92526 -Treatment of swallowing dysfunction and/or oral function for feeding	2			2
General Acute Care Hospital	2			2
92552 -Pure tone audiometry (threshold); air only	84			84
General Acute Care Hospital	84			84
92553 -Pure tone audiometry (threshold); air and bone	78			78
General Acute Care Hospital	78			78
92555 -Speech audiometry threshold;	84			84
General Acute Care Hospital	84			84
92567 -Tympanometry (impedance testing)	92			92
General Acute Care Hospital	92			92
92579 -Visual reinforcement audiometry (VRA)	82			82
General Acute Care Hospital	82			82

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
92582 -Conditioning play audiometry	78			78
General Acute Care Hospital	78			78
92583 -Select picture audiometry	76			76
General Acute Care Hospital	76			76
92585 -Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	1			1
Pediatric Otolaryngology	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
General Acute Care Hospital	92			92
92610 -Evaluation of oral and pharyngeal swallowing function	2			2
General Acute Care Hospital	2			2
92611 -Motion fluoroscopic evaluation of swallowing function by cine or video recording	1			1
Geriatric Medicine	1			1
92651 -Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	1			1
Pediatric Otolaryngology	1			1
92652 -Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	1			1
Pediatric Otolaryngology	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
General Acute Care Hospital	1			1
92990 -Percutaneous balloon valvuloplasty; pulmonary valve	2			2
General Acute Care Hospital	2			2
92997 -Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	2			2
General Acute Care Hospital	2			2
93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	55			55
General Acute Care Hospital	39			39
Pediatric Cardiology	3			3
Pediatrics	13			13
93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	49			49
General Acute Care Hospital	36			36
Pediatrics	13			13
93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	5			5
General Acute Care Hospital	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
Cardiovascular Disease	1			1
General Acute Care Hospital	3			3
93016 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	4			4
General Acute Care Hospital	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
General Acute Care Hospital	6			6

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	4			4
93225 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	1			1
General Acute Care Hospital	1			1
93226 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
Emergency Medicine	1			1
93296 -Interrogation device evaluation(s) (remote), up to 90 days;	1			1
Physiological Laboratory	1			1
93303 -Transthoracic echocardiography for congenital cardiac anomalies; complete	51			51
General Acute Care Hospital	33			33
Pediatric Cardiology	4			4
Pediatrics	13			13
Pediatrics Cardiology	1			1
93304 -Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	43			43
General Acute Care Hospital	30			30
Pediatrics	13			13
93305 -ECHOCARDIOGRAPHY M-MODE; LIMITED (EG FOLLOW-UP OR LIMITED ST	3			3
General Acute Care Hospital	2			2
Pediatric Cardiology	1			1
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
Cardiovascular Disease	1	1		2
General Acute Care Hospital	46			46
Pediatric Cardiology	3			3
Pediatrics	13			13
93307 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	44			44
General Acute Care Hospital	31			31
Pediatrics	13			13
93308 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
93320 -Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	50			50
General Acute Care Hospital	33			33
Pediatric Cardiology	3			3
Pediatrics	13			13
Pediatrics Cardiology	1			1
93325 -Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	64			64
General Acute Care Hospital	44			44
Maternal & Fetal Medicine	1			1
Pediatric Cardiology	2			2
Pediatrics	16			16
Pediatrics Cardiology	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	2			2
93451 -Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	5			5
General Acute Care Hospital	5			5
93452 -Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	4			4
General Acute Care Hospital	4			4
93453 -Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	4			4
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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 procedure)	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
93622 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	1			1
General Acute Care Hospital	1			1
93623 -Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	2			2
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
93875 -NONINVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES CO	1			1
General Acute Care Hospital	1			1
93880 -Duplex scan of extracranial arteries; complete bilateral study	1			1
General Acute Care Hospital	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
General Acute Care Hospital	2			2
Vascular Surgery	1			1
93925 -Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	1			1
Vascular Surgery	1			1
93926 -Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	1			1
Vascular Surgery	1			1
93970 -Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	4			4
General Acute Care Hospital	1			1
Internal Medicine	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Vascular Surgery	2			2
93971 -Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	1			1
Vascular Surgery	1			1
93975 -Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	17			17
Diagnostic Radiology	1			1
Gastroenterology	3			3
General Acute Care Hospital	13			13
93978 -Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	1			1
Vascular Surgery	1			1
94060 -Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	35			35
Critical Care Medicine	1			1
General Acute Care Hospital	32			32
Pediatrics	2			2
94375 -Respiratory flow volume loop	32			32
General Acute Care Hospital	30			30
Pediatrics	2			2
94617 -Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	32			32
General Acute Care Hospital	30			30
Pediatrics	2			2
94618 -Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	3			3
Critical Care Medicine	1			1
General Acute Care Hospital	2			2
94621 -Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	2			2
General Acute Care Hospital	2			2
94664 -Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	32			32
General Acute Care Hospital	30			30
Pediatrics	2			2
94726 -Plethysmography for determination of lung volumes and, when performed, airway resistance	5			5
General Acute Care Hospital	5			5
94727 -Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	1			1
General Acute Care Hospital	1			1
94729 -Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	3			3
General Acute Care Hospital	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
Physician Assistant	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
Endocrinology, Diabetes & Metabolism	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
Physiological Laboratory	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

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Physiological Laboratory	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
General Acute Care Hospital	1			1
Physiological Laboratory	1			1
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
Physiological Laboratory	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
General Acute Care Hospital	1			1
Physiological Laboratory	2			2
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
Physiological Laboratory	2			2
95782 -Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	6			6
General Acute Care Hospital	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
General Acute Care Hospital	6			6
95813 -Electroencephalogram (EEG) extended monitoring; greater than 1 hour	1			1
General Acute Care Hospital	1			1
95816 -Electroencephalogram (EEG); including recording awake and drowsy	3			3
General Acute Care Hospital	2			2
Physiological Laboratory	1			1
95819 -Electroencephalogram (EEG); including recording awake and asleep	2			2
Neurology	1			1
Physiological Laboratory	1			1
95861 -Needle electromyography; 2 extremities with or without related paraspinal areas	2			2
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
95865 -Needle electromyography; larynx	2			2
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
95868 -Needle electromyography; cranial nerve supplied muscles, bilateral	2			2
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
95886 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;	19			19
General Acute Care Hospital	1			1
Orthopaedic Surgery	12			12
Physical Medicine & Rehabilitation	6			6
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
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Orthopaedic Surgery	1			1
95909 -Nerve conduction studies; 5-6 studies	13			13
Orthopaedic Surgery	13			13
95910 -Nerve conduction studies; 7-8 studies	7			7
Orthopaedic Surgery	1			1
Physical Medicine & Rehabilitation	6			6
95911 -Nerve conduction studies; 9-10 studies	7			7
Orthopaedic Surgery	1			1
Physical Medicine & Rehabilitation	6			6
95912 -Nerve conduction studies; 11-12 studies	13			13
Orthopaedic Surgery	13			13
95913 -Nerve conduction studies; 13 or more studies	14			14
General Acute Care Hospital	1			1
Orthopaedic Surgery	12			12
Physical Medicine & Rehabilitation	1			1
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
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
95937 -Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	2			2
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
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
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
95939 -Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	2			2
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
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
Electroneurodiagnostic	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
Electrodiagnostic Medicine	1			1
95957 -Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	1			1
Physiological Laboratory	1			1
95965 -Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	1			1
General Acute Care Hospital	1			1
95966 -Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	1			1
General Acute Care Hospital	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

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
96110 -Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	5			5
General Acute Care Hospital	2			2
Pediatrics	3			3
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
General Acute Care Hospital	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
General Acute Care Hospital	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
Clinical Neuropsychologist	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
Clinical Neuropsychologist	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
General Acute Care Hospital	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
Clinical Neuropsychologist	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
Clinical Neuropsychologist	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
Clinical Neuropsychologist	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
Clinical Neuropsychologist	1			1
96138 -Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	1			1
Clinical Neuropsychologist	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
Clinical Neuropsychologist	1			1
96361 -Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)		1		1
General Acute Care Hospital		1		1
96365 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	2			2
General Acute Care Hospital	2			2
96372 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	6			6
General Acute Care Hospital	6			6
96401 -Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
96402 -Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	1			1
General Acute Care Hospital	1			1
96413 -Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	2	1		3
General Acute Care Hospital	2	1		3
96415 -Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	2			2
General Acute Care Hospital	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
General Acute Care Hospital	2			2
96450 -Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	1			1
General Acute Care Hospital	1			1
97010 -Application of a modality to 1 or more areas; hot or cold packs	4			4
General Acute Care Hospital	4			4
97016 -Application of a modality to 1 or more areas; vasopneumatic devices	3			3
General Acute Care Hospital	1			1
Multi-Specialty	1			1
Occupational Therapist	1			1
97022 -Application of a modality to 1 or more areas; whirlpool	2			2
General Acute Care Hospital	2			2
97034 -Application of a modality to 1 or more areas; contrast baths, each 15 minutes	3			3
General Acute Care Hospital	3			3
97035 -Application of a modality to 1 or more areas; ultrasound, each 15 minutes	1			1
General Acute Care Hospital	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
General Acute Care Hospital	22			22
Multi-Specialty	1			1
Occupational Therapist	1			1
Orthopedic	1			1
Physical Therapist	1			1
Skilled Nursing Facility	1			1
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
General Acute Care Hospital	23			23
Occupational Therapist	1			1
Orthopedic	1			1
Physical Therapist	1			1
Skilled Nursing Facility	1			1
97116 -Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	3			3
General Acute Care Hospital	2			2
Physical Therapist	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
97140 -Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	22			22
General Acute Care Hospital	18			18
Multi-Specialty	1			1
Occupational Therapist	1			1
Orthopedic	1			1
Physical Therapist	1			1
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
Behavior Analyst	1			1
Behavioral Analyst	1			1
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
Behavior Analyst	1			1
Behavioral Analyst	1			1
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
Behavior Analyst	1			1
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
Behavior Analyst	1			1
Behavioral Analyst	1			1
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
Behavior Analyst	1			1
Behavioral Analyst	1			1
97161 -Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements f	32			32
General Acute Care Hospital	31			31
Physical Therapist	1			1
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
General Acute Care Hospital	36			36
Orthopedic	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	2			2
Occupational Therapist	1			1
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
General Acute Care Hospital	4			4

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	6			6
97530 -Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	31			31
General Acute Care Hospital	26			26
Multi-Specialty	1			1
Occupational Therapist	1			1
Orthopedic	1			1
Physical Therapist	1			1
Skilled Nursing Facility	1			1
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
Multi-Specialty	1			1
Occupational Therapist	2			2
Skilled Nursing Facility	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	11			11
97750 -Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	2			2
Multi-Specialty	1			1
Occupational Therapist	1			1
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
General Acute Care Hospital	1			1
97802 -Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	5			5
Dietitian, Registered	1			1
General Acute Care Hospital	4			4
97803 -Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	5			5
Dietitian, Registered	1			1
General Acute Care Hospital	4			4
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
Hand Surgery	1			1
99025 -Initial (new patient) visit when starred (*) surgical procedure constitutes major service at that visit	1			1
Urology	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
Ambulatory Surgical	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
Ambulatory Surgical	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	1			1
Neurology	1			1
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
Family	1			1
Female Pelvic Medicine and Reconstructive Surgery	1			1
General Acute Care Hospital	8			8
Otolaryngology	1			1
Urology	1			1
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
Family	1			1
Female Pelvic Medicine and Reconstructive Surgery	2			2
Foot & Ankle Surgery	1			1
Gastroenterology	1			1
General Acute Care Hospital	34			34
Gynecology	1			1
Neurological Surgery	1			1
Obstetrics & Gynecology	1			1
Otolaryngology	2			2
Pediatrics	3			3
Urology	1			1
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
Allergy & Immunology	1			1
Critical Care Medicine	1			1
Family	1			1
Female Pelvic Medicine and Reconstructive Surgery	4			4
Foot & Ankle Surgery	1			1
Gastroenterology	3			3
General Acute Care Hospital	16			16
Geriatric Medicine	3			3
Hepatology	2			2
Multi-Specialty	1			1
Neurological Surgery	1			1
Neuro-ophthalmology	1			1
Ophthalmology	1			1
Orthopaedic Surgery	3			3
Otolaryngology	5			5
Pediatrics	1			1
Physician Assistant	1			1
Psychiatry		1		1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Rheumatology	2			2
Urology	2			2
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
Allopathic & Osteopathic Physicians/Advanced Heart Failure and Transplant Cardiology	1			1
Clinical Molecular Genetics	2			2
Facial Plastic Surgery	1			1
Family	1			1
Female Pelvic Medicine and Reconstructive Surgery	2			2
Gastroenterology	5			5
General Acute Care Hospital	239	2	1	242
Hematology & Oncology	1			1
Hepatology	1			1
Medical Oncology	2			2
Multi-Specialty	1			1
Neurological Surgery	2			2
Neurology	2			2
Obstetrics & Gynecology	1			1
Ophthalmology	1			1
Orthopaedic Surgery	9			9
Orthopaedic Surgery of the Spine		1		1
Otolaryngology	2			2
Otology & Neurotology	1			1
Pediatric Orthopaedic Surgery	1			1
Pediatrics	34			34
Physical Therapist	1			1
Plastic and Reconstructive Surgery	1			1
Pulmonary Disease	1			1
Radiology	1			1
Surgery	1			1
Surgical Oncology	1			1
Urology	1			1
Vascular Surgery	1			1
99211 -Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minute	9			9
Child & Adolescent Psychiatry	1			1
General Acute Care Hospital	7			7
Neurological Surgery	1			1
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
General Acute Care Hospital	32			32
Maternal & Fetal Medicine	2			2
Multi-Specialty	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
Child & Adolescent Psychiatry	2			2
Emergency Medicine	1			1
Endocrinology, Diabetes & Metabolism	2			2
Family	2			2
Foot & Ankle Surgery	1			1
Gastroenterology	1			1
General Acute Care Hospital	206			206
Gynecologic Oncology	1			1
Gynecology	1			1
Multi-Specialty	1			1
Neurological Surgery	1			1
Neurology	1			1
Neuro-ophthalmology	1			1
Orthopaedic Surgery	1			1
Otolaryngology	2			2
Pediatrics	2			2
Plastic and Reconstructive Surgery	1			1
Primary Care	1			1
Psych/Mental Health	2			2
Sleep Medicine	1			1
Surgery	1			1
Urology	4			4
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
Allergy & Immunology	1			1
Cardiovascular Disease	1			1
Child & Adolescent Psychiatry	1			1
Critical Care Medicine	1			1
Diagnostic Radiology	1			1
Endocrinology, Diabetes & Metabolism	2			2
Female Pelvic Medicine and Reconstructive Surgery	4			4
Foot & Ankle Surgery	1			1
Gastroenterology	15			15
General Acute Care Hospital	105			105
Gynecologic Oncology	1			1
Gynecology	1			1
Hand Surgery	1			1
Hematology & Oncology	1			1
Hepatology	2			2
Mental Health (Including Community Mental Health Center)	1			1
Multi-Specialty	1			1
Nephrology	2			2

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Neurological Surgery	1			1
Neurology	1			1
Neuro-ophthalmology	1			1
Obstetrics & Gynecology	1			1
Ophthalmology	2			2
Orthopaedic Surgery	17			17
Otolaryngology	8			8
Pediatric Cardiology	2			2
Pediatrics	2			2
Physical Medicine & Rehabilitation	1			1
Physician Assistant	1			1
Psych/Mental Health	1			1
Psychiatry	1	1		2
Rheumatology	1			1
Sleep Medicine	1			1
Surgery	1			1
Surgical Oncology	2			2
Thoracic Surgery (Cardiothoracic Vascular Surgery)	1			1
Transplant Hepatology	1			1
Urology	5			5
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
Allopathic & Osteopathic Physicians/Advanced Heart Failure and Transplant Cardiology	1			1
Cardiovascular Disease	3			3
Clinical Molecular Genetics	2			2
Endocrinology, Diabetes & Metabolism	1			1
Facial Plastic Surgery	1			1
Gastroenterology	8			8
General Acute Care Hospital	606	1	1	608
Hematology & Oncology	1			1
Hepatology	1			1
Medical Oncology	1			1
Multi-Specialty	1			1
Neurological Surgery	3			3
Neurology	1			1
Neuro-ophthalmology	1			1
Ophthalmology	1			1
Orthopaedic Surgery of the Spine		1		1
Otology & Neurotology	1			1
Pediatric Orthopaedic Surgery	1			1
Pediatrics	172			172
Physical Medicine & Rehabilitation	1			1
Physical Therapist	1			1
Plastic and Reconstructive Surgery	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Psych/Mental Health	1			1
Pulmonary Disease	2			2
Radiology	1			1
Surgery	1			1
Surgical Oncology	1			1
Urology	2			2
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
Cardiovascular Disease		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
Urology	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
Otology & Neurotology	1			1
99243 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30	5			5
Otolaryngology	1			1
Pediatric Otolaryngology	1			1
Pediatric Surgery	1			1
Pediatrics	1			1
Plastic and Reconstructive Surgery	1			1
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
Allergy & Immunology	2			2
Colon & Rectal Surgery	1			1
Diagnostic Radiology	1			1
Endocrinology, Diabetes & Metabolism	1			1
Gastroenterology	17			17
General Acute Care Hospital	16			16
Hepatology	2			2
Internal Medicine	1			1
Neurological Surgery	1			1
Neurology	1			1
Neurology with Special Qualifications in Child Neurology	1			1
Neuro-ophthalmology	1			1
Orthopaedic Surgery	2			2
Orthopaedic Trauma	1			1
Orthopedic	1			1
Otolaryngology	2			2

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Otology & Neurotology	1			1
Pediatric Cardiology	1			1
Pediatric Endocrinology	1			1
Pediatric Surgery	1			1
Physician Assistant	2			2
Plastic and Reconstructive Surgery	1			1
Podiatrist	1			1
Rheumatology	1			1
Surgery	1			1
Transplant Hepatology	2			2
Urology	2			2
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
General Acute Care Hospital	20			20
Maternal & Fetal Medicine	2			2
Orthopaedic Surgery	3			3
Otolaryngology	1			1
physiology	1			1
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
Family	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
Family	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
Family	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
Family	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
Family	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
Family	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
General Acute Care Hospital	1			1
Pediatrics	1			1
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
Pediatrics	1			1

Indications Offered by Provider 2024

	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
Pediatrics	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
Obstetrics & Gynecology	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
General Acute Care Hospital	1			1
99459 -Pelvic examination (List separately in addition to code for primary procedure)	2			2
Female Pelvic Medicine and Reconstructive Surgery	2			2
99499 -Unlisted evaluation and management service	2			2
Colon & Rectal Surgery	1			1
Gastroenterology	1			1
99601 -Home infusion/specialty drug administration, per visit (up to 2 hours);	2	1		3
Pharmacy	2	1		3
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
Pharmacy	2	1		3
A0426 -Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	1			1
Air Transport	1			1
A0430 -Ambulance service, conventional air services, transport, one way (fixed wing)	1			1
Air Transport	1			1
A0431 -Ambulance service, conventional air services, transport, one way (rotary wing)	2			2
General Acute Care Hospital	2			2
A0434 -Specialty care transport (SCT)	1			1
Air Transport	1			1
A0435 -Fixed wing air mileage, per statute mile	1			1
Air Transport	1			1
A0436 -Rotary wing air mileage, per statute mile	2			2
General Acute Care Hospital	2			2
A4215 -Needle, sterile, any size, each	2			2
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
A4221 -Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	2			2
Pharmacy	2			2
A4222 -Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	2			2
Pharmacy	2			2
A4224 -Supplies for maintenance of insulin infusion catheter, per week	7			7
Durable Medical Equipment & Medical Supplies	7			7
A4225 -Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	7			7
Durable Medical Equipment & Medical Supplies	7			7
A4230 -Infusion set for external insulin pump, nonneedle cannula type	1			1
Durable Medical Equipment & Medical Supplies	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
A4232 -Syringe with needle for external insulin pump, sterile, 3 cc	1			1
Durable Medical Equipment & Medical Supplies	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
Durable Medical Equipment & Medical Supplies	8			8
A4245 -Alcohol wipes, per box	1			1
Durable Medical Equipment & Medical Supplies	1			1
A4364 -Adhesive, liquid or equal, any type, per oz	2			2
Durable Medical Equipment & Medical Supplies	2			2
A4456 -Adhesive remover, wipes, any type, each	2			2
Durable Medical Equipment & Medical Supplies	2			2
A4481 -Tracheostoma filter, any type, any size, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
A4556 -Electrodes (e.g., apnea monitor), per pair	2			2
Electrodiagnostic Medicine	1			1
Electroneurodiagnostic	1			1
A4626 -Tracheostomy cleaning brush, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
A5120 -Skin barrier, wipes or swabs, each	2			2
Durable Medical Equipment & Medical Supplies	2			2
A5126 -Adhesive or nonadhesive; disk or foam pad	1			1
Durable Medical Equipment & Medical Supplies	1			1
A7507 -Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	2			2
Durable Medical Equipment & Medical Supplies	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
Durable Medical Equipment & Medical Supplies	2			2
A7520 -Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
A7523 -Tracheostomy shower protector, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
A7526 -Tracheostomy tube collar/holder, each	1			1
Durable Medical Equipment & Medical Supplies	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
Durable Medical Equipment & Medical Supplies	1			1
A9277 -Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	1			1
Durable Medical Equipment & Medical Supplies	1			1
A9500 -Technetium Tc-99m sestamibi, diagnostic, per study dose	2			2
Cardiovascular Disease	1			1
General Acute Care Hospital	1			1
A9503 -Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1			1
General Acute Care Hospital	1			1
A9540 -Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
A9552 -Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi	5			5
General Acute Care Hospital	4			4
Surgical Oncology	1			1
A9587 -Gallium Ga-68, dotatate, diagnostic, 0.1 mCi	3			3
Diagnostic Radiology	1			1
Radiology	2			2
C2616 -Brachytherapy source, nonstranded, yttrium-90, per source	4			4
General Acute Care Hospital	4			4
C9063 -Injection, eptinezumab-ijmr, 1 mg	1			1
Home Infusion Therapy Pharmacy	1			1
E0486 -Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	1			1
Durable Medical Equipment & Medical Supplies	1			1
E0691 -Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	1			1
Customized Equipment	1			1
E0739 -Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors		1		1
Durable Medical Equipment & Medical Supplies		1		1
E0781 -Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	2			2
Pharmacy	2			2
E0784 -External ambulatory infusion pump, insulin	8			8
Durable Medical Equipment & Medical Supplies	8			8
E0951 -Heel loop/holder, any type, with or without ankle strap, each	1			1
Oxygen Equipment & Supplies	1			1
E0961 -Manual wheelchair accessory, wheel lock brake extension (handle), each	1			1
Oxygen Equipment & Supplies	1			1
E0971 -Manual wheelchair accessory, antitipping device, each	1			1
Oxygen Equipment & Supplies	1			1
E0973 -Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	1			1
Oxygen Equipment & Supplies	1			1
E0978 -Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	1			1
Oxygen Equipment & Supplies	1			1
E0990 -Wheelchair accessory, elevating legrest, complete assembly, each	1			1
Oxygen Equipment & Supplies	1			1
E2102 -Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	8			8
Durable Medical Equipment & Medical Supplies	8			8
E2510 -Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	1			1
Durable Medical Equipment & Medical Supplies	1			1
E2599 -Accessory for speech generating device, not otherwise classified	1			1
Durable Medical Equipment & Medical Supplies	1			1
E2601 -General use wheelchair seat cushion, width less than 22 in, any depth	1			1
Oxygen Equipment & Supplies	1			1
E2611 -General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	1			1
Oxygen Equipment & Supplies	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
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
Neurology		1		1
G0024 -Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)		1		1
Neurology		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
Pharmacy	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
Pharmacy	1			1
G0279 -Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
Ambulatory Surgical	2			2
General Acute Care Hospital	10			10
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
Psychiatric Hospital	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
Electrodiagnostic Medicine	1			1
G6002 -Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	3			3
General Acute Care Hospital	3			3
H0020 -Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	1			1
Rehabilitation, Substance Use Disorder	1			1
Home Health Care	4			4
Home Health	2			2
Neurology	2			2
Hospital Inpatient Care - Mental Health	108	2	44	154
General Acute Care Hospital	33		10	43
Psychiatric Hospital	49	2	22	73
Psychiatric Unit	26		12	38
Hospital Inpatient Care - Residential Treatment (RTC)	9	1	3	13
Clinical Medical Laboratory	1			1
Community/Behavioral Health	1			1
Psychiatric Hospital			1	1
Psychiatric Residential Treatment Facility	2			2
Psychiatric Unit	2			2
Substance Abuse Rehabilitation Facility	3	1	2	6
Hospital Inpatient Rehabilitation	3			3

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
Rehabilitation Unit	2			2
Hospital Inpatient Services	554	75	3	632
General Acute Care Hospital	550	75	2	627
Psychiatric Hospital	1			1
Rural	1			1
Special Hospital	1			1
Substance Abuse Rehabilitation Facility	1		1	2
Hospital Inpatient Substance Abuse Detox R&B	8		3	11
General Acute Care Hospital	5			5
Psychiatric Hospital			1	1
Substance Abuse Disorder Rehabilitation Facility			1	1
Substance Abuse Rehabilitation Facility	3		1	4
Hospital OP - Mental/Nervous-Individual	1			1
General Acute Care Hospital	1			1
Hospital Partial Hospitalization Mental/Nervous	19	4		23
Community/Behavioral Health	1			1
Counselor		2		2
General Acute Care Hospital	9			9
Psychiatric Hospital	2			2
Psychiatric Unit	7			7
Substance Abuse Rehabilitation Facility		2		2
Hospital Partial Hospitalization. Substance Abuse	3		3	6
Physical Medicine & Rehabilitation	1			1
Substance Abuse Rehabilitation Facility	2		3	5
J0178 -Injection, aflibercept, 1 mg	1			1
Ophthalmology	1			1
J0223 -Injection, givosiran, 0.5 mg	1			1
General Acute Care Hospital	1			1
J0585 -Injection, onabotulinumtoxinA, 1 unit	3			3
Ambulatory Surgical	2			2
General Acute Care Hospital	1			1
J0696 -Injection, ceftriaxone sodium, per 250 mg	2			2
General Acute Care Hospital	2			2
J0775 -Injection, collagenase, clostridium histolyticum, 0.01 mg	1			1
Durable Medical Equipment & Medical Supplies	1			1
J0887 -Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	9			9
End-Stage Renal Disease (ESRD) Treatment	9			9
J1097 -Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	2			2
Ambulatory Surgical	2			2
J1100 -Injection, dexamethasone sodium phosphate, 1 mg	1			1
Family	1			1
J1453 -Injection, fosaprepitant, 1 mg	3			3
General Acute Care Hospital	3			3

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
J1557 -Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	1			1
Pharmacy	1			1
J1559 -Injection, immune globulin (Hizentra), 100 mg	1			1
Pharmacy	1			1
J1561 -Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg		1		1
Pharmacy		1		1
J1576 -Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	1			1
Pharmacy	1			1
J1640 -Injection, hemin, 1 mg	1			1
General Acute Care Hospital	1			1
J1745 -Injection, infliximab, excludes biosimilar, 10 mg	3	2		5
Gastroenterology	1			1
General Acute Care Hospital	2	2		4
J1756 -Injection, iron sucrose, 1 mg	3			3
End-Stage Renal Disease (ESRD) Treatment	1			1
General Acute Care Hospital	2			2
J2405 -Injection, ondansetron HCl, per 1 mg	6			6
General Acute Care Hospital	6			6
J2785 -Injection, regadenoson, 0.1 mg	1			1
General Acute Care Hospital	1			1
J2930 -Injection, methylprednisolone sodium succinate, up to 125 mg	1			1
General Acute Care Hospital	1			1
J3490 -Unclassified drugs	2			2
Home Infusion Therapy Pharmacy	2			2
J7354 -Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	2			2
General Acute Care Hospital	2			2
J7512 -Prednisone, immediate release or delayed release, oral, 1 mg	2			2
General Acute Care Hospital	2			2
J7999 -Compounded drug, not otherwise classified	1			1
Home Infusion Therapy Pharmacy	1			1
J9045 -Injection, carboplatin, 50 mg	1			1
General Acute Care Hospital	1			1
J9060 -Injection, cisplatin, powder or solution, 10 mg	2			2
General Acute Care Hospital	2			2
J9070 -Cyclophosphamide, 100 mg	1			1
General Acute Care Hospital	1			1
J9100 -Injection, cytarabine, 100 mg	4			4
General Acute Care Hospital	4			4
J9173 -Injection, durvalumab, 10 mg	3			3
General Acute Care Hospital	3			3
J9201 -Injection, gemcitabine HCl, not otherwise specified, 200 mg	3			3
General Acute Care Hospital	3			3
J9217 -Leuprolide acetate (for depot suspension), 7.5 mg	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
J9228 -Injection, ipilimumab, 1 mg	2			2
General Acute Care Hospital	2			2
J9229 -Injection, inotuzumab ozogamicin, 0.1 mg	3			3
General Acute Care Hospital	3			3
J9260 -Methotrexate sodium, 50 mg	2			2
General Acute Care Hospital	2			2
J9267 -Injection, paclitaxel, 1 mg	1			1
General Acute Care Hospital	1			1
J9271 -Injection, pembrolizumab, 1 mg	1			1
General Acute Care Hospital	1			1
J9299 -Injection, nivolumab, 1 mg	2			2
General Acute Care Hospital	2			2
J9312 -Injection, rituximab, 10 mg	2			2
General Acute Care Hospital	2			2
J9371 -Injection, vincristine sulfate liposome, 1 mg	1			1
General Acute Care Hospital	1			1
K0005 -Ultralightweight wheelchair	1			1
Oxygen Equipment & Supplies	1			1
K0108 -Wheelchair component or accessory, not otherwise specified	1			1
Oxygen Equipment & Supplies	1			1
L0180 -Cervical, multiple post collar, occipital/mandibular supports, adjustable	1			1
Family	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 pressure	3			3
General Acute Care Hospital	3			3
L1930 -Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	2			2
General Acute Care Hospital	2			2
L1960 -Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	1			1
General Acute Care Hospital	1			1
L2275 -Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	1			1
General Acute Care Hospital	1			1
L2280 -Addition to lower extremity, molded inner boot	1			1
General Acute Care Hospital	1			1
L8499 -Unlisted procedure for miscellaneous prosthetic services	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8500 -Artificial larynx, any type	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8509 -Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8511 -Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8513 -Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8606 -Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Female Pelvic Medicine and Reconstructive Surgery	1			1
L8691 -Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8694 -Auditory osseointegrated device, transducer/actuator, replacement only, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
Observation Service	166			166
Durable Medical Equipment & Medical Supplies	1			1
Emergency Care	1			1
General Acute Care Hospital	164			164
Office Visit - Chemotherapy Administration	3	1		4
General Acute Care Hospital		1		1
Hematology & Oncology	2			2
Home Infusion Therapy Pharmacy	1			1
Office Visit - Mental Health	2			2
General Acute Care Hospital	2			2
Office Visit - Specialist	4			4
General Acute Care Hospital	3			3
Hematology & Oncology	1			1
Outpatient Dialysis Services	13			13
End-Stage Renal Disease (ESRD) Treatment	12			12
Nephrology	1			1
Q3001 -Radioelements for brachytherapy, any type, each	4			4
General Acute Care Hospital	4			4
Q4191 -Restorigin, per sq cm	1			1
Family	1			1
Q4271 -Complete FT, per sq cm		1		1
Family		1		1
Q4281 -Barrera SL or Barrera DL, per sq cm	1			1
Family	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
Geriatric Medicine	1			1
S0119 -Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	4			4
General Acute Care Hospital	4			4
S2068 -BREAST RECON DIEP/SIEA FLAP UNI	1			1
General Acute Care Hospital	1			1
S2095 -TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	5			5
General Acute Care Hospital	5			5
S2900 -SURG TECH RQR USE ROBOTIC SURG SYS	1			1
General Acute Care Hospital	1			1
S9338 -HOME INFUS TX IMMUTOTHAPY; PER DIEM	2	1		3
Pharmacy	2	1		3
S9480 -INTENSIVE OP PSYC SERVICES PER DIEM	3		1	4
Community/Behavioral Health	1			1
Psychiatric Unit	1			1

Indications Offered by Provider 2024

	Approved	Denied	Partially Approved	Grand Total
Rehabilitation, Substance Use Disorder	1			1
Substance Abuse Rehabilitation Facility			1	1
S9990 -SRVC PROV PART PHASE II CLIN TRIAL		1		1
General Acute Care Hospital		1		1
Skilled Nursing Facility	1			1
General Acute Care Hospital	1			1
V2785 -Processing, preserving and transporting corneal tissue	1			1
General Acute Care Hospital	1			1
V5257 -Hearing aid, digital, monaural, BTE	1			1
Audiologist-Hearing Aid Fitter	1			1
V5261 -Hearing aid, digital, binaural, BTE	1			1
Audiologist-Hearing Aid Fitter	1			1
Grand Total	7240	111	60	7411