



Approval and Denials with Overturns



Approval and Denials with Overturns	Approved	Denied	Partially Approved	Grand Total
00170 -Anesthesia for intraoral procedures, including biopsy; not otherwise specified	5			5
Approved	5			5
No	5			5
0045U -mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	1			1
Approved	1			1
No	1			1
0047U -Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	1			1
Approved	1			1
No	1			1
0199 -SUBACUTE/OTHER	1			1
Approved	1			1
No	1			1
01992 -Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	3			3
Approved	3			3
No	3			3
0202U -Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen re	2			2
Approved	2			2
No	2			2
0275T -Percutaneous laminotomy/laminectomy interlaminar approach	1			1
Approved	1			1
No	1			1
0402T -Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	1			1
Approved	1			1
No	1			1
10040 -Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	1	1		2
Approved	1			1
No	1			1
Not Med Necessary		1		1
Appealed but not Overturned		1		1
10120 -Incision and removal of foreign body, subcutaneous tissues; simple	1			1
Approved	1			1
No	1			1
11042 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	8			8
Approved	8			8
No	8			8
11043 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	1			1
Approved	1			1
No	1			1



Approval and Denials with Overturns



11044 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	3		3
Approved	3		3
No	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)	3		3
Approved	3		3
No	3		3
11046 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1		1
Approved	1		1
No	1		1
11047 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1		1
Approved	1		1
No	1		1
11102 -Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	4		4
Approved	4		4
No	4		4
11103 -Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	1		1
Approved	1		1
No	1		1
11104 -Punch biopsy of skin (including simple closure, when performed); single lesion	1		1
Approved	1		1
No	1		1
11200 -Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	4	1	5
Approved	4		4
No	4		4
Not Med Necessary		1	1
Appealed but not Overturned		1	1
11440 -Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	3		3
Approved	3		3
No	3		3
11641 -Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	1		1
Approved	1		1
No	1		1
11642 -Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	1		1
Approved	1		1
No	1		1
11971 -Removal of tissue expander(s) without insertion of prosthesis	1		1
Approved	1		1
No	1		1



Approval and Denials with Overturns



12032 -Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	1	1
Approved	1	1
No	1	1
12037 -Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	1	1
Approved	1	1
No	1	1
13131 -Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	1	1
Approved	1	1
No	1	1
13151 -Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	1	1
Approved	1	1
No	1	1
13152 -Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	1	1
Approved	1	1
No	1	1
13153 -Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
13160 -Secondary closure of surgical wound or dehiscence, extensive or complicated	1	1
Approved	1	1
No	1	1
14040 -Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	1	1
Approved	1	1
No	1	1
14041 -Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	1	1
Approved	1	1
No	1	1
14060 -Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	3	3
Approved	3	3
No	3	3
14061 -Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	2	2
Approved	2	2
No	2	2
14301 -Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	1	1
Approved	1	1
No	1	1
14302 -Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



15100 -Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	2	2
Approved	2	2
No	2	2
15240 -Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	1	1
Approved	1	1
No	1	1
15260 -Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	1	1
Approved	1	1
No	1	1
15261 -Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
15271 -Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	2	2
Approved	2	2
No	2	2
15275 -Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	2	2
Approved	2	2
No	2	2
15769 -Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1	1
Approved	1	1
No	1	1
15773 -Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	2	2
Approved	2	2
No	2	2
15777 -Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	5	5
Approved	5	5
No	5	5
15823 -Blepharoplasty, upper eyelid; with excessive skin weighting down lid	3	3
Approved	3	3
No	3	3
15830 -Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	1	1
Approved	1	1
No	1	1
15847 -Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



16025 -Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	1	1
Approved	1	1
No	1	1
17106 -Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	1	1
Approved	1	1
No	1	1
17108 -Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	2	2
Approved	2	2
No	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	3	3
Approved	3	3
No	3	3
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	2	2
Approved	2	2
No	2	2
17250 -Chemical cauterization of granulation tissue (ie, proud flesh)	1	1
Approved	1	1
No	1	1
17272 -Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	1	1
Approved	1	1
No	1	1
17306 -Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation incl	1	1
Approved	1	1
No	1	1
17311 -Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s)	1	1
Approved	1	1
No	1	1
17312 -Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s)	1	1
Approved	1	1
No	1	1
19083 -Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	1	1
Approved	1	1
No	1	1
19301 -Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	2	2



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Approved	2	2
No	2	2
19303 -Mastectomy, simple, complete	4	4
Approved	4	4
No	4	4
19318 -Reduction mammoplasty	10	10
Approved	10	10
No	10	10
19328 -Removal of intact mammary implant	3	3
Approved	3	3
No	3	3
19342 -Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	5	5
Approved	5	5
No	5	5
19357 -Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	6	6
Approved	6	6
No	6	6
19361 -Breast reconstruction with latissimus dorsi flap, without prosthetic implant	1	1
Approved	1	1
No	1	1
19371 -Periprosthetic capsulectomy, breast	2	2
Approved	2	2
No	2	2
20205 -Biopsy, muscle; deep	1	1
Approved	1	1
No	1	1
20526 -Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	1	1
Approved	1	1
No	1	1
20552 -Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	3	3
Approved	3	3
No	3	3
20553 -Injection(s); single or multiple trigger point(s), 3 or more muscles	1	1
Approved	1	1
No	1	1
20560 -Needle insertion(s) without injection(s); 1 or 2 muscle(s)	1	1
Approved	1	1
No	1	1
20610 -Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	2	2
Approved	2	2
No	2	2
20680 -Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	5	7



Approval and Denials with Overturns



Approved	5		5
No	5		5
Not a Covered Benefit		1	1
Appealed but not Overturned		1	1
Not Med Necessary		1	1
Appealed but not Overturned		1	1
20694 -Removal, under anesthesia, of external fixation system	1		1
Approved	1		1
No	1		1
20930 -Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	6		6
Approved	6		6
No	6		6
20931 -Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	20		20
Approved	20		20
No	20		20
20936 -Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminae fragments) obtained from same incision (List separately in addition to code for primary procedure)	11		11
Approved	11		11
No	11		11
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)	10		10
Approved	10		10
No	10		10
20939 -Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	9		9
Approved	9		9
No	9		9
20982 -Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	2		2
Approved	2		2
No	2		2
20983 -Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	1		1
Approved	1		1
No	1		1
21081 -Impression and custom preparation; mandibular resection prosthesis	2		2
Approved	2		2
No	2		2
21085 -Impression and custom preparation; oral surgical splint	6		6
Approved	6		6
No	6		6



Approval and Denials with Overturns



21141 -Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	2	2
Approved	2	2
No	2	2
21193 -Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	1	1
Approved	1	1
No	1	1
21196 -Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	1	1
Approved	1	1
No	1	1
21235 -Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)		1
Not Med Necessary		1
Appealed but not Overturned		1
21299 -Unlisted craniofacial and maxillofacial procedure	1	1
Approved	1	1
No	1	1
21743 -Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	1	1
Approved	1	1
No	1	1
21811 -Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	1	1
Approved	1	1
No	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	2	2
Approved	2	2
No	2	2
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	2	2
Approved	2	2
No	2	2
22513 -Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	1	1
Approved	1	1
No	1	1
22514 -Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	5	5
Approved	5	5
No	5	5
22515 -Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



22551 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	16	16
Approved	16	16
No	16	16
22552 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	13	13
Approved	13	13
No	13	13
22554 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	5	5
Approved	5	5
No	5	5
22558 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	3	3
Approved	3	3
No	3	3
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)	5	5
Approved	5	5
No	5	5
22600 -Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	2	2
Approved	2	2
No	2	2
22612 -Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	7	7
Approved	7	7
No	7	7
22614 -Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	8	8
Approved	8	8
No	8	8
22630 -Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	2	2
Approved	2	2
No	2	2
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	23	23
Approved	23	23
No	23	23
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;	13	13
Approved	13	13
No	13	13



Approval and Denials with Overturns



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)	10	10
Approved	10	10
No	10	10
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)	20	20
Approved	20	20
No	20	20
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)	2	2
Approved	2	2
No	2	2
22845 -Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	18	18
Approved	18	18
No	18	18
22846 -Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	3	3
Approved	3	3
No	3	3
22848 -Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
22850 -Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	1	1
Approved	1	1
No	1	1
22852 -Removal of posterior segmental instrumentation	1	1
Approved	1	1
No	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	39	39
Approved	39	39
No	39	39
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	2	2
Approved	2	2
No	2	2
23412 -Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1	1
Approved	1	1
No	1	1
24357 -Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



24359 -Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	1	1
Approved	1	1
No	1	1
24575 -Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	2	2
Approved	2	2
No	2	2
25073 -Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	1	1
Approved	1	1
No	1	1
25210 -Carpectomy; 1 bone	1	1
Approved	1	1
No	1	1
25290 -Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	1	1
Approved	1	1
No	1	1
25415 -Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	1	1
Approved	1	1
No	1	1
25609 -Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	1	1
Approved	1	1
No	1	1
26615 -Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	3	3
Approved	3	3
No	3	3
27041 -Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	1	1
Approved	1	1
No	1	1
27043 -Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	1	1
Approved	1	1
No	1	1
27045 -Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	1	1
Approved	1	1
No	1	1
27054 -Arthrotomy with synovectomy, hip joint	1	1
Approved	1	1
No	1	1
27059 -Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	1	1
Approved	1	1
No	1	1
27091 -Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	2	2
Approved	2	2
No	2	2



Approval and Denials with Overturns



27096 -Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	13	13
Approved	13	13
No	13	13
27130 -Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	3	3
Approved	3	3
No	3	3
27134 -Revision of total hip arthroplasty; both components, with or without autograft or allograft	2	2
Approved	2	2
No	2	2
27279 -Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	2	2
Approved	2	2
No	2	2
27280 -Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	9	9
Approved	9	9
No	9	9
27310 -Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)		2
Not Med Necessary		2
No		2
27360 -Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	1	1
Approved	1	1
No	1	1
27447 -Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	3	3
Approved	3	3
No	3	3
27535 -Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	4	4
Approved	4	4
No	4	4
27675 -Repair, dislocating peroneal tendons; without fibular osteotomy		1
Not a Covered Benefit		1
No		1
27698 -Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)		1
Not a Covered Benefit		1
No		1
27760 -Closed treatment of medial malleolus fracture; without manipulation	1	1
Approved	1	1
No	1	1
27766 -Open treatment of medial malleolus fracture, includes internal fixation, when performed	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
27792 -Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	1	1
Approved	1	1
No	1	1
27829 -Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	1	1
Approved	1	1
No	1	1
29065 -Application, cast; shoulder to hand (long arm)	1	1
Approved	1	1
No	1	1
29075 -Application, cast; elbow to finger (short arm)	1	1
Approved	1	1
No	1	1
29200 -Strapping; thorax	1	1
Approved	1	1
No	1	1
29450 -Application of clubfoot cast with molding or manipulation, long or short leg	1	1
Approved	1	1
No	1	1
29580 -Strapping; Unna boot	1	1
Approved	1	1
No	1	1
29581 -Application of multi-layer compression system; leg (below knee), including ankle and foot	2	2
Approved	2	2
No	2	2
29806 -Arthroscopy, shoulder, surgical; capsulorrhaphy	2	2
Approved	2	2
No	2	2
29807 -Arthroscopy, shoulder, surgical; repair of SLAP lesion	4	4
Approved	4	4
No	4	4
29824 -Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)		1
Not Med Necessary		1
Appealed but not Overturned		1
29848 -Endoscopy, wrist, surgical, with release of transverse carpal ligament	5	5
Approved	5	5
No	5	5
29855 -Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	2	2
Approved	2	2
No	2	2
29862 -Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	1	1



Approval and Denials with Overturns



Approved	1		1
No	1		1
29876 -Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	2		2
Approved	2		2
No	2		2
29877 -Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	2		2
Approved	2		2
No	2		2
29879 -Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	1		1
Approved	1		1
No	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	3	1	4
Approved	3		3
No	3		3
Not Med Necessary		1	1
Appealed but not Overturned		1	1
29890 -Arthroscopy, Ankle, Diagnostic, With Or Without Synovial Biopsy	1		1
Approved	1		1
No	1		1
29894 -Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	1		1
Approved	1		1
No	1		1
29914 -Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	1		1
Approved	1		1
No	1		1
29915 -Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	1		1
Approved	1		1
No	1		1
29916 -Arthroscopy, hip, surgical; with labral repair	1		1
Approved	1		1
No	1		1
2EB11 -Early - Institutional, MS Rehab - Medium, Comorbidity = 0	1		1
Approved	1		1
No	1		1
30100 -Biopsy, intranasal	1		1
Approved	1		1
No	1		1
30117 -Excision or destruction (eg, laser), intranasal lesion; internal approach	4		4
Approved	4		4
No	4		4
30140 -Submucous resection inferior turbinate, partial or complete, any method	22		22
Approved	22		22



Approval and Denials with Overturns



No	22	22
30460 -Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	2	2
Approved	2	2
No	2	2
30468 -Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	1	1
Approved	1	1
No	1	1
30520 -Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	26	26
Approved	26	26
No	26	26
30801 -Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	1	1
Approved	1	1
No	1	1
30802 -Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	11	11
Approved	11	11
No	11	11
30930 -Fracture nasal inferior turbinate(s), therapeutic	6	6
Approved	6	6
No	6	6
31233 -Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	21	21
Approved	21	21
No	21	21
31235 -Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	21	21
Approved	21	21
No	21	21
31237 -Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	27	27
Approved	27	27
No	27	27
31238 -Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	1	1
Approved	1	1
No	1	1
31240 -Nasal/sinus endoscopy, surgical; with concha bullosa resection	9	9
Approved	9	9
No	9	9
31253 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	2	2
Approved	2	2
No	2	2
31254 -Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	24	24
Approved	24	24
No	24	24



Approval and Denials with Overturns



31255 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	2	2
Approved	2	2
No	2	2
31256 -Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	13	13
Approved	13	13
No	13	13
31257 -Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	7	7
Approved	7	7
No	7	7
31267 -Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	5	5
Approved	5	5
No	5	5
31276 -Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	10	10
Approved	10	10
No	10	10
31287 -Nasal/sinus endoscopy, surgical, with sphenoidotomy;	2	2
Approved	2	2
No	2	2
31288 -Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	1	1
Approved	1	1
No	1	1
31295 -Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	35	35
Approved	35	35
No	35	35
31296 -Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	3	3
Approved	3	3
No	3	3
31298 -Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	35	35
Approved	35	35
No	35	35
31541 -Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	1	1
Approved	1	1
No	1	1
31571 -Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	1	1
Approved	1	1
No	1	1
33208 -Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	4	4
Approved	4	4
No	4	4
33216 -Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



33225 -Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator	2	2
Approved	2	2
No	2	2
33228 -Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	1	1
Approved	1	1
No	1	1
33249 -Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	8	8
Approved	8	8
No	8	8
33263 -Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	1	1
Approved	1	1
No	1	1
33264 -Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	1	1
Approved	1	1
No	1	1
33285 -Insertion, subcutaneous cardiac rhythm monitor, including programming	6	6
Approved	6	6
No	6	6
33340 -Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supe	2	2
Approved	2	2
No	2	2
33416 -Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	1	1
Approved	1	1
No	1	1
33518 -Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
33533 -Coronary artery bypass, using arterial graft(s); single arterial graft	1	1
Approved	1	1
No	1	1
33880 -Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption);	1	1
Approved	1	1
No	1	1
33945 -Heart transplant, with or without recipient cardiectomy	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



33949 -Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	1	1
Approved	1	1
No	1	1
33979 -Insertion of ventricular assist device, implantable intracorporeal, single ventricle	2	2
Approved	2	2
No	2	2
33990 -Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	1	1
Approved	1	1
No	1	1
36224 -Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and ce	1	1
Approved	1	1
No	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	2	2
Approved	2	2
No	2	2
36228 -Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation	1	1
Approved	1	1
No	1	1
36415 -Collection of venous blood by venipuncture	3	3
Approved	3	3
No	3	3
36465 -Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring;	1	1
Approved	1	1
No	1	1
36466 -Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring;	8	8
Approved	8	8
No	8	8
36471 -Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	11	11
Approved	11	11
No	11	11
36475 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	46	46
Approved	46	46
No	46	46
36476 -Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites	5	5
Approved	5	5



Approval and Denials with Overturns



No	5	5
36482 -Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	2	2
Approved	2	2
No	2	2
36555 -Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	1	1
Approved	1	1
No	1	1
36556 -Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	1	1
Approved	1	1
No	1	1
36561 -Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	2	2
Approved	2	2
No	2	2
36589 -Removal of tunneled central venous catheter, without subcutaneous port or pump	1	1
Approved	1	1
No	1	1
36590 -Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	2	2
Approved	2	2
No	2	2
36821 -Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	2	2
Approved	2	2
No	2	2
36830 -Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	1	1
Approved	1	1
No	1	1
37236 -Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	1	1
Approved	1	1
No	1	1
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	1	1
Approved	1	1
No	1	1
37249 -Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separa	1	1
Approved	1	1
No	1	1
37252 -Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



37765 -Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	1	1
Approved	1	1
No	1	1
38207 -Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	1	1
Approved	1	1
No	1	1
38220 -Diagnostic bone marrow; aspiration(s)	2	2
Approved	2	2
No	2	2
38221 -Diagnostic bone marrow; biopsy(ies)	4	4
Approved	4	4
No	4	4
38222 -Diagnostic bone marrow; biopsy(ies) and aspiration(s)	3	3
Approved	3	3
No	3	3
38505 -Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	2	2
Approved	2	2
No	2	2
38525 -Biopsy or excision of lymph node(s); open, deep axillary node(s)	5	5
Approved	5	5
No	5	5
38564 -Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	1	1
Approved	1	1
No	1	1
38571 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	4	4
Approved	4	4
No	4	4
38724 -Cervical lymphadenectomy (modified radical neck dissection)	2	2
Approved	2	2
No	2	2
38770 -Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	1	1
Approved	1	1
No	1	1
38792 -Injection procedure; radioactive tracer for identification of sentinel node	2	2
Approved	2	2
No	2	2
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)	3	3
Approved	3	3
No	3	3
41899 -Unlisted procedure, dentoalveolar structures	4	4
Approved	4	4
No	4	4



Approval and Denials with Overturns



42140 -Uvulectomy, excision of uvula	2	2
Approved	2	2
No	2	2
42820 -Tonsillectomy and adenoidectomy; younger than age 12	7	7
Approved	7	7
No	7	7
42821 -Tonsillectomy and adenoidectomy; age 12 or over	1	1
Approved	1	1
No	1	1
43191 -Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	1	1
Approved	1	1
No	1	1
43235 -Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	5	5
Approved	5	5
No	5	5
43239 -Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	4	4
Approved	4	4
No	4	4
43260 -Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	4	4
Approved	4	4
No	4	4
43280 -Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	1	1
Approved	1	1
No	1	1
43330 -Esophagomyotomy (Heller type); abdominal approach	1	1
Approved	1	1
No	1	1
43450 -Dilation of esophagus, by unguided sound or bougie, single or multiple passes	1	1
Approved	1	1
No	1	1
43774 -Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	1	1
Approved	1	1
No	1	1
44146 -Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	1	1
Approved	1	1
No	1	1
44187 -Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



44207 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	1	1
Approved	1	1
No	1	1
44227 -Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	4	4
Approved	4	4
No	4	4
44625 -Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	1	1
Approved	1	1
No	1	1
44626 -Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	2	2
Approved	2	2
No	2	2
45130 -Excision of rectal procidentia, with anastomosis; perineal approach	1	1
Approved	1	1
No	1	1
45330 -Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1	1
Approved	1	1
No	1	1
45378 -Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	2	2
Approved	2	2
No	2	2
45380 -Colonoscopy, flexible; with biopsy, single or multiple	6	6
Approved	6	6
No	6	6
45385 -Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		1
Not Med Necessary		1
Appealed but not Overturned		1
45541 -Proctopexy (eg, for prolapse); perineal approach	1	1
Approved	1	1
No	1	1
46200 -Fissurectomy, including sphincterotomy, when performed	2	2
Approved	2	2
No	2	2
46220 -Excision of single external papilla or tag, anus	2	2
Approved	2	2
No	2	2
46260 -Hemorrhoidectomy, internal and external, 2 or more columns/groups;	1	1
Approved	1	1
No	1	1
46275 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	1	1



Approval and Denials with Overturns



Approved	1	1
No	1	1
46505 -Chemodeneration of internal anal sphincter	1	1
Approved	1	1
No	1	1
46600 -Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1	1
Approved	1	1
No	1	1
46761 -Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	1	1
Approved	1	1
No	1	1
46946 -Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	3	3
Approved	3	3
No	3	3
47100 -Biopsy of liver, wedge	1	1
Approved	1	1
No	1	1
47135 -Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	2	2
Approved	2	2
No	2	2
47563 -Laparoscopy, surgical; cholecystectomy with cholangiography	2	2
Approved	2	2
No	2	2
48150 -Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	1	1
Approved	1	1
No	1	1
49083 -Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	3	3
Approved	3	3
No	3	3
49180 -Biopsy, abdominal or retroperitoneal mass, percutaneous needle	2	2
Approved	2	2
No	2	2
49565 -Repair recurrent incisional or ventral hernia; reducible	1	1
Approved	1	1
No	1	1
49585 -Repair umbilical hernia, age 5 years or older; reducible	1	1
Approved	1	1
No	1	1
49650 -Laparoscopy, surgical; repair initial inguinal hernia	2	2
Approved	2	2
No	2	2



Approval and Denials with Overturns



50081 -Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	1	1
Approved	1	1
No	1	1
50200 -Renal biopsy; percutaneous, by trocar or needle	1	1
Approved	1	1
No	1	1
50300 -Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	1	1
Approved	1	1
No	1	1
50360 -Renal allotransplantation, implantation of graft; without recipient nephrectomy	4	4
Approved	4	4
No	4	4
50365 -Renal allotransplantation, implantation of graft; with recipient nephrectomy	1	1
Approved	1	1
No	1	1
50405 -Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting;	2	2
Approved	2	2
No	2	2
50431 -Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	1	1
Approved	1	1
No	1	1
50543 -Laparoscopy, surgical; partial nephrectomy	2	2
Approved	2	2
No	2	2
50545 -Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	3	3
Approved	3	3
No	3	3
50590 -Lithotripsy, extracorporeal shock wave	5	5
Approved	5	5
No	5	5
50592 -Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	1	1
Approved	1	1
No	1	1
51596 -Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	1	1
Approved	1	1
No	1	1
51600 -Injection procedure for cystography or voiding urethrocytography	2	2
Approved	2	2



Approval and Denials with Overturns



No	2	2
51728 -Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	1	1
Approved	1	1
No	1	1
51797 -Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
51798 -Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	2	2
Approved	2	2
No	2	2
51990 -Laparoscopy, surgical; urethral suspension for stress incontinence	2	2
Approved	2	2
No	2	2
52000 -Cystourethroscopy (separate procedure)	9	9
Approved	9	9
No	9	9
52005 -Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	4	4
Approved	4	4
No	4	4
52204 -Cystourethroscopy, with biopsy(s)	3	3
Approved	3	3
No	3	3
52260 -Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	1	1
Approved	1	1
No	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	1	1
Approved	1	1
No	1	1
52287 -Cystourethroscopy, with injection(s) for chemodenervation of the bladder	4	4
Approved	4	4
No	4	4
52310 -Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	2	2
Approved	2	2
No	2	2
52315 -Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	1	1
Approved	1	1
No	1	1
52332 -Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	3	3



Approval and Denials with Overturns



Approved	3	3
No	3	3
52351 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	3	3
Approved	3	3
No	3	3
52352 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	1	1
Approved	1	1
No	1	1
52353 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1	1
Approved	1	1
No	1	1
52356 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	6	6
Approved	6	6
No	6	6
54150 -Circumcision, using clamp or other device with regional dorsal penile or ring block	1	1
Approved	1	1
No	1	1
54405 -Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	1	1
Approved	1	1
No	1	1
54520 -Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	2	2
Approved	2	2
No	2	2
54530 -Orchiectomy, radical, for tumor; inguinal approach	2	2
Approved	2	2
No	2	2
55700 -Biopsy, prostate; needle or punch, single or multiple, any approach	2	2
Approved	2	2
No	2	2
55866 -Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	2	2
Approved	2	2
No	2	2
55876 -Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	1	1
Not Med Necessary	1	1
No	1	1
57156 -Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	1	1
Approved	1	1
No	1	1
57240 -Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	2	2
Approved	2	2



Approval and Denials with Overturns



No	2		2
57287 -Removal or revision of sling for stress incontinence (eg, fascia or synthetic)		1	1
Not Med Necessary		1	1
Appealed but not Overturned		1	1
57288 -Sling operation for stress incontinence (eg, fascia or synthetic)	7		7
Approved	7		7
No	7		7
57410 -Pelvic examination under anesthesia (other than local)	1		1
Approved	1		1
No	1		1
57522 -Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	1		1
Approved	1		1
No	1		1
58100 -Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	1		1
Approved	1		1
No	1		1
58180 -Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	2		2
Approved	2		2
No	2		2
58300 -Insertion of intrauterine device (IUD)	1		1
Approved	1		1
No	1		1
58301 -Removal of intrauterine device (IUD)	1		1
Approved	1		1
No	1		1
58558 -Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	2		2
Approved	2		2
No	2		2
58561 -Hysteroscopy, surgical; with removal of leiomyomata	2		2
Approved	2		2
No	2		2
58563 -Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	2		2
Approved	2		2
No	2		2
58571 -Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	5		5
Approved	5		5
No	5		5
58661 -Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	6		6
Approved	6		6
No	6		6



Approval and Denials with Overturns



58953 -Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	1	1
Approved	1	1
No	1	1
58956 -Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	1	1
Approved	1	1
No	1	1
59000 -Amniocentesis; diagnostic	6	6
Approved	6	6
No	6	6
59015 -Chorionic villus sampling, any method	1	1
Approved	1	1
No	1	1
59025 -Fetal non-stress test	1	1
Approved	1	1
No	1	1
60220 -Total thyroid lobectomy, unilateral; with or without isthmusectomy	2	2
Approved	2	2
No	2	2
61624 -Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	2	2
Approved	2	2
No	2	2
61635 -Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	1	1
Approved	1	1
No	1	1
61782 -Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	26	26
Approved	26	26
No	26	26
61783 -Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	4	4
Approved	4	4
No	4	4
61796 -Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	1	1
Approved	1	1
No	1	1
61800 -Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
61885 -Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



62223 -Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	1	1
Approved	1	1
No	1	1
62268 -Percutaneous aspiration, spinal cord cyst or syrinx	1	1
Approved	1	1
No	1	1
62270 -Spinal puncture, lumbar, diagnostic	3	3
Approved	3	3
No	3	3
62273 -Injection, epidural, of blood or clot patch	1	1
Approved	1	1
No	1	1
62310 -Injections of diagnostic or therapeutic substances inc	1	1
Approved	1	1
No	1	1
62320 -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, cervic	1	1
Approved	1	1
No	1	1
62321 -Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervic	53	53
Approved	53	53
No	53	53
62322 -Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar	4	4
Approved	4	4
No	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	81	81
Approved	81	81
No	81	81
62360 -Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir		1
Not Med Necessary		1
Appealed but not Overturned		1
62362 -Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	1	1
Approved	1	1
No	1	1
63001 -Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



63005 -Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	1	1
Approved	1	1
No	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	20	20
Approved	20	20
No	20	20
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	2	2
Approved	2	2
No	2	2
63042 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	2	2
Approved	2	2
No	2	2
63044 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace;	2	2
Approved	2	2
No	2	2
63045 -Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	1	1
Approved	1	1
No	1	1
63046 -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; thoracic	2	2
Approved	2	2
No	2	2
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	18	18
Approved	18	18
No	18	18
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;	15	15
Approved	15	15
No	15	15
63081 -Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	6	6
Approved	6	6
No	6	6
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)	2	2
Approved	2	2



Approval and Denials with Overturns



No	2	2
63267 -Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	9	9
Approved	9	9
No	9	9
63272 -Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	1	1
Approved	1	1
No	1	1
63273 -Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	1	1
Approved	1	1
No	1	1
63650 -Percutaneous implantation of neurostimulator electrode array, epidural	10	10
Approved	10	10
No	10	10
63655 -Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	6	6
Approved	6	6
No	6	6
63685 -Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	8	8
Approved	8	8
No	8	8
63688 -Revision or removal of implanted spinal neurostimulator pulse generator or receiver	1	1
Approved	1	1
No	1	1
64420 -Injection, anesthetic agent; intercostal nerve, single	1	1
Approved	1	1
No	1	1
64421 -Injection, anesthetic agent; intercostal nerves, multiple, regional block	1	1
Approved	1	1
No	1	1
64435 -Injection, anesthetic agent; paracervical (uterine) nerve	1	1
Approved	1	1
No	1	1
64450 -Injection, anesthetic agent; other peripheral nerve or branch	5	5
Approved	5	5
No	5	5
64454 -Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	2	2
Approved	2	2
No	2	2
64479 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	3	3
Approved	3	3
No	3	3
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)	2	2



Approval and Denials with Overturns



Approved	2	2
No	2	2
64483 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	144	144
Approved	144	144
No	144	144
64484 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	109	109
Approved	109	109
No	109	109
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	25	25
Approved	25	25
No	25	25
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;	24	24
Approved	24	24
No	24	24
64492 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to co	13	13
Approved	13	13
No	13	13
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	64	64
Approved	64	64
No	64	64
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)	61	61
Approved	61	61
No	61	61
64495 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral;	15	15
Approved	15	15
No	15	15
64520 -Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	1	1
Approved	1	1
No	1	1
64561 -Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	1	1
Approved	1	1
No	1	1
64611 -Chemodeneration of parotid and submandibular salivary glands, bilateral	2	2
Approved	2	2



Approval and Denials with Overturns



No	2	2
64615 -Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	35	35
Approved	35	35
No	35	35
64616 -Chemodeneration of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	11	11
Approved	11	11
No	11	11
64620 -Destruction by neurolytic agent, intercostal nerve	1	1
Approved	1	1
No	1	1
64624 -Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	4	4
Approved	4	4
No	4	4
64625 -Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	5	5
Approved	5	5
No	5	5
64633 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	12	12
Approved	12	12
No	12	12
64634 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	11	11
Approved	11	11
No	11	11
64635 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	27	27
Approved	27	27
No	27	27
64636 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	26	26
Approved	26	26
No	26	26
64644 -Chemodeneration of one extremity; 5 or more muscles	1	1
Approved	1	1
No	1	1
64645 -Chemodeneration of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
64718 -Neuroplasty and/or transposition; ulnar nerve at elbow	8	8
Approved	8	8



Approval and Denials with Overturns



No	8	8
64721 -Neuroplasty and/or transposition; median nerve at carpal tunnel	50	50
Approved	50	50
No	50	50
64788 -Excision of neurofibroma or neurolemmoma; cutaneous nerve	1	1
Approved	1	1
No	1	1
64831 -Suture of digital nerve, hand or foot; 1 nerve	1	1
Approved	1	1
No	1	1
64872 -Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	1	1
Approved	1	1
No	1	1
64910 -Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	2	2
Approved	2	2
No	2	2
64999 -Unlisted procedure, nervous system	1	1
Approved	1	1
No	1	1
65730 -Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	1	1
Approved	1	1
No	1	1
65820 -Goniotomy	1	1
Approved	1	1
No	1	1
66180 -Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	1	1
Approved	1	1
No	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)	6	6
Approved	6	6
No	6	6
66982 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification),	1	1
Approved	1	1
No	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)	11	11
Approved	11	11
No	11	11
66985 -Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



67028 -Intravitreal injection of a pharmacologic agent (separate procedure)	67	67
Approved	67	67
No	67	67
67036 -Vitreotomy, mechanical, pars plana approach;	1	1
Approved	1	1
No	1	1
67113 -Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees),	2	2
Approved	2	2
No	2	2
67121 -Removal of implanted material, posterior segment; intraocular	1	1
Approved	1	1
No	1	1
67210 -Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	1	1
Approved	1	1
No	1	1
67228 -Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	1	1
Approved	1	1
No	1	1
67311 -Strabismus surgery, recession or resection procedure; 1 horizontal muscle	1	1
Approved	1	1
No	1	1
67332 -Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
67515 -Injection of medication or other substance into Tenon's capsule	1	1
Approved	1	1
No	1	1
67830 -Correction of trichiasis; incision of lid margin	1	1
Approved	1	1
No	1	1
67840 -Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	1	1
Approved	1	1
No	1	1
67900 -Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	1	1
Approved	1	1
No	1	1
67904 -Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	7	7
Approved	7	7
No	7	7
67909 -Reduction of overcorrection of ptosis	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
69420 -Myringotomy including aspiration and/or eustachian tube inflation	2	2
Approved	2	2
No	2	2
69424 -Ventilating tube removal requiring general anesthesia	2	2
Approved	2	2
No	2	2
69436 -Typanostomy (requiring insertion of ventilating tube), general anesthesia	9	9
Approved	9	9
No	9	9
69440 -Middle ear exploration through postauricular or ear canal incision	1	1
Approved	1	1
No	1	1
69620 -Myringoplasty (surgery confined to drumhead and donor area)	1	1
Approved	1	1
No	1	1
69706 -Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	3	3
Approved	3	3
No	3	3
69990 -Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	3	3
Approved	3	3
No	3	3
70336 -Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	1	1
Approved	1	1
No	1	1
70450 -Computed tomography, head or brain; without contrast material	1	1
Approved	1	1
No	1	1
70460 -Computed tomography, head or brain; with contrast material(s)	2	2
Approved	2	2
No	2	2
70470 -Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	2	2
Approved	2	2
No	2	2
70491 -Computed tomography, soft tissue neck; with contrast material(s)	6	6
Approved	6	6
No	6	6
70496 -Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	2	2
Approved	2	2
No	2	2
70498 -Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	2	2



Approval and Denials with Overturns



Approved	2	2
No	2	2
70540 -Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	2	2
Approved	2	2
No	2	2
70543 -Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	18	18
Approved	18	18
No	18	18
70544 -Magnetic resonance angiography, head; without contrast material(s)	19	19
Approved	19	19
No	19	19
70545 -Magnetic resonance angiography, head; with contrast material(s)	2	2
Approved	2	2
No	2	2
70546 -Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	13	13
Approved	13	13
No	13	13
70547 -Magnetic resonance angiography, neck; without contrast material(s)	5	5
Approved	5	5
No	5	5
70548 -Magnetic resonance angiography, neck; with contrast material(s)	2	2
Approved	2	2
No	2	2
70549 -Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	7	7
Approved	7	7
No	7	7
70551 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	98	98
Approved	98	98
No	98	98
70552 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	3	3
Approved	3	3
No	3	3
70553 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	169	169
Approved	169	169
No	169	169
70554 -Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	1	1
Approved	1	1
No	1	1
71010 -Radiologic examination, chest; single view, frontal	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
71020 -Radiologic examination, chest, 2 views, frontal and lateral;	1	1
Approved	1	1
No	1	1
71035 -Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	1	1
Approved	1	1
No	1	1
71046 -Radiologic examination, chest; 2 views	8	8
Approved	8	8
No	8	8
71250 -Computed tomography, thorax; without contrast material	7	7
Approved	7	7
No	7	7
71260 -Computed tomography, thorax; with contrast material(s)	19	19
Approved	19	19
No	19	19
71270 -Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	4	4
Approved	4	4
No	4	4
71275 -Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	2	2
Approved	2	2
No	2	2
71550 -Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	4	4
Approved	4	4
No	4	4
71552 -Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	1	1
Approved	1	1
No	1	1
71555 -Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	3	3
Approved	3	3
No	3	3
72020 -Radiologic examination, spine, single view, specify level	1	1
Approved	1	1
No	1	1
72040 -Radiologic examination, spine, cervical; 2 or 3 views	4	4
Approved	4	4
No	4	4
72050 -Radiologic examination, spine, cervical; 4 or 5 views	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



72100 -Radiologic examination, spine, lumbosacral; 2 or 3 views	1	1
Approved	1	1
No	1	1
72110 -Radiologic examination, spine, lumbosacral; minimum of 4 views	1	1
Approved	1	1
No	1	1
72120 -Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	1	1
Approved	1	1
No	1	1
72125 -Computed tomography, cervical spine; without contrast material	2	2
Approved	2	2
No	2	2
72140 -MAGNETIC RESONANCE (EG PROTON) IMAGING	1	1
Approved	1	1
No	1	1
72141 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	156	156
Approved	156	156
No	156	156
72146 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	40	40
Approved	40	40
No	40	40
72148 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	317	317
Approved	317	317
No	317	317
72149 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	1	1
Approved	1	1
No	1	1
72156 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	44	44
Approved	44	44
No	44	44
72157 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	22	22
Approved	22	22
No	22	22
72158 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	45	45
Approved	45	45
No	45	45
72170 -Radiologic examination, pelvis; 1 or 2 views	3	3
Approved	3	3
No	3	3



Approval and Denials with Overturns



72191 -Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1	1
Approved	1	1
No	1	1
72192 -Computed tomography, pelvis; without contrast material	1	1
Approved	1	1
No	1	1
72193 -Computed tomography, pelvis; with contrast material(s)	2	2
Approved	2	2
No	2	2
72195 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	22	22
Approved	22	22
No	22	22
72197 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	31	31
Approved	31	31
No	31	31
72198 -Magnetic resonance angiography, pelvis, with or without contrast material(s)	2	2
Approved	2	2
No	2	2
72202 -Radiologic examination, sacroiliac joints; 3 or more views	2	2
Approved	2	2
No	2	2
73070 -Radiologic examination, elbow; 2 views	1	1
Approved	1	1
No	1	1
73080 -Radiologic examination, elbow; complete, minimum of 3 views	1	1
Approved	1	1
No	1	1
73090 -Radiologic examination; forearm, 2 views	1	1
Approved	1	1
No	1	1
73218 -Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	16	16
Approved	16	16
No	16	16
73219 -Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	2	2
Approved	2	2
No	2	2
73220 -Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	2	2
Approved	2	2
No	2	2
73221 -Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	183	183



Approval and Denials with Overturns



Approved	183	183
No	183	183
73222 -Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	7	7
Approved	7	7
No	7	7
73223 -Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	7	7
Approved	7	7
No	7	7
73225 -Magnetic resonance angiography, upper extremity, with or without contrast material(s)	1	1
Approved	1	1
No	1	1
73500 -RADIOLOGIC EXAMINATION HIP UNILATERAL 1 VIEW	3	3
Approved	3	3
No	3	3
73510 -RADIOLOGIC EXAMINATION HIP UNILATERAL COMPLETE MINIMUM O	3	3
Approved	3	3
No	3	3
73520 -RADIOLOGIC EXAMINATION HIPS BILATERAL MINIMUM OF 2 VIEWS	3	3
Approved	3	3
No	3	3
73540 -RADIOLOGIC EXAMINATION PELVIS AND HIPS INFANT OR CHILD MINIM	3	3
Approved	3	3
No	3	3
73610 -Radiologic examination, ankle; complete, minimum of 3 views	1	1
Approved	1	1
No	1	1
73718 -Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	34	34
Approved	34	34
No	34	34
73720 -Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	10	10
Approved	10	10
No	10	10
73721 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	310	310
Approved	310	310
No	310	310
73722 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	5	5
Approved	5	5
No	5	5
73723 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	24	24
Approved	24	24



Approval and Denials with Overturns



No	24	24
73725 -Magnetic resonance angiography, lower extremity, with or without contrast material(s)	1	1
Approved	1	1
No	1	1
74150 -Computed tomography, abdomen; without contrast material	2	2
Approved	2	2
No	2	2
74160 -Computed tomography, abdomen; with contrast material(s)	5	5
Approved	5	5
No	5	5
74170 -Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	4	4
Approved	4	4
No	4	4
74174 -Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1	1
Approved	1	1
No	1	1
74176 -Computed tomography, abdomen and pelvis; without contrast material	5	5
Approved	5	5
No	5	5
74177 -Computed tomography, abdomen and pelvis; with contrast material(s)	16	16
Approved	16	16
No	16	16
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	10	10
Approved	10	10
No	10	10
74181 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	14	14
Approved	14	14
No	14	14
74182 -Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	5	5
Approved	5	5
No	5	5
74183 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	54	54
Approved	54	54
No	54	54
74185 -Magnetic resonance angiography, abdomen, with or without contrast material(s)	1	1
Approved	1	1
No	1	1
74280 -Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



74455 -Urethrocytography, voiding, radiological supervision and interpretation	2	2
Approved	2	2
No	2	2
75557 -Cardiac magnetic resonance imaging for morphology and function without contrast material;	1	1
Approved	1	1
No	1	1
75561 -Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	2	2
Approved	2	2
No	2	2
75565 -Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	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
Approved	1	1
No	1	1
75574 -Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio	1	1
Approved	1	1
No	1	1
75625 -Aortography, abdominal, by serialography, radiological supervision and interpretation	1	1
Approved	1	1
No	1	1
75630 -Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	1	1
Approved	1	1
No	1	1
75710 -Angiography, extremity, unilateral, radiological supervision and interpretation	1	1
Approved	1	1
No	1	1
75716 -Angiography, extremity, bilateral, radiological supervision and interpretation	1	1
Approved	1	1
No	1	1
75894 -Transcatheter therapy, embolization, any method, radiological supervision and interpretation	2	2
Approved	2	2
No	2	2
75898 -Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	1	1
Approved	1	1
No	1	1
76000 -Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	6	6
Approved	6	6



Approval and Denials with Overturns



No	6	6
76102 -Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	1	1
Approved	1	1
No	1	1
76376 -3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision;	5	5
Approved	5	5
No	5	5
76377 -3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision;	1	1
Approved	1	1
No	1	1
76512 -Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	6	6
Approved	6	6
No	6	6
76536 -Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	9	9
Approved	9	9
No	9	9
76604 -Ultrasound, chest (includes mediastinum), real time with image documentation	1	1
Approved	1	1
No	1	1
76641 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	4	4
Approved	4	4
No	4	4
76642 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	1	1
Approved	1	1
No	1	1
76700 -Ultrasound, abdominal, real time with image documentation; complete	8	8
Approved	8	8
No	8	8
76705 -Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	2	2
Approved	2	2
No	2	2
76770 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	16	16
Approved	16	16
No	16	16
76776 -Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	1	1
Approved	1	1
No	1	1
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	14	14
Approved	14	14



Approval and Denials with Overturns



No	14	14
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	7	7
Approved	7	7
No	7	7
76811 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	16	16
Approved	16	16
No	16	16
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)	1	1
Approved	1	1
No	1	1
76813 -Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	15	15
Approved	15	15
No	15	15
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	57	57
Approved	57	57
No	57	57
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	68	68
Approved	68	68
No	68	68
76817 -Ultrasound, pregnant uterus, real time with image documentation, transvaginal	30	30
Approved	30	30
No	30	30
76819 -Fetal biophysical profile; without non-stress testing	73	73
Approved	73	73
No	73	73
76820 -Doppler velocimetry, fetal; umbilical artery	14	14
Approved	14	14
No	14	14
76821 -Doppler velocimetry, fetal; middle cerebral artery	10	10
Approved	10	10
No	10	10
76825 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	10	10
Approved	10	10
No	10	10
76827 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	4	4
Approved	4	4



Approval and Denials with Overturns



No	4		4
76856 -Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	4		4
Approved	4		4
No	4		4
76857 -Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	2		2
Approved	2		2
No	2		2
76870 -Ultrasound, scrotum and contents	6		6
Approved	6		6
No	6		6
76872 -Ultrasound, transrectal;	1	1	2
Approved	1		1
No	1		1
Not Med Necessary		1	1
No		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	3		3
Approved	3		3
No	3		3
76942 -Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	3	1	4
Approved	3		3
No	3		3
Not Med Necessary		1	1
No		1	1
76945 -Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	10		10
Approved	10		10
No	10		10
76946 -Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	5		5
Approved	5		5
No	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	1		1
Approved	1		1
No	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)	139		139
Approved	139		139
No	139		139
77012 -Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	4		4
Approved	4		4
No	4		4



Approval and Denials with Overturns



77014 -Computed tomography guidance for placement of radiation therapy fields	29	29
Approved	29	29
No	29	29
77032 -MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST	1	1
Approved	1	1
No	1	1
77047 -Magnetic resonance imaging, breast, without contrast material; bilateral	1	1
Approved	1	1
No	1	1
77049 -Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	22	22
Approved	22	22
No	22	22
77052 -Computeraided detection computer algorithm analysis of dig	2	2
Approved	2	2
No	2	2
77057 -SCREENING MAMMOGRAPHY, BILATERAL	2	2
Approved	2	2
No	2	2
77059 -Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	3	3
Approved	3	3
No	3	3
77066 -Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	2	2
Approved	2	2
No	2	2
77067 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	2	2
Approved	2	2
No	2	2
77075 -Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	2	2
Approved	2	2
No	2	2
77080 -Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	1	1
Approved	1	1
No	1	1
77085 -Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	1	1
Approved	1	1
No	1	1
77263 -Therapeutic radiology treatment planning; complex	55	56
Approved	55	55
No	55	55
Not Med Necessary		1
No		1



Approval and Denials with Overturns



77280 -Therapeutic radiology simulation-aided field setting; simple	27		27
Approved	27		27
No	27		27
77290 -Therapeutic radiology simulation-aided field setting; complex	46		46
Approved	46		46
No	46		46
77293 -Respiratory motion management simulation (List separately in addition to code for primary procedure)	4	1	5
Approved	4		4
No	4		4
Not Med Necessary		1	1
No		1	1
77295 -3-dimensional radiotherapy plan, including dose-volume histograms	21	1	22
Approved	21		21
No	21		21
Not Med Necessary		1	1
No		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	50	1	51
Approved	50		50
No	50		50
Not Med Necessary		1	1
No		1	1
77301 -Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	29	1	30
Approved	29		29
No	29		29
Not Med Necessary		1	1
No		1	1
77307 -Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	21		21
Approved	21		21
No	21		21
77316 -Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	1		1
Approved	1		1
No	1		1
77321 -Special teletherapy port plan, particles, hemibody, total body	9		9
Approved	9		9
No	9		9
77331 -Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	6		6
Approved	6		6
No	6		6
77332 -Treatment devices, design and construction; simple (simple block, simple bolus)	1		1



Approval and Denials with Overturns



Approved	1		1
No	1		1
77334 -Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	67	1	68
Approved	67		67
No	67		67
Not Med Necessary		1	1
No		1	1
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	54	1	55
Approved	54		54
No	54		54
Not Med Necessary		1	1
No		1	1
77338 -Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	30		30
Approved	30		30
No	30		30
77370 -Special medical radiation physics consultation	10		10
Approved	10		10
No	10		10
77372 -Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	2		2
Approved	2		2
No	2		2
77373 -Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	2		2
Approved	2		2
No	2		2
77385 -Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	12		12
Approved	12		12
No	12		12
77386 -Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	18		18
Approved	18		18
No	18		18
77387 -Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	32	1	33
Approved	32		32
No	32		32
Not Med Necessary		1	1
No		1	1
77412 -Radiation treatment delivery, => 1 MeV; complex	24	1	25
Approved	24		24
No	24		24
Not Med Necessary		1	1



Approval and Denials with Overturns



Appealed but not Overturned		1	1
77417 -Therapeutic radiology port image(s)	23		23
Approved	23		23
No	23		23
77418 -INTENSITY MODULATED TREATMENT DELIVERY SINGLE OR MULTIPLE FI	3		3
Approved	3		3
No	3		3
77421 -STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUM	2		2
Approved	2		2
No	2		2
77427 -Radiation treatment management, 5 treatments	53	1	54
Approved	53		53
No	53		53
Not Med Necessary		1	1
No		1	1
77432 -Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	3		3
Approved	3		3
No	3		3
77435 -Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	2		2
Approved	2		2
No	2		2
77470 -Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	21	1	22
Approved	21		21
No	21		21
Not Med Necessary		1	1
No		1	1
77520 -Proton treatment delivery; simple, without compensation		1	1
Not Med Necessary		1	1
No		1	1
77522 -Proton treatment delivery; simple, with compensation		1	1
Not Med Necessary		1	1
No		1	1
77523 -Proton treatment delivery; intermediate		1	1
Not Med Necessary		1	1
No		1	1
77525 -Proton treatment delivery; complex		1	1
Not Med Necessary		1	1
No		1	1
77771 -Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	1		1
Approved	1		1
No	1		1



Approval and Denials with Overturns



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);	4	4
Approved	4	4
No	4	4
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	2	2
Approved	2	2
No	2	2
78492 -Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	19	1
Approved	19	19
No	19	19
Not Med Necessary		1
No		1
78800 -Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	1	1
Approved	1	1
No	1	1
78813 -Positron emission tomography (PET) imaging; whole body	1	1
Approved	1	1
No	1	1
78814 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	1	1
Approved	1	1
No	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	110	110
Approved	110	110
No	110	110
78816 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	9	9
Approved	9	9
No	9	9
80047 -Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	2	2
Approved	2	2
No	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)	6	6
Approved	6	6
No	6	6
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	7	7



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Approved	7	7
No	7	7
80051 -Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	4	4
Approved	4	4
No	4	4
80052 -PRE-MARITAL PROFILE	1	1
Approved	1	1
No	1	1
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	24	24
Approved	24	24
No	24	24
80061 -Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	7	7
Approved	7	7
No	7	7
80074 -Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	1	1
Approved	1	1
No	1	1
80076 -Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate am	4	4
Approved	4	4
No	4	4
80100 -DRUG SCREEN; MULTIPLE DRUG CLASSES EACH PROCEDURE	1	1
Approved	1	1
No	1	1
80101 -DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS	1	1
Approved	1	1
No	1	1
80305 -Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when perf	1	1
Approved	1	1
No	1	1
80306 -Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when perfo	1	1
Approved	1	1
No	1	1
80307 -Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spect	3	3
Approved	3	3
No	3	3



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80320 -Alcohols	4	4	
Approved	4	4	
No	4	4	
80321 -Alcohol biomarkers; 1 or 2	1	1	
Approved	1	1	
No	1	1	
80418 -Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth	1	1	
Approved	1	1	
No	1	1	
81001 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	12	12	
Approved	12	12	
No	12	12	
81002 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	2	2	
Approved	2	2	
No	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	5	5	
Approved	5	5	
No	5	5	
81015 -Urinalysis; microscopic only	3	3	
Approved	3	3	
No	3	3	
81025 -Urine pregnancy test, by visual color comparison methods	1	1	
Approved	1	1	
No	1	1	
81120 -IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	7	1	8
Approved	7		7
No	7		7
Not Med Necessary		1	1
No		1	1
81121 -IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	7	1	8
Approved	7		7
No	7		7
Not Med Necessary		1	1
No		1	1
81162 -BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	19	1	20
Approved	19		19
No	19		19
Not Med Necessary		1	1



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Appealed but not Overturned		1	1
81163 -BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	6	1	7
Approved	6		6
No	6		6
Not Med Necessary		1	1
No		1	1
81170 -ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	2	1	3
Approved	2		2
No	2		2
Not Med Necessary		1	1
No		1	1
81173 -AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	3	1	4
Approved	3		3
No	3		3
Not Med Necessary		1	1
No		1	1
81191 -NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	1		1
Approved	1		1
No	1		1
81193 -NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	1		1
Approved	1		1
No	1		1
81194 -NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	6	1	7
Approved	6		6
No	6		6
Not Med Necessary		1	1
No		1	1
81201 -APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	5	1	6
Approved	5		5
No	5		5
Not Med Necessary		1	1
No		1	1
81206 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	9	1	10
Approved	9		9
No	9		9
Not Med Necessary		1	1
No		1	1
81207 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	6	1	7
Approved	6		6
No	6		6



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Not Med Necessary		1	1
No		1	1
81208 -BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	2	1	3
Approved	2		2
No	2		2
Not Med Necessary		1	1
No		1	1
81210 -BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	7	1	8
Approved	7		7
No	7		7
Not Med Necessary		1	1
No		1	1
81219 -CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	5		5
Approved	5		5
No	5		5
81235 -EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	5	1	6
Approved	5		5
No	5		5
Not Med Necessary		1	1
No		1	1
81236 -EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	2		2
Approved	2		2
No	2		2
81240 -F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	4		4
Approved	4		4
No	4		4
81241 -F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	6		6
Approved	6		6
No	6		6
81245 -FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	3	1	4
Approved	3		3
No	3		3
Not Med Necessary		1	1
No		1	1
81256 -HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	7		7
Approved	7		7
No	7		7
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	2		2
Approved	2		2



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No	2		2
81270 -JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	11		11
Approved	11		11
No	11		11
81272 -KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	5	1	6
Approved	5		5
No	5		5
Not Med Necessary		1	1
No		1	1
81275 -KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	6	1	7
Approved	6		6
No	6		6
Not Med Necessary		1	1
No		1	1
81276 -KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	5	1	6
Approved	5		5
No	5		5
Not Med Necessary		1	1
No		1	1
81279 -JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	8	1	9
Approved	8		8
No	8		8
Not Med Necessary		1	1
No		1	1
81287 -MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	1		1
Approved	1		1
No	1		1
81292 -MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8	1	9
Approved	8		8
No	8		8
Not Med Necessary		1	1
No		1	1
81294 -MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2		2
Approved	2		2
No	2		2
81295 -MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8	1	9
Approved	8		8
No	8		8
Not Med Necessary		1	1



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No		1	1
81297 -MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2		2
Approved	2		2
No	2		2
81298 -MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	8	1	9
Approved	8		8
No	8		8
Not Med Necessary		1	1
No		1	1
81300 -MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2		2
Approved	2		2
No	2		2
81301 -Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	6	1	7
Approved	6		6
No	6		6
Not Med Necessary		1	1
No		1	1
81307 -PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	3	1	4
Approved	3		3
No	3		3
Not Med Necessary		1	1
No		1	1
81309 -PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	6	1	7
Approved	6		6
No	6		6
Not Med Necessary		1	1
No		1	1
81311 -NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	9	1	10
Approved	9		9
No	9		9
Not Med Necessary		1	1
No		1	1
81314 -PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	1	1	2
Approved	1		1
No	1		1
Not Med Necessary		1	1



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No		1	1
81317 -PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	2		2
Approved	2		2
No	2		2
81319 -PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	2		2
Approved	2		2
No	2		2
81321 -PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	6	1	7
Approved	6		6
No	6		6
Not Med Necessary		1	1
No		1	1
81334 -RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	2		2
Approved	2		2
No	2		2
81338 -MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	4		4
Approved	4		4
No	4		4
81339 -MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	4	1	5
Approved	4		4
No	4		4
Not Med Necessary		1	1
No		1	1
81351 -TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	4	1	5
Approved	4		4
No	4		4
Not Med Necessary		1	1
No		1	1
81370 -HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	1		1
Approved	1		1
No	1		1
81372 -HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	1		1
Approved	1		1
No	1		1
81374 -HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	5		5
Approved	5		5
No	5		5
81377 -HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	2		2



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Approved	2		2
No	2		2
81381 -HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	1		1
Approved	1		1
No	1		1
81401 -Molecular Pathology Procedure Level 2	3	1	4
Approved	3		3
No	3		3
Not Med Necessary		1	1
No		1	1
81402 -Molecular Pathology Procedure Level 3	1		1
Approved	1		1
No	1		1
81403 -Molecular Pathology Procedure Level 4	8	1	9
Approved	8		8
No	8		8
Not Med Necessary		1	1
No		1	1
81404 -Molecular Pathology Procedure Level 5	7	2	9
Approved	7		7
No	7		7
Not Med Necessary		2	2
No		2	2
81405 -Molecular Pathology Procedure Level 6	9	2	11
Approved	9		9
No	9		9
Not Med Necessary		2	2
No		2	2
81406 -Molecular Pathology Procedure Level 7	8	2	10
Approved	8		8
No	8		8
Not Med Necessary		2	2
No		1	1
Appealed but not Overturned		1	1
81407 -Molecular Pathology Procedure Level 1	1		1
Approved	1		1
No	1		1
81408 -Molecular Pathology Procedure Level 9	7	1	8
Approved	7		7
No	7		7
Not Med Necessary		1	1
No		1	1



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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	4		4
Approved	4		4
No	4		4
81450 -Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequenc	1		1
Approved	1		1
No	1		1
81479 -Unlisted molecular pathology procedure	13	4	17
Approved	13		13
No	13		13
Not Med Necessary		4	4
No		2	2
Appealed but not Overturned		2	2
81518 -Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefi	1		1
Approved	1		1
No	1		1
81519 -Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	4		4
Approved	4		4
No	4		4
82024 -Adrenocorticotropic hormone (ACTH)	2		2
Approved	2		2
No	2		2
82055 -ALCOHOL ETHANOL ANY SPECIMEN EXCEPT BREATH	2		2
Approved	2		2
No	2		2
82103 -Alpha-1-antitrypsin; total	2		2
Approved	2		2
No	2		2
82104 -Alpha-1-antitrypsin; phenotype	2		2
Approved	2		2
No	2		2
82105 -Alpha-fetoprotein (AFP); serum	6		6
Approved	6		6
No	6		6
82107 -Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	1		1
Approved	1		1
No	1		1
82140 -Ammonia	1		1
Approved	1		1



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No	1	1
82150 -Amylase	1	1
Approved	1	1
No	1	1
82232 -Beta-2 microglobulin	2	2
Approved	2	2
No	2	2
82248 -Bilirubin; direct	2	2
Approved	2	2
No	2	2
82270 -Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	1	1
Approved	1	1
No	1	1
82272 -Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	1	1
Approved	1	1
No	1	1
82306 -Vitamin D; 25 hydroxy, includes fraction(s), if performed	1	1
Approved	1	1
No	1	1
82378 -Carcinoembryonic antigen (CEA)	3	3
Approved	3	3
No	3	3
82390 -Ceruloplasmin	1	1
Approved	1	1
No	1	1
82533 -Cortisol; total	2	2
Approved	2	2
No	2	2
82570 -Creatinine; other source	1	1
Approved	1	1
No	1	1
82575 -Creatinine; clearance	1	1
Approved	1	1
No	1	1
82607 -Cyanocobalamin (Vitamin B-12);	1	1
Approved	1	1
No	1	1
82608 -Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	1	1
Approved	1	1
No	1	1
82652 -Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	1	1



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Approved	1	1
No	1	1
82668 -Erythropoietin	1	1
Approved	1	1
No	1	1
82728 -Ferritin	5	5
Approved	5	5
No	5	5
82746 -Folic acid; serum	1	1
Approved	1	1
No	1	1
82784 -Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	3	3
Approved	3	3
No	3	3
82803 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);	6	6
Approved	6	6
No	6	6
82805 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry	5	5
Approved	5	5
No	5	5
82947 -Glucose; quantitative, blood (except reagent strip)	3	3
Approved	3	3
No	3	3
82950 -Glucose; post glucose dose (includes glucose)	3	3
Approved	3	3
No	3	3
82951 -Glucose; tolerance test (GTT), 3 specimens (includes glucose)	3	3
Approved	3	3
No	3	3
82977 -Glutamyltransferase, gamma (GGT)	1	1
Approved	1	1
No	1	1
83036 -Hemoglobin; glycosylated (A1C)	6	6
Approved	6	6
No	6	6
83516 -Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	1	1
Approved	1	1
No	1	1
83540 -Iron	4	4
Approved	4	4
No	4	4



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83550 -Iron binding capacity	5	5
Approved	5	5
No	5	5
83615 -Lactate dehydrogenase (LD), (LDH);	2	2
Approved	2	2
No	2	2
83721 -Lipoprotein, direct measurement; LDL cholesterol	1	1
Approved	1	1
No	1	1
83735 -Magnesium	4	4
Approved	4	4
No	4	4
83883 -Nephelometry, each analyte not elsewhere specified	2	2
Approved	2	2
No	2	2
83887 -Nicotine	1	1
Approved	1	1
No	1	1
83893 -Molecular diagnostics dotslot blot production each nuclei	1	1
Approved	1	1
No	1	1
83898 -Molecular diagnostics amplification target each nucleic a	1	1
Approved	1	1
No	1	1
83970 -Parathormone (parathyroid hormone)	1	1
Approved	1	1
No	1	1
84153 -Prostate specific antigen (PSA); total	2	2
Approved	2	2
No	2	2
84154 -Prostate specific antigen (PSA); free	1	1
Approved	1	1
No	1	1
84156 -Protein, total, except by refractometry; urine	5	5
Approved	5	5
No	5	5
84165 -Protein; electrophoretic fractionation and quantitation, serum	2	2
Approved	2	2
No	2	2
84166 -Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	2	2
Approved	2	2
No	2	2
84436 -Thyroxine; total	3	3



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Approved	3	3
No	3	3
84439 -Thyroxine; free	2	2
Approved	2	2
No	2	2
84443 -Thyroid stimulating hormone (TSH)	6	6
Approved	6	6
No	6	6
84446 -Tocopherol alpha (Vitamin E)	2	2
Approved	2	2
No	2	2
84479 -Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	4	4
Approved	4	4
No	4	4
84512 -Troponin, qualitative	1	1
Approved	1	1
No	1	1
84590 -Vitamin A	2	2
Approved	2	2
No	2	2
84630 -Zinc	1	1
Approved	1	1
No	1	1
84703 -Gonadotropin, chorionic (hCG); qualitative	2	2
Approved	2	2
No	2	2
85025 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	20	20
Approved	20	20
No	20	20
85027 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	6	6
Approved	6	6
No	6	6
85220 -Clotting; factor V (AcG or proaccelerin), labile factor	1	1
Approved	1	1
No	1	1
85597 -Phospholipid neutralization; platelet	1	1
Approved	1	1
No	1	1
85610 -Prothrombin time;	7	7
Approved	7	7
No	7	7
85611 -Prothrombin time; substitution, plasma fractions, each	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
85660 -Sickling of RBC, reduction	2	2
Approved	2	2
No	2	2
85705 -Thromboplastin inhibition, tissue	1	1
Approved	1	1
No	1	1
85730 -Thromboplastin time, partial (PTT); plasma or whole blood	2	2
Approved	2	2
No	2	2
86038 -Antinuclear antibodies (ANA);	1	1
Approved	1	1
No	1	1
86039 -Antinuclear antibodies (ANA); titer	1	1
Approved	1	1
No	1	1
86146 -Beta 2 Glycoprotein I antibody, each	1	1
Approved	1	1
No	1	1
86147 -Cardiolipin (phospholipid) antibody, each Ig class	1	1
Approved	1	1
No	1	1
86255 -Fluorescent noninfectious agent antibody; screen, each antibody	2	2
Approved	2	2
No	2	2
86256 -Fluorescent noninfectious agent antibody; titer, each antibody	2	2
Approved	2	2
No	2	2
86301 -Immunoassay for tumor antigen, quantitative; CA 19-9	2	2
Approved	2	2
No	2	2
86317 -Immunoassay for infectious agent antibody, quantitative, not otherwise specified	3	3
Approved	3	3
No	3	3
86334 -Immunofixation electrophoresis; serum	2	2
Approved	2	2
No	2	2
86335 -Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	2	2
Approved	2	2
No	2	2
86359 -T cells; total count	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



86367 -Stem cells (ie, CD34), total count	1	1
Approved	1	1
No	1	1
86376 -Microsomal antibodies (eg, thyroid or liver-kidney), each	1	1
Approved	1	1
No	1	1
86480 -Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	5	5
Approved	5	5
No	5	5
86580 -Skin test; tuberculosis, intradermal	2	2
Approved	2	2
No	2	2
86592 -Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	4	4
Approved	4	4
No	4	4
86593 -Syphilis test, non-treponemal antibody; quantitative	4	4
Approved	4	4
No	4	4
86644 -Antibody; cytomegalovirus (CMV)	8	8
Approved	8	8
No	8	8
86645 -Antibody; cytomegalovirus (CMV), IgM	7	7
Approved	7	7
No	7	7
86663 -Antibody; Epstein-Barr (EB) virus, early antigen (EA)	4	4
Approved	4	4
No	4	4
86664 -Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	5	5
Approved	5	5
No	5	5
86665 -Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	7	7
Approved	7	7
No	7	7
86689 -Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	1	1
Approved	1	1
No	1	1
86694 -Antibody; herpes simplex, non-specific type test	2	2
Approved	2	2
No	2	2
86695 -Antibody; herpes simplex, type 1	6	6
Approved	6	6
No	6	6
86696 -Antibody; herpes simplex, type 2	4	4



Approval and Denials with Overturns



Approved	4	4
No	4	4
86701 -Antibody; HIV-1	4	4
Approved	4	4
No	4	4
86702 -Antibody; HIV-2	4	4
Approved	4	4
No	4	4
86703 -Antibody; HIV-1 and HIV-2, single result	5	5
Approved	5	5
No	5	5
86704 -Hepatitis B core antibody (HBcAb); total	8	8
Approved	8	8
No	8	8
86705 -Hepatitis B core antibody (HBcAb); IgM antibody	2	2
Approved	2	2
No	2	2
86706 -Hepatitis B surface antibody (HBsAb)	6	6
Approved	6	6
No	6	6
86707 -Hepatitis Be antibody (HBeAb)	1	1
Approved	1	1
No	1	1
86708 -Hepatitis A antibody (HAAb)	4	4
Approved	4	4
No	4	4
86709 -Hepatitis A antibody (HAAb), IgM antibody	4	4
Approved	4	4
No	4	4
86753 -Antibody; protozoa, not elsewhere specified	2	2
Approved	2	2
No	2	2
86762 -Antibody; rubella	5	5
Approved	5	5
No	5	5
86765 -Antibody; rubeola	2	2
Approved	2	2
No	2	2
86780 -Antibody; Treponema pallidum	4	4
Approved	4	4
No	4	4
86787 -Antibody; varicella-zoster	7	7
Approved	7	7



Approval and Denials with Overturns



No	7	7
86788 -Antibody; West Nile virus, IgM	2	2
Approved	2	2
No	2	2
86789 -Antibody; West Nile virus	2	2
Approved	2	2
No	2	2
86790 -Antibody; virus, not elsewhere specified	2	2
Approved	2	2
No	2	2
86803 -Hepatitis C antibody;	4	4
Approved	4	4
No	4	4
86828 -Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	1	1
Approved	1	1
No	1	1
86850 -Antibody screen, RBC, each serum technique	2	2
Approved	2	2
No	2	2
86900 -Blood typing, serologic; ABO	10	10
Approved	10	10
No	10	10
86901 -Blood typing, serologic; Rh (D)	6	6
Approved	6	6
No	6	6
87070 -Culture bacterial any other source except urine blood or	3	3
Approved	3	3
No	3	3
87086 -CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	2	2
Approved	2	2
No	2	2
87181 -SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT AGAR DILUTION M	1	1
Approved	1	1
No	1	1
87190 -SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT MYCOBACTERIA P	1	1
Approved	1	1
No	1	1
87205 -SMEAR PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STA	1	1
Approved	1	1
No	1	1
87273 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
87274 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	1	1
Approved	1	1
No	1	1
87340 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	5	5
Approved	5	5
No	5	5
87341 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	5	5
Approved	5	5
No	5	5
87350 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	1	1
Approved	1	1
No	1	1
87380 -INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TEC	1	1
Approved	1	1
No	1	1
87517 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HEP	1	1
Approved	1	1
No	1	1
87522 -Infectious agent detection by nucleic acid DNA or RNA hep	7	7
Approved	7	7
No	7	7
87534 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA HIV	2	2
Approved	2	2
No	2	2
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	5	5
Approved	5	5
No	5	5
87651 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA STR	2	2
Approved	2	2
No	2	2
87799 -INFECTIOUS AGENT DETECTION BY NUCLEIC ACID DNA OR RNA NOT	1	1
Approved	1	1
No	1	1
87804 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	4	4
Approved	4	4
No	4	4
87807 -INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIREC	2	2
Approved	2	2
No	2	2
87902 -Infectious agent genotype analysis by nucleic acid DNA or R	5	5
Approved	5	5



Approval and Denials with Overturns



No	5	5
88143 -CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COL	3	3
Approved	3	3
No	3	3
88271 -MOLECULAR CYTOGENETICS DNA PROBE EACH EG FISH	1	1
Approved	1	1
No	1	1
88275 -MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION ANA	1	1
Approved	1	1
No	1	1
88291 -Cytogenetics and molecular cytogenetics interpretation and	1	1
Approved	1	1
No	1	1
88305 -LEVEL IV SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINA	1	1
Approved	1	1
No	1	1
88321 -CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHER	8	8
Approved	8	8
No	8	8
88341 -Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	7	8
Approved	7	7
No	7	7
Not Med Necessary		1
No		1
88342 -IMMUNOHISTOCHEMISTRY INCLUDING TISSUE IMMUNOPEROXIDASE EA	6	7
Approved	6	6
No	6	6
Not Med Necessary		1
No		1
88360 -MORPHOMETRIC ANALYSIS TUMOR IMMUNOHISTOCHEMISTRY EG HER2	6	7
Approved	6	6
No	6	6
Not Med Necessary		1
No		1
88367 -MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE	1	1
Approved	1	1
No	1	1
88373 -Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



88377 -Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	1		1
Approved	1		1
No	1		1
88381 -MICRODISSECTION MANUAL	4	1	5
Approved	4		4
No	4		4
Not Med Necessary		1	1
No		1	1
90396 -Varicella-zoster immune globulin, human, for intramuscular use	1		1
Approved	1		1
No	1		1
90471 -Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	1		1
Approved	1		1
No	1		1
90472 -Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	1		1
Approved	1		1
No	1		1
90636 -Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	1		1
Approved	1		1
No	1		1
90647 -Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	1		1
Approved	1		1
No	1		1
90686 -Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	1		1
Approved	1		1
No	1		1
90700 -Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	1		1
Approved	1		1
No	1		1
90746 -Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	1		1
Approved	1		1
No	1		1
90791 -Psychiatric diagnostic evaluation	2		2
Approved	2		2
No	2		2
90834 -Psychotherapy, 45 minutes with patient	2	1	3
Approved	2		2
No	2		2
Not a Covered Benefit		1	1



Approval and Denials with Overturns



No		1	1
90837 -Psychotherapy, 60 minutes with patient	2		2
Approved	2		2
No	2		2
90853 -Group psychotherapy (other than of a multiple-family group)		1	1
Not a Covered Benefit		1	1
No		1	1
90867 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	3	1	4
Approved	3		3
No	3		3
Not Med Necessary		1	1
No		1	1
90868 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	4	1	5
Approved	4		4
No	4		4
Not Med Necessary		1	1
No		1	1
90869 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	4	1	5
Approved	4		4
No	4		4
Not Med Necessary		1	1
No		1	1
90945 -Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	4		4
Approved	4		4
No	4		4
91010 -Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	1		1
Approved	1		1
No	1		1
91110 -Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	5		5
Approved	5		5
No	5		5
92002 -Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	2		2
Approved	2		2
No	2		2
92004 -Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	4		4
Approved	4		4
No	4		4



Approval and Denials with Overturns



92012 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	7	7
Approved	7	7
No	7	7
92014 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	11	11
Approved	11	11
No	11	11
92015 -Determination of refractive state	1	1
Approved	1	1
No	1	1
92060 -Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	2	2
Approved	2	2
No	2	2
92083 -Visual field examination, unilateral or bilateral, with interpretation and report; extended examination	2	2
Approved	2	2
No	2	2
92133 -Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	2	2
Approved	2	2
No	2	2
92134 -Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	11	11
Approved	11	11
No	11	11
92136 -Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	1	1
Approved	1	1
No	1	1
92201 -Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	4	4
Approved	4	4
No	4	4
92202 -Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	3	3
Approved	3	3
No	3	3
92235 -Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	7	7
Approved	7	7
No	7	7
92250 -Fundus photography with interpretation and report	8	8
Approved	8	8
No	8	8



Approval and Denials with Overturns



92502 -Otolaryngologic examination under general anesthesia	1	1
Approved	1	1
No	1	1
92507 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	38	38
Approved	38	38
No	38	38
92511 -Nasopharyngoscopy with endoscope (separate procedure)	1	1
Approved	1	1
No	1	1
92522 -Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	3	3
Approved	3	3
No	3	3
92523 -Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	26	26
Approved	26	26
No	26	26
92524 -Behavioral and qualitative analysis of voice and resonance	1	1
Approved	1	1
No	1	1
92526 -Treatment of swallowing dysfunction and/or oral function for feeding	1	1
Approved	1	1
No	1	1
92548 -Computerized dynamic posturography	1	1
Approved	1	1
No	1	1
92550 -Tympanometry and reflex threshold measurements	2	2
Approved	2	2
No	2	2
92552 -Pure tone audiometry (threshold); air only	10	10
Approved	10	10
No	10	10
92553 -Pure tone audiometry (threshold); air and bone	2	2
Approved	2	2
No	2	2
92555 -Speech audiometry threshold;	10	10
Approved	10	10
No	10	10
92557 -Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	1	1
Approved	1	1
No	1	1
92567 -Tympanometry (impedance testing)	28	28
Approved	28	28
No	28	28



Approval and Denials with Overturns



92579 -Visual reinforcement audiometry (VRA)	12	12
Approved	12	12
No	12	12
92582 -Conditioning play audiometry	4	4
Approved	4	4
No	4	4
92583 -Select picture audiometry	4	4
Approved	4	4
No	4	4
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	26	26
Approved	26	26
No	26	26
92593 -HEARING AID CHECK; BINAURAL	1	1
Approved	1	1
No	1	1
92610 -Evaluation of oral and pharyngeal swallowing function	2	2
Approved	2	2
No	2	2
92611 -Motion fluoroscopic evaluation of swallowing function by cine or video recording	1	1
Approved	1	1
No	1	1
92612 -Flexible endoscopic evaluation of swallowing by cine or video recording;	1	1
Approved	1	1
No	1	1
92650 -Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	2	2
Approved	2	2
No	2	2
92928 -Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	1	1
Approved	1	1
No	1	1
92929 -Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	21	21
Approved	21	21
No	21	21
93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	13	13
Approved	13	13
No	13	13
93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	8	8



Approval and Denials with Overturns



Approved	8	8
No	8	8
93015 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	8	8
Approved	8	8
No	8	8
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	2	2
Approved	2	2
No	2	2
93225 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	2	2
Approved	2	2
No	2	2
93226 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	3	3
Approved	3	3
No	3	3
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	2	2
Approved	2	2
No	2	2
93228 -External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events	6	6
Approved	6	6
No	6	6
93229 -External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events	12	12
Approved	12	12
No	12	12
93241 -External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	1	1
Approved	1	1
No	1	1
93243 -External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	1	1
Approved	1	1
No	1	1
93245 -External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	1	1
Approved	1	1
No	1	1
93271 -External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	2	2



Approval and Denials with Overturns



Approved	2		2
No	2		2
93272 -External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring;	3		3
Approved	3		3
No	3		3
93296 -Interrogation device evaluation(s) (remote), up to 90 days;	2		2
Approved	2		2
No	2		2
93303 -Transthoracic echocardiography for congenital cardiac anomalies; complete	38		38
Approved	38		38
No	38		38
93304 -Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	34		34
Approved	34		34
No	34		34
93305 -ECHOCARDIOGRAPHY M-MODE; LIMITED (EG FOLLOW-UP OR LIMITED ST	1		1
Approved	1		1
No	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	48	1	49
Approved	48		48
No	48		48
Not Med Necessary		1	1
No		1	1
93307 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	37		37
Approved	37		37
No	37		37
93308 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	1		1
Approved	1		1
No	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	4		4
Approved	4		4
No	4		4
93317 -Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	3		3
Approved	3		3
No	3		3
93320 -Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	6		6
Approved	6		6
No	6		6



Approval and Denials with Overturns



93325 -Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	26	26
Approved	26	26
No	26	26
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,	4	4
Approved	4	4
No	4	4
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,	4	4
Approved	4	4
No	4	4
93356 -Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	1	1
Approved	1	1
No	1	1
93451 -Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	3	3
Approved	3	3
No	3	3
93452 -Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	1	1
Approved	1	1
No	1	1
93453 -Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	6	6
Approved	6	6
No	6	6
93458 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	4	4
Approved	4	4
No	4	4
93460 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	2	2
Approved	2	2
No	2	2
93462 -Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	3	3
Approved	3	3
No	3	3
93505 -Endomyocardial biopsy	3	3
Approved	3	3
No	3	3
93533 -Combined right heart catheterization and transeptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	2	2



Approval and Denials with Overturns



Approved	2	2
No	2	2
93580 -Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	3	3
Approved	3	3
No	3	3
93613 -Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	12	12
Approved	12	12
No	12	12
93620 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	2	2
Approved	2	2
No	2	2
93621 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	5	5
Approved	5	5
No	5	5
93622 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	9	9
Approved	9	9
No	9	9
93623 -Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	8	8
Approved	8	8
No	8	8
93650 -Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	1	1
Approved	1	1
No	1	1
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	8	8
Approved	8	8
No	8	8
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	9	9
Approved	9	9
No	9	9
93656 -Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when nec	14	14
Approved	14	14
No	14	14
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)	4	4
Approved	4	4



Approval and Denials with Overturns



No	4	4
93662 -Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	8	8
Approved	8	8
No	8	8
93880 -Duplex scan of extracranial arteries; complete bilateral study	3	3
Approved	3	3
No	3	3
93925 -Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	2	2
Approved	2	2
No	2	2
93970 -Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	1	1
Approved	1	1
No	1	1
93971 -Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	1	1
Approved	1	1
No	1	1
93975 -Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	8	8
Approved	8	8
No	8	8
93979 -Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	3	3
Approved	3	3
No	3	3
94010 -Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	2	2
Approved	2	2
No	2	2
94060 -Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	22	22
Approved	22	22
No	22	22
94375 -Respiratory flow volume loop	13	13
Approved	13	13
No	13	13
94617 -Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	13	13
Approved	13	13
No	13	13
94618 -Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	1	1
Approved	1	1
No	1	1
94620 -PULMONARY STRESS TESTING SIMPLE EG 6MINUTE WALK TEST PR	2	2
Approved	2	2



Approval and Denials with Overturns



No	2	2
94621 -Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	3	3
Approved	3	3
No	3	3
94642 -Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	1	1
Approved	1	1
No	1	1
94664 -Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	13	13
Approved	13	13
No	13	13
94726 -Plethysmography for determination of lung volumes and, when performed, airway resistance	2	2
Approved	2	2
No	2	2
94727 -Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	2	2
Approved	2	2
No	2	2
94729 -Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	4	4
Approved	4	4
No	4	4
94799 -Unlisted pulmonary service or procedure	1	1
Approved	1	1
No	1	1
95250 -Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor	1	1
Approved	1	1
No	1	1
95251 -Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	1	1
Approved	1	1
No	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	1	1
Approved	1	1
No	1	1
95715 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	1	1
Approved	1	1
No	1	1
95716 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



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	4		4
Approved	4		4
No	4		4
95800 -Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	1		1
Approved	1		1
No	1		1
95805 -Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	3		3
Approved	3		3
No	3		3
95806 -Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	70		70
Approved	70		70
No	70		70
95807 -Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	22		22
Approved	22		22
No	22		22
95808 -Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	2		2
Approved	2		2
No	2		2
95810 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	222		222
Approved	222		222
No	222		222
95811 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	237		237
Approved	237		237
No	237		237
95812 -Electroencephalogram (EEG) extended monitoring; 41-60 minutes	1		1
Approved	1		1
No	1		1
95813 -Electroencephalogram (EEG) extended monitoring; greater than 1 hour	1		1
Approved	1		1
No	1		1
95816 -Electroencephalogram (EEG); including recording awake and drowsy	4	3	7
Approved	4		4
No	4		4
Not Med Necessary		3	3
No		3	3
95819 -Electroencephalogram (EEG); including recording awake and asleep	4		4
Approved	4		4



Approval and Denials with Overturns



No	4	4
95921 -Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	1	1
Approved	1	1
No	1	1
95922 -Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	2	2
Approved	2	2
No	2	2
95923 -Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	1	1
Approved	1	1
No	1	1
95924 -Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	1	1
Approved	1	1
No	1	1
95951 -Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	1	1
Approved	1	1
No	1	1
95965 -Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	1	1
Approved	1	1
No	1	1
95966 -Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	1	1
Approved	1	1
No	1	1
95967 -Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	1	1
Approved	1	1
No	1	1
95971 -Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostim	1	1
Approved	1	1
No	1	1
95992 -Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	7	7
Approved	7	7
No	7	7
96020 -Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
96040 -Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	1	1
Approved	1	1
No	1	1
96105 -Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and repor	1	1
Approved	1	1
No	1	1
96110 -Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	3	3
Approved	3	3
No	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	2	2
Approved	2	2
No	2	2
96125 -Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and prepari	1	1
Approved	1	1
No	1	1
96127 -Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	5	5
Approved	5	5
No	5	5
96360 -Intravenous infusion, hydration; initial, 31 minutes to 1 hour	1	1
Approved	1	1
No	1	1
96361 -Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	2	2
Approved	2	2
No	2	2
96365 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	19	19
Approved	19	19
No	19	19
96366 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	4	4
Approved	4	4
No	4	4
96367 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	9	10
Approved	9	9
No	9	9
Not Med Necessary		1



Approval and Denials with Overturns



Appealed but not Overturned		1	1
96372 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	10		10
Approved	10		10
No	10		10
96374 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	1		1
Approved	1		1
No	1		1
96375 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	11	1	12
Approved	11		11
No	11		11
Not Med Necessary		1	1
Appealed but not Overturned		1	1
96400 -CHEMOTHERAPY ADMINISTRATION SUBCUTANEOUS OR INTRAMUSCULAR WI	1		1
Approved	1		1
No	1		1
96401 -Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	8		8
Approved	8		8
No	8		8
96402 -Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	3		3
Approved	3		3
No	3		3
96408 -CHEMOTHERAPY ADMINISTRATION INTRAVENOUS; PUSH TECHNIQUE	1		1
Approved	1		1
No	1		1
96409 -Chemotherapy administration; intravenous, push technique, single or initial substance/drug	3		3
Approved	3		3
No	3		3
96411 -Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	3		3
Approved	3		3
No	3		3
96413 -Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	37	1	38
Approved	37		37
No	37		37
Not Med Necessary		1	1
Appealed but not Overturned		1	1
96415 -Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	10	1	11
Approved	10		10
No	10		10
Not Med Necessary		1	1
Appealed but not Overturned		1	1



Approval and Denials with Overturns



96416 -Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	4		4
Approved	4		4
No	4		4
96417 -Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	11	1	12
Approved	11		11
No	11		11
Not Med Necessary		1	1
Appealed but not Overturned		1	1
96425 -Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	1		1
Approved	1		1
No	1		1
96450 -Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	2		2
Approved	2		2
No	2		2
97010 -Application of a modality to 1 or more areas; hot or cold packs	72		72
Approved	72		72
No	72		72
97012 -Application of a modality to 1 or more areas; traction, mechanical	178		178
Approved	178		178
No	178		178
97014 -APPLICATION OF A MODALITY TO 1 OR MORE AREAS ELECTRICAL STI	220		220
Approved	220		220
No	220		220
97016 -Application of a modality to 1 or more areas; vasopneumatic devices	260		260
Approved	260		260
No	260		260
97018 -Application of a modality to 1 or more areas; paraffin bath	12		12
Approved	12		12
No	12		12
97022 -Application of a modality to 1 or more areas; whirlpool	6		6
Approved	6		6
No	6		6
97032 -Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	76		76
Approved	76		76
No	76		76
97033 -Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	5		5
Approved	5		5
No	5		5
97034 -Application of a modality to 1 or more areas; contrast baths, each 15 minutes	1		1
Approved	1		1



Approval and Denials with Overturns



No	1	1
97035 -Application of a modality to 1 or more areas; ultrasound, each 15 minutes	308	308
Approved	308	308
No	308	308
97036 -Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	1	1
Approved	1	1
No	1	1
97110 -Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	1055	2
Administrative Denial		1
No		1
Approved	1055	1055
No	1055	1055
Not Med Necessary		1
Appealed but not Overturned		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	634	1
Administrative Denial		1
No		1
Approved	634	634
No	634	634
97113 -Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	196	196
Approved	196	196
No	196	196
97116 -Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	162	162
Approved	162	162
No	162	162
97122 -PHYSICAL MEDICINE TREATMENT TO ONE AREA INITIAL 30 MINUTES E	1	1
Approved	1	1
No	1	1
97124 -Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	3	3
Approved	3	3
No	3	3
97127 -Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch	1	1
Approved	1	1
No	1	1
97129 -Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch	6	6
Approved	6	6
No	6	6



Approval and Denials with Overturns



97130 -Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch	2		2
Approved	2		2
No	2		2
97140 -Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	842	1	843
Administrative Denial		1	1
No		1	1
Approved	842		842
No	842		842
97150 -Therapeutic procedure(s), group (2 or more individuals)	85		85
Approved	85		85
No	85		85
97151 -Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) ad	1		1
Approved	1		1
No	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	1		1
Approved	1		1
No	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
Approved	1		1
No	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	1		1
Approved	1		1
No	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	1		1
Approved	1		1
No	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	13		13
Approved	13		13
No	13		13
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	24	1	25
Administrative Denial		1	1
No		1	1
Approved	24		24



Approval and Denials with Overturns



No	24	24
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	13	13
Approved	13	13
No	13	13
97164 -Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment i	472	472
Approved	472	472
No	472	472
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	8	8
Approved	8	8
No	8	8
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	9	9
Approved	9	9
No	9	9
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	9	9
Approved	9	9
No	9	9
97168 -Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in con	19	19
Approved	19	19
No	19	19
97169 -Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing	1	1
Approved	1	1
No	1	1
97171 -Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests an	1	1
Approved	1	1
No	1	1
97172 -Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument a	1	1
Approved	1	1
No	1	1
97530 -Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	724	725
Administrative Denial		1
No		1
Approved	724	724
No	724	724



Approval and Denials with Overturns



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	65	65
Approved	65	65
No	65	65
97537 -Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment),	1	1
Approved	1	1
No	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	6	6
Approved	6	6
No	6	6
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	4	4
Approved	4	4
No	4	4
97602 -Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per sess	2	2
Approved	2	2
No	2	2
97750 -Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	8	8
Approved	8	8
No	8	8
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	12	12
Approved	12	12
No	12	12
97763 -Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	1	1
Approved	1	1
No	1	1
97802 -Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	2	2
Approved	2	2
No	2	2
97803 -Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	2	2
Approved	2	2
No	2	2
98940 -Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	76	76
Approved	76	76
No	76	76
98941 -Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	136	136
Approved	136	136
No	136	136



Approval and Denials with Overturns



98942 -Chiropractic manipulative treatment (CMT); spinal, 5 regions	10	1	11
Approved	10		10
No	10		10
Not Med Necessary		1	1
Appealed but not Overturned		1	1
98943 -Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	50		50
Approved	50		50
No	50		50
98960 -EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUAL	1		1
Approved	1		1
No	1		1
99070 -Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	2		2
Approved	2		2
No	2		2
99152 -Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports,	3		3
Approved	3		3
No	3		3
99183 -Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	9		9
Approved	9		9
No	9		9
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	6		6
Approved	6		6
No	6		6
99202 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling a	17		17
Approved	17		17
No	17		17
99203 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with	80	3	83
Approved	80		80
No	80		80
Not Med Necessary		3	3
No		3	3
99204 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordinatio	48	1	49
Approved	48		48
No	48		48
Not a Covered Benefit		1	1
No		1	1



Approval and Denials with Overturns



99205 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of	160	1	161
Approved	160		160
No	160		160
Not a Covered Benefit		1	1
No		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	12		12
Approved	12		12
No	12		12
99212 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counselin	15		15
Approved	15		15
No	15		15
99213 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low	198	1	199
Approved	198		198
No	198		198
Not a Covered Benefit		1	1
No		1	1
99214 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/o	124	1	125
Approved	124		124
No	124		124
Not a Covered Benefit		1	1
No		1	1
99215 -Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling	300	1	303
Approved	300		300
No	300		300
Not a Covered Benefit		1	1
No		1	1
Not Med Necessary			2
No			2
99222 -Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination	2		2
Approved	2		2
No	2		2
99223 -Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of	2		2
Approved	2		2



Approval and Denials with Overturns



No	2		2
99232 -Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moder	2		2
Approved	2		2
No	2		2
99233 -Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coor	1		1
Approved	1		1
No	1		1
99238 -Hospital discharge day management; 30 minutes or less	1		1
Approved	1		1
No	1		1
99239 -Hospital discharge day management; more than 30 minutes	2		2
Approved	2		2
No	2		2
99241 -Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physician	2	1	3
Approved	2		2
No	2		2
Not a Covered Benefit		1	1
No		1	1
99243 -Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qua	14		14
Approved	14		14
No	14		14
99244 -Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physic	53	1	54
Approved	53		53
No	53		53
Not a Covered Benefit		1	1
No		1	1
99245 -Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians	7		7
Approved	7		7
No	7		7
99348 -Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.	1		1
Approved	1		1
No	1		1



Approval and Denials with Overturns



99354 -Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	1	1
Approved	1	1
No	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	1	1
Approved	1	1
No	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	3	3
Approved	3	3
No	3	3
99406 -Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	1	1
Approved	1	1
No	1	1
99407 -Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	1	1
Approved	1	1
No	1	1
99441 -Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro	1	1
Approved	1	1
No	1	1
99442 -Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro	1	1
Approved	1	1
No	1	1
99443 -Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro	2	2
Approved	2	2
No	2	2
99483 -Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation inc	1	1
Approved	1	1
No	1	1
99499 -Unlisted evaluation and management service	14	14
Approved	14	14
No	14	14
99601 -Home infusion/specialty drug administration, per visit (up to 2 hours);	6	6
Approved	6	6



Approval and Denials with Overturns



No	6	6
99602 -Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	6	6
Approved	6	6
No	6	6
A0398 -ALS routine disposable supplies	1	1
Approved	1	1
No	1	1
A0422 -Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	1	1
Approved	1	1
No	1	1
A0425 -Ground mileage, per statute mile	5	5
Approved	5	5
No	5	5
A0426 -Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	2	2
Approved	2	2
No	2	2
A0428 -Ambulance service, basic life support, nonemergency transport, (BLS)	3	3
Approved	3	3
No	3	3
A0431 -Ambulance service, conventional air services, transport, one way (rotary wing)	4	4
Approved	4	4
No	4	4
A0436 -Rotary wing air mileage, per statute mile	4	4
Approved	4	4
No	4	4
A4216 -Sterile water, saline and/or dextrose, diluent/flush, 10 ml	3	3
Approved	3	3
No	3	3
A4221 -Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	2	2
Approved	2	2
No	2	2
A4222 -Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	3	3
Approved	3	3
No	3	3
A4224 -Supplies for maintenance of insulin infusion catheter, per week	3	3
Approved	3	3
No	3	3
A4230 -Infusion set for external insulin pump, nonneedle cannula type	2	2
Approved	2	2
No	2	2
A4232 -Syringe with needle for external insulin pump, sterile, 3 cc	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
A4320 -Irrigation tray with bulb or piston syringe, any purpose	1	1
Approved	1	1
No	1	1
A4556 -Electrodes (e.g., apnea monitor), per pair	2	2
Approved	2	2
No	2	2
A4590 -Special casting material (e.g., fiberglass)	1	1
Approved	1	1
No	1	1
A4595 -Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	1	1
Approved	1	1
No	1	1
A4604 -Tubing with integrated heating element for use with positive airway pressure device	1	1
Approved	1	1
No	1	1
A4605 -Tracheal suction catheter, closed system, each	1	1
Approved	1	1
No	1	1
A4623 -Tracheostomy, inner cannula	1	1
Approved	1	1
No	1	1
A4624 -Tracheal suction catheter, any type other than closed system, each	1	1
Approved	1	1
No	1	1
A4628 -Oropharyngeal suction catheter, each	1	1
Approved	1	1
No	1	1
A4629 -Tracheostomy care kit for established tracheostomy	1	1
Approved	1	1
No	1	1
A4648 -Tissue marker, implantable, any type, each		1
Not Med Necessary		1
No		1
A5500 -For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	1	1
Approved	1	1
No	1	1
A6209 -Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	1	1
Approved	1	1
No	1	1
A6402 -Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
A6550 -Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	8	8
Approved	8	8
No	8	8
A7000 -Canister, disposable, used with suction pump, each	9	9
Approved	9	9
No	9	9
A7002 -Tubing, used with suction pump, each	1	1
Approved	1	1
No	1	1
A7003 -Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	1	1
Approved	1	1
No	1	1
A7007 -Large volume nebulizer, disposable, unfilled, used with aerosol compressor	1	1
Approved	1	1
No	1	1
A7010 -Corrugated tubing, disposable, used with large volume nebulizer, 100 ft	1	1
Approved	1	1
No	1	1
A7038 -Filter, disposable, used with positive airway pressure device	1	1
Approved	1	1
No	1	1
A7039 -Filter, nondisposable, used with positive airway pressure device	1	1
Approved	1	1
No	1	1
A7045 -Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	1	1
Approved	1	1
No	1	1
A7046 -Water chamber for humidifier, used with positive airway pressure device, replacement, each	1	1
Approved	1	1
No	1	1
A7509 -Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	1	1
Approved	1	1
No	1	1
A7521 -Tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (PVC), silicone or equal, each	1	1
Approved	1	1
No	1	1
A7525 -Tracheostomy mask, each	1	1
Approved	1	1
No	1	1
A7526 -Tracheostomy tube collar/holder, each	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



A9274 -External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	2	2
Approved	2	2
No	2	2
A9276 -Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	21	21
Approved	21	21
No	21	21
A9277 -Transmitter; external, for use with interstitial continuous glucose monitoring system	15	15
Approved	15	15
No	15	15
A9278 -Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	2	2
Approved	2	2
No	2	2
A9279 -Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	1	1
Approved	1	1
No	1	1
A9532 -Iodine I-125 serum albumin, diagnostic, per 5 mCi	1	1
Approved	1	1
No	1	1
A9552 -Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi	25	25
Approved	25	25
No	25	25
A9555 -Rubidium Rb-82, diagnostic, per study dose, up to 60 mCi	5	5
Approved	5	5
No	5	5
A9588 -Fluciclovine F-18, diagnostic, 1 mCi	2	2
Approved	2	2
No	2	2
A9606 -Radium RA-223 dichloride, therapeutic, per mCi	1	1
Approved	1	1
No	1	1
A9900 -Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	1	1
Approved	1	1
No	1	1
A9901 -DME delivery, set up, and/or dispensing service component of another HCPCS code	1	1
Approved	1	1
No	1	1
B4034 -Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



B4035 -Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	1	1
Approved	1	1
No	1	1
B4150 -Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1	1
Approved	1	1
No	1	1
B4185 -Parenteral nutrition solution, not otherwise specified, 10 g lipids	3	3
Approved	3	3
No	3	3
B4197 -Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix	3	3
Approved	3	3
No	3	3
B4216 -Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	2	2
Approved	2	2
No	2	2
B4220 -Parenteral nutrition supply kit; premix, per day	2	2
Approved	2	2
No	2	2
B4224 -Parenteral nutrition administration kit, per day	2	2
Approved	2	2
No	2	2
C1778 -Lead, neurostimulator (implantable)	1	1
Approved	1	1
No	1	1
C1787 -Patient programmer, neurostimulator	1	1
Approved	1	1
No	1	1
C1820 -GEN NEURSTIM RECHRG BATT & CHRGSYS	1	1
Approved	1	1
No	1	1
C8908 -Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	1	1
Approved	1	1
No	1	1
C9803 -Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	4	4
Approved	4	4
No	4	4
Chemo	16	16
Approved	16	16
No	16	16

Chemotherapy	46	46
Approved	46	46
No	46	46
Chemotherapy Administration	4	4
Approved	4	4
No	4	4
D7240 -REMOVAL IMPACTED TOOTH - CMPL BONY	1	1
Approved	1	1
No	1	1
D7880 -OCCLUSAL ORTHOTIC APPLIANCE	1	1
Approved	1	1
No	1	1
Dialysis	9	9
Approved	9	9
No	9	9
E0260 -Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	2	2
Approved	2	2
No	2	2
E0277 -Powered pressure-reducing air mattress	1	1
Approved	1	1
No	1	1
E0431 -Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	1	1
Approved	1	1
No	1	1
E0465 -Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	1	1
Approved	1	1
No	1	1
E0466 -Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	3	3
Approved	3	3
No	3	3
E0482 -Cough stimulating device, alternating positive and negative airway pressure	1	1
Approved	1	1
No	1	1
E0486 -Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	1	1
Approved	1	1
No	1	1
E0562 -Humidifier, heated, used with positive airway pressure device	1	1
Approved	1	1
No	1	1
E0565 -Compressor, air power source for equipment which is not self-contained or cylinder driven	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
E0600 -Respiratory suction pump, home model, portable or stationary, electric	1	1
Approved	1	1
No	1	1
E0637 -Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	1	1
Approved	1	1
No	1	1
E0652 -Pneumatic compressor, segmental home model with calibrated gradient pressure	6	6
Approved	6	6
No	6	6
E0667 -Segmental pneumatic appliance for use with pneumatic compressor, full leg	2	2
Approved	2	2
No	2	2
E0668 -Segmental pneumatic appliance for use with pneumatic compressor, full arm	2	2
Approved	2	2
No	2	2
E0676 -Intermittent limb compression device (includes all accessories), not otherwise specified	2	2
Approved	2	2
No	2	2
E0747 -Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	1	1
Approved	1	1
No	1	1
E0748 -Osteogenesis stimulator, electrical, noninvasive, spinal applications	9	9
Approved	9	9
No	9	9
E0760 -Osteogenesis stimulator, low intensity ultrasound, noninvasive	3	3
Approved	3	3
No	3	3
E0776 -IV pole	3	3
Approved	3	3
No	3	3
E0781 -Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	5	5
Approved	5	5
No	5	5
E0784 -External ambulatory infusion pump, insulin	4	4
Approved	4	4
No	4	4
E0935 -Continuous passive motion exercise device for use on knee only	1	1
Approved	1	1
No	1	1
E0953 -Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
E0954 -Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	1	1
Approved	1	1
No	1	1
E0955 -Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	2	2
Approved	2	2
No	2	2
E0956 -Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	2	2
Approved	2	2
No	2	2
E0957 -Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	1	1
Approved	1	1
No	1	1
E0971 -Manual wheelchair accessory, antitipping device, each	1	1
Approved	1	1
No	1	1
E0973 -Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	1	1
Approved	1	1
No	1	1
E0978 -Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	2	2
Approved	2	2
No	2	2
E0986 -Manual wheelchair accessory, push-rim activated power assist system	1	1
Approved	1	1
No	1	1
E1007 -Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	2	2
Approved	2	2
No	2	2
E1012 -Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	2	2
Approved	2	2
No	2	2
E1015 -Shock absorber for manual wheelchair, each	1	1
Approved	1	1
No	1	1
E1028 -Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	4	4
Approved	4	4
No	4	4
E1390 -Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



E1399 -Durable medical equipment, miscellaneous	2	2
Approved	2	2
No	2	2
E2211 -Manual wheelchair accessory, pneumatic propulsion tire, any size, each	1	1
Approved	1	1
No	1	1
E2212 -Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	1	1
Approved	1	1
No	1	1
E2213 -Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	1	1
Approved	1	1
No	1	1
E2219 -Manual wheelchair accessory, foam caster tire, any size, each	2	2
Approved	2	2
No	2	2
E2225 -Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	1	1
Approved	1	1
No	1	1
E2300 -Wheelchair accessory, power seat elevation system, any type	2	2
Approved	2	2
No	2	2
E2301 -Wheelchair accessory, power standing system, any type	1	1
Approved	1	1
No	1	1
E2311 -Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	2	2
Approved	2	2
No	2	2
E2313 -Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	2	2
Approved	2	2
No	2	2
E2323 -Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	1	1
Approved	1	1
No	1	1
E2359 -Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	1	1
Approved	1	1
No	1	1
E2363 -Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	1	1
Approved	1	1
No	1	1
E2377 -Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	2	2



Approval and Denials with Overturns



Approved	2	2
No	2	2
E2402 -Negative pressure wound therapy electrical pump, stationary or portable	9	9
Approved	9	9
No	9	9
E2619 -Replacement cover for wheelchair seat cushion or back cushion, each	1	1
Approved	1	1
No	1	1
E2620 -Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	3	3
Approved	3	3
No	3	3
E2622 -Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	2	2
Approved	2	2
No	2	2
G0008 -Administration of influenza virus vaccine	1	1
Approved	1	1
No	1	1
G0010 -Administration of hepatitis B vaccine	1	1
Approved	1	1
No	1	1
G0108 -Diabetes outpatient self-management training services, individual, per 30 minutes	1	1
Approved	1	1
No	1	1
G0202 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed. To report, see 77067	2	2
Approved	2	2
No	2	2
G0248 -Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes:	2	2
Approved	2	2
No	2	2
G0249 -Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria;	2	2
Approved	2	2
No	2	2
G0260 -Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	1	1
Approved	1	1
No	1	1
G0277 -Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	9	9
Approved	9	9
No	9	9



Approval and Denials with Overturns



G0283 -Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	387	1	388
Approved	387		387
No	387		387
Not Med Necessary		1	1
Appealed but not Overturned		1	1
G0378 -Hospital observation service, per hour	1		1
Approved	1		1
No	1		1
G0399 -Home sleep test (HST) with type III portable monitor, unattended;	6		6
Approved	6		6
No	6		6
G0463 -Hospital outpatient clinic visit for assessment and management of a patient	2		2
Approved	2		2
No	2		2
G0480 -Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/	3		3
Approved	3		3
No	3		3
G2066 -Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and te	2		2
Approved	2		2
No	2		2
G2083 -Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration,	3		3
Approved	3		3
No	3		3
G6002 -Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	11	1	12
Approved	11		11
No	11		11
Not Med Necessary		1	1
No		1	1
G6012 -Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	5		5
Approved	5		5
No	5		5
G6013 -Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	13		13
Approved	13		13
No	13		13
G6015 -Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	25		25
Approved	25		25
No	25		25



Approval and Denials with Overturns



Home Health	448			448
Approved	448			448
No	448			448
Hospice	6			6
Approved	6			6
No	6			6
Hospital Inpatient Rehabilitation	72	4		76
Approved	72			72
No	72			72
Not Med Necessary		4		4
No		4		4
Hospital Inpatient Substance Abuse Detox	46	2		48
Approved	46			46
No	46			46
Not Med Necessary		2		2
No		1		1
Appealed but not Overturned		1		1
Hospital Inpatient Substance Abuse Detox	7			7
Approved	7			7
No	7			7
Hospital Outpatient Observation	58			58
Approved	58			58
No	58			58
Inpatient Hospital	350	1	2	353
Approved	350			350
No	350			350
Not Med Necessary		1	2	3
No		1	2	3
Appealed but not Overturned		1		1
Inpatient Psychiatric Facility	56			56
Approved	56			56
No	56			56
Inpatient Skilled Nursing	18	1		19
Approved	18			18
No	18			18
Not Med Necessary		1		1
No		1		1
Inpatient Skilled Nursing Services	1			1
Approved	1			1
No	1			1
J0129 -Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	1			1
Approved	1			1



Approval and Denials with Overturns



No	1	1
J0170 -INJ ADRENALINE EPINEPHRINE TO 1 ML	2	2
Approved	2	2
No	2	2
J0171 -Injection, adrenalin, epinephrine, 0.1 mg	13	13
Approved	13	13
No	13	13
J0178 -Injection, aflibercept, 1 mg	10	10
Approved	10	10
No	10	10
J0180 -Injection, agalsidase beta, 1 mg	2	2
Approved	2	2
No	2	2
J0280 -Injection, aminophyllin, up to 250 mg	1	1
Approved	1	1
No	1	1
J0460 -INJ ATROPINE SULFATE UP 0.3 MG	1	1
Approved	1	1
No	1	1
J0461 -Injection, atropine sulfate, 0.01 mg	6	6
Approved	6	6
No	6	6
J0475 -Injection, baclofen, 10 mg	1	1
Approved	1	1
No	1	1
J0517 -Injection, benralizumab, 1 mg	2	2
Approved	2	2
No	2	2
J0585 -Injection, onabotulinumtoxinA, 1 unit	56	56
Approved	56	56
No	56	56
J0640 -Injection, leucovorin calcium, per 50 mg	29	29
Approved	29	29
No	29	29
J0641 -Injection, levoleucovorin, not otherwise specified, 0.5 mg	2	2
Approved	2	2
No	2	2
J0690 -Injection, cefazolin sodium, 500 mg	1	1
Approved	1	1
No	1	1
J0696 -Injection, ceftriaxone sodium, per 250 mg	2	2
Approved	2	2
No	2	2



Approval and Denials with Overturns



J0717 -Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	2		2
Approved	2		2
No	2		2
J0780 -Injection, prochlorperazine, up to 10 mg	3		3
Approved	3		3
No	3		3
J0878 -Injection, daptomycin, 1 mg	1		1
Approved	1		1
No	1		1
J0881 -Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	4		4
Approved	4		4
No	4		4
J0882 -Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	4		4
Approved	4		4
No	4		4
J0885 -Injection, epoetin alfa, (for non-ESRD use), 1000 units	1		1
Approved	1		1
No	1		1
J0897 -Injection, denosumab, 1 mg	44		44
Approved	44		44
No	44		44
J1030 -Injection, methylprednisolone acetate, 40 mg	1		1
Approved	1		1
No	1		1
J1040 -Injection, methylprednisolone acetate, 80 mg	1		1
Approved	1		1
No	1		1
J1071 -Injection, testosterone cypionate, 1 mg	1		1
Approved	1		1
No	1		1
J1100 -Injection, dexamethasone sodium phosphate, 1 mg	48		48
Approved	48		48
No	48		48
J1200 -Injection, diphenhydramine HCl, up to 50 mg	27	1	28
Approved	27		27
No	27		27
Not Med Necessary		1	1
Appealed but not Overturned		1	1
J1245 -Injection, dipyridamole, per 10 mg	5		5
Approved	5		5
No	5		5
J1290 -Injection, ecallantide, 1 mg	1		1



Approval and Denials with Overturns



Approved	1		1
No	1		1
J1335 -Injection, ertapenem sodium, 500 mg	1		1
Approved	1		1
No	1		1
J1439 -Injection, ferric carboxymaltose, 1 mg	4		4
Approved	4		4
No	4		4
J1447 -Injection, tbo-filgrastim, 1 microgram	1		1
Approved	1		1
No	1		1
J1453 -Injection, fosaprepitant, 1 mg	17		17
Approved	17		17
No	17		17
J1454 -Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	37	1	38
Approved	37		37
No	37		37
Not Med Necessary		1	1
Appealed but not Overturned		1	1
J1459 -Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	2		2
Approved	2		2
No	2		2
J1557 -Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	2		2
Approved	2		2
No	2		2
J1559 -Injection, immune globulin (Hizentra), 100 mg	1		1
Approved	1		1
No	1		1
J1561 -Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	2		2
Approved	2		2
No	2		2
J1568 -Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	1		1
Approved	1		1
No	1		1
J1580 -Injection, garamycin, gentamicin, up to 80 mg	1		1
Approved	1		1
No	1		1
J1599 -Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	4		4
Approved	4		4
No	4		4
J1602 -Injection, golimumab, 1 mg, for intravenous use	3		3
Approved	3		3
No	3		3



Approval and Denials with Overturns



J1626 -Injection, granisetron HCl, 100 mcg	13	13
Approved	13	13
No	13	13
J1642 -Injection, heparin sodium, (heparin lock flush), per 10 units	3	3
Approved	3	3
No	3	3
J1644 -Injection, Heparin sodium, per 1000 units	6	6
Approved	6	6
No	6	6
J1720 -Injection, hydrocortisone sodium succinate, up to 100 mg	17	17
Approved	17	17
No	17	17
J1745 -Injection, infliximab, excludes biosimilar, 10 mg	3	3
Approved	3	3
No	3	3
J1756 -Injection, iron sucrose, 1 mg	15	15
Approved	15	15
No	15	15
J2001 -Injection, lidocaine HCl for intravenous infusion, 10 mg	1	1
Approved	1	1
No	1	1
J2150 -Injection, mannitol, 25% in 50 ml	3	3
Approved	3	3
No	3	3
J2182 -Injection, mepolizumab, 1 mg	1	1
Approved	1	1
No	1	1
J2185 -Injection, meropenem, 100 mg	1	1
Approved	1	1
No	1	1
J2250 -Injection, midazolam HCl, per 1 mg	1	1
Approved	1	1
No	1	1
J2274 -Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	4	4
Approved	4	4
No	4	4
J2350 -Injection, ocrelizumab, 1 mg	2	2
Approved	2	2
No	2	2
J2353 -Injection, octreotide, depot form for intramuscular injection, 1 mg	1	1
Approved	1	1
No	1	1
J2405 -Injection, ondansetron HCl, per 1 mg	38	38



Approval and Denials with Overturns



Approved	38	38
No	38	38
J2469 -Injection, palonosetron HCl, 25 mcg	25	25
Approved	25	25
No	25	25
J2501 -Injection, paricalcitol, 1 mcg	6	6
Approved	6	6
No	6	6
J2505 -Injection, pegfilgrastim, 6 mg	22	22
Approved	22	22
No	22	22
J2507 -Injection, pegloticase, 1 mg	1	1
Approved	1	1
No	1	1
J2543 -Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	1	1
Approved	1	1
No	1	1
J2550 -Injection, promethazine HCl, up to 50 mg	6	6
Approved	6	6
No	6	6
J2778 -Injection, ranibizumab, 0.1 mg	8	8
Approved	8	8
No	8	8
J2785 -Injection, regadenoson, 0.1 mg	5	5
Approved	5	5
No	5	5
J2787 -Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	1	1
Approved	1	1
No	1	1
J2796 -Injection, romiplostim, 10 mcg	2	2
Approved	2	2
No	2	2
J2912 -SODIUM CHLORIDE INJECTION	1	1
Approved	1	1
No	1	1
J2930 -Injection, methylprednisolone sodium succinate, up to 125 mg	17	17
Approved	17	17
No	17	17
J2997 -Injection, alteplase recombinant, 1 mg	8	8
Approved	8	8
No	8	8
J3010 -Injection, fentanyl citrate, 0.1 mg	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
J3241 -Injection, teprotumumab-trbw, 10 mg	2	2
Approved	2	2
No	2	2
J3300 -Injection, triamcinolone acetonide, preservative free, 1 mg	1	1
Approved	1	1
No	1	1
J3301 -Injection, triamcinolone acetonide, not otherwise specified, 10 mg	2	2
Approved	2	2
No	2	2
J3380 -Injection, vedolizumab, 1 mg	8	8
Approved	8	8
No	8	8
J3415 -Injection, pyridoxine HCl, 100 mg	1	1
Approved	1	1
No	1	1
J3420 -Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	2	2
Approved	2	2
No	2	2
J3475 -Injection, magnesium sulfate, per 500 mg	3	3
Approved	3	3
No	3	3
J3480 -Injection, potassium chloride, per 2 mEq	4	4
Approved	4	4
No	4	4
J3489 -Injection, zoledronic acid, 1 mg	27	27
Approved	27	27
No	27	27
J3490 -Unclassified drugs	10	11
Approved	10	10
No	10	10
Not Med Necessary		1
Appealed but not Overturned		1
J3590 -Unclassified biologics	2	2
Approved	2	2
No	2	2
J7030 -Infusion, normal saline solution, 1,000 cc	13	13
Approved	13	13
No	13	13
J7050 -Infusion, normal saline solution, 250 cc	1	1
Approved	1	1
No	1	1
J7120 -Ringers lactate infusion, up to 1,000 cc	3	3



Approval and Denials with Overturns



Approved	3	3
No	3	3
J7192 -Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	1	1
Not Med Necessary	1	1
Appealed but not Overturned	1	1
J7298 -Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	1	1
Approved	1	1
No	1	1
J7312 -Injection, dexamethasone, intravitreal implant, 0.1 mg	6	6
Approved	6	6
No	6	6
J7325 -Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	1	1
Approved	1	1
No	1	1
J7326 -Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	1	1
Approved	1	1
No	1	1
J7327 -Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	1	1
Approved	1	1
No	1	1
J7999 -Compounded drug, not otherwise classified	3	3
Approved	3	3
No	3	3
J8540 -Dexamethasone, oral, 0.25 mg	1	1
Approved	1	1
No	1	1
J9000 -Injection, doxorubicin HCl, 10 mg	12	12
Approved	12	12
No	12	12
J9022 -Injection, atezolizumab, 10 mg	12	12
Approved	12	12
No	12	12
J9034 -Injection, bendamustine HCl (Bendeka), 1 mg	3	3
Approved	3	3
No	3	3
J9035 -Injection, bevacizumab, 10 mg	46	46
Approved	46	46
No	46	46
J9040 -Injection, bleomycin sulfate, 15 units	1	1
Approved	1	1
No	1	1
J9041 -Injection, bortezomib (Velcade), 0.1 mg	8	8
Approved	8	8



Approval and Denials with Overturns



No	8		8
J9042 -Injection, brentuximab vedotin, 1 mg	1		1
Approved	1		1
No	1		1
J9043 -Injection, cabazitaxel, 1 mg	1		1
Approved	1		1
No	1		1
J9045 -Injection, carboplatin, 50 mg	28	1	29
Approved	28		28
No	28		28
Not Med Necessary		1	1
Appealed but not Overturned		1	1
J9047 -Injection, carfilzomib, 1 mg	1		1
Approved	1		1
No	1		1
J9055 -Injection, cetuximab, 10 mg	2		2
Approved	2		2
No	2		2
J9060 -Injection, cisplatin, powder or solution, 10 mg	13		13
Approved	13		13
No	13		13
J9070 -Cyclophosphamide, 100 mg	17		17
Approved	17		17
No	17		17
J9145 -Injection, daratumumab, 10 mg	1		1
Approved	1		1
No	1		1
J9171 -Injection, docetaxel, 1 mg	24		24
Approved	24		24
No	24		24
J9173 -Injection, durvalumab, 10 mg	6		6
Approved	6		6
No	6		6
J9181 -Injection, etoposide, 10 mg	4		4
Approved	4		4
No	4		4
J9190 -Injection, fluorouracil, 500 mg	40		40
Approved	40		40
No	40		40
J9201 -Injection, gemcitabine HCl, not otherwise specified, 200 mg	12		12
Approved	12		12
No	12		12
J9205 -Injection, irinotecan liposome, 1 mg	1		1



Approval and Denials with Overturns



Approved	1		1
No	1		1
J9206 -Injection, irinotecan, 20 mg	11		11
Approved	11		11
No	11		11
J9209 -Injection, mesna, 200 mg	1		1
Approved	1		1
No	1		1
J9216 -Injection, interferon, gamma 1-b, 3 million units	1		1
Approved	1		1
No	1		1
J9217 -Leuprolide acetate (for depot suspension), 7.5 mg	23		23
Approved	23		23
No	23		23
J9228 -Injection, ipilimumab, 1 mg	2		2
Approved	2		2
No	2		2
J9230 -Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	1		1
Approved	1		1
No	1		1
J9250 -Methotrexate sodium, 5 mg	1		1
Approved	1		1
No	1		1
J9263 -Injection, oxaliplatin, 0.5 mg	26		26
Approved	26		26
No	26		26
J9264 -Injection, paclitaxel protein-bound particles, 1 mg	6		6
Approved	6		6
No	6		6
J9267 -Injection, paclitaxel, 1 mg	20	1	21
Approved	20		20
No	20		20
Not Med Necessary		1	1
Appealed but not Overturned		1	1
J9268 -Injection, pentostatin, 10 mg	1		1
Approved	1		1
No	1		1
J9271 -Injection, pembrolizumab, 1 mg	23	1	24
Approved	23		23
No	23		23
Not Med Necessary		1	1
Appealed but not Overturned		1	1
J9299 -Injection, nivolumab, 1 mg	7		7



Approval and Denials with Overturns



Approved	7	7
No	7	7
J9303 -Injection, panitumumab, 10 mg	2	2
Approved	2	2
No	2	2
J9305 -Injection, pemetrexed, NOS, 10 mg	5	5
Approved	5	5
No	5	5
J9306 -Injection, pertuzumab, 1 mg	17	17
Approved	17	17
No	17	17
J9308 -Injection, ramucirumab, 5 mg	1	1
Approved	1	1
No	1	1
J9309 -Injection, polatuzumab vedotin-piiq, 1 mg	1	1
Approved	1	1
No	1	1
J9312 -Injection, rituximab, 10 mg	5	5
Approved	5	5
No	5	5
J9317 -Injection, sacituzumab govitecan-hziy, 2.5 mg	1	1
Approved	1	1
No	1	1
J9351 -Injection, topotecan, 0.1 mg	1	1
Approved	1	1
No	1	1
J9354 -Injection, ado-trastuzumab emtansine, 1 mg	1	1
Approved	1	1
No	1	1
J9355 -Injection, trastuzumab, excludes biosimilar, 10 mg	6	6
Approved	6	6
No	6	6
J9358 -Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	1	1
Approved	1	1
No	1	1
J9370 -Vincristine sulfate, 1 mg	6	6
Approved	6	6
No	6	6
J9395 -Injection, fulvestrant, 25 mg	2	2
Approved	2	2
No	2	2
K0005 -Ultralightweight wheelchair	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
K0038 -Leg strap, each	1	1
Approved	1	1
No	1	1
K0040 -Adjustable angle footplate, each	2	2
Approved	2	2
No	2	2
K0108 -Wheelchair component or accessory, not otherwise specified	5	5
Approved	5	5
No	5	5
K0553 -Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	5	5
Approved	5	5
No	5	5
K0554 -Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	3	3
Approved	3	3
No	3	3
K0606 -Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	13	13
Approved	13	13
No	13	13
K0739 -Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	2	2
Approved	2	2
No	2	2
K0861 -Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	1	1
Approved	1	1
No	1	1
K0884 -Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	1	1
Approved	1	1
No	1	1
L0456 -Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk mo	1	1
Approved	1	1
No	1	1
L0650 -Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pre	4	4
Approved	4	4
No	4	4
L0984 -Protective body sock, prefabricated, off-the-shelf, each	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



L1200 -Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	1	1
Approved	1	1
No	1	1
L1210 -Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension	1	1
Approved	1	1
No	1	1
L1240 -Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad	1	1
Approved	1	1
No	1	1
L1852 -Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	4	4
Approved	4	4
No	4	4
L1932 -Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	1	1
Approved	1	1
No	1	1
L1951 -Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	2	2
Approved	2	2
No	2	2
L1960 -Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	3	3
Approved	3	3
No	3	3
L1970 -Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	4	4
Approved	4	4
No	4	4
L2200 -Addition to lower extremity, limited ankle motion, each joint	2	2
Approved	2	2
No	2	2
L2270 -Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	2	2
Approved	2	2
No	2	2
L2275 -Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	5	5
Approved	5	5
No	5	5
L2330 -Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	2	2
Approved	2	2
No	2	2
L2820 -Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	5	5
Approved	5	5
No	5	5



Approval and Denials with Overturns



L3031 -Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	1	1
Approved	1	1
No	1	1
L3960 -Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	1	1
Approved	1	1
No	1	1
L5000 -Partial foot, shoe insert with longitudinal arch, toe filler	3	3
Approved	3	3
No	3	3
L5010 -Partial foot, molded socket, ankle height, with toe filler	1	1
Approved	1	1
No	1	1
L5020 -Partial foot, molded socket, tibial tubercle height, with toe filler	1	1
Approved	1	1
No	1	1
L5301 -Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	6	6
Approved	6	6
No	6	6
L5321 -Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	2	2
Approved	2	2
No	2	2
L5611 -Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	1	1
Approved	1	1
No	1	1
L5620 -Addition to lower extremity, test socket, below knee (BK)	8	8
Approved	8	8
No	8	8
L5624 -Addition to lower extremity, test socket, above knee (AK)	2	2
Approved	2	2
No	2	2
L5629 -Addition to lower extremity, below knee, acrylic socket	7	7
Approved	7	7
No	7	7
L5631 -Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	2	2
Approved	2	2
No	2	2
L5637 -Addition to lower extremity, below knee (BK), total contact	8	8
Approved	8	8
No	8	8
L5645 -Addition to lower extremity, below knee (BK), flexible inner socket, external frame	4	4



Approval and Denials with Overturns



Approved	4	4
No	4	4
L5647 -Addition to lower extremity, below knee (BK), suction socket	2	2
Approved	2	2
No	2	2
L5649 -Addition to lower extremity, ischial containment/narrow M-L socket	2	2
Approved	2	2
No	2	2
L5650 -Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	2	2
Approved	2	2
No	2	2
L5651 -Addition to lower extremity, above knee (AK), flexible inner socket, external frame	2	2
Approved	2	2
No	2	2
L5652 -Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	2	2
Approved	2	2
No	2	2
L5668 -Addition to lower extremity, below knee (BK), molded distal cushion	2	2
Approved	2	2
No	2	2
L5671 -Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	5	5
Approved	5	5
No	5	5
L5673 -Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	7	7
Approved	7	7
No	7	7
L5679 -Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	3	3
Approved	3	3
No	3	3
L5685 -Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	2	2
Approved	2	2
No	2	2
L5700 -Replacement, socket, below knee (BK), molded to patient model	2	2
Approved	2	2
No	2	2
L5704 -Custom shaped protective cover, below knee (BK)	1	1
Approved	1	1
No	1	1
L5705 -Custom shaped protective cover, above knee (AK)	1	1
Approved	1	1



Approval and Denials with Overturns



No	1	1
L5828 -Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	1	1
Approved	1	1
No	1	1
L5845 -Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	2	2
Approved	2	2
No	2	2
L5850 -Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	2	2
Approved	2	2
No	2	2
L5910 -Addition, endoskeletal system, below knee (BK), alignable system	8	8
Approved	8	8
No	8	8
L5920 -Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	2	2
Approved	2	2
No	2	2
L5925 -Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	2	2
Approved	2	2
No	2	2
L5940 -Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	8	8
Approved	8	8
No	8	8
L5950 -Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	2	2
Approved	2	2
No	2	2
L5968 -Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	2	2
Approved	2	2
No	2	2
L5972 -All lower extremity prostheses, foot, flexible keel	1	1
Approved	1	1
No	1	1
L5981 -All lower extremity prostheses, flex-walk system or equal	7	7
Approved	7	7
No	7	7
L5986 -All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	4	4
Approved	4	4
No	4	4
L5990 -Addition to lower extremity prosthesis, user adjustable heel height	1	1
Approved	1	1
No	1	1
L5999 -Lower extremity prosthesis, not otherwise specified	1	1
Approved	1	1
No	1	1



Approval and Denials with Overturns



L7510 -Repair of prosthetic device, repair or replace minor parts	1	1
Approved	1	1
No	1	1
L7520 -Repair prosthetic device, labor component, per 15 minutes	1	1
Approved	1	1
No	1	1
L8000 -Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	2	2
Approved	2	2
No	2	2
L8035 -Custom breast prosthesis, post mastectomy, molded to patient model	1	1
Approved	1	1
No	1	1
L8039 -Breast prosthesis, not otherwise specified	1	1
Approved	1	1
No	1	1
L8420 -Prosthetic sock, multiple ply, below knee (BK), each	7	7
Approved	7	7
No	7	7
L8430 -Prosthetic sock, multiple ply, above knee (AK), each	1	1
Approved	1	1
No	1	1
L8440 -Prosthetic shrinker, below knee (BK), each	5	5
Approved	5	5
No	5	5
L8470 -Prosthetic sock, single ply, fitting, below knee (BK), each	7	7
Approved	7	7
No	7	7
L8619 -Cochlear implant, external speech processor and controller, integrated system, replacement	1	1
Approved	1	1
No	1	1
L8680 -Implantable neurostimulator electrode, each	6	6
Approved	6	6
No	6	6
L8681 -Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	1	1
Approved	1	1
No	1	1
L8687 -Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	1	1
Approved	1	1
No	1	1
Long Term Acute Care (LTAC)	22	22
Approved	22	22
No	22	22
M0243 -Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	1	1



Approval and Denials with Overturns



Approved	1	1
No	1	1
OBSERVATION	1	1
Approved	1	1
No	1	1
Observation Services	2	2
Approved	2	2
No	2	2
Observation	10	10
Approved	10	10
No	10	10
Outpatient Substance Abuse-Individual	1	1
Approved	1	1
No	1	1
Partial Hosp. Substance Abuse	4	4
Approved	4	4
No	4	4
Q0091 -Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	2	2
Approved	2	2
No	2	2
Q0138 -Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	23	23
Approved	23	23
No	23	23
Q0239 -Injection, bamlanivimab-xxxx, 700 mg	1	1
Approved	1	1
No	1	1
Q4081 -Injection, epoetin alfa, 100 units (for ESRD on dialysis)	8	8
Approved	8	8
No	8	8
Q4186 -Epifix, per sq cm	4	4
Approved	4	4
No	4	4
Q4187 -Epicord, per sq cm	3	3
Approved	3	3
No	3	3
Q5101 -Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	7	7
Approved	7	7
No	7	7
Q5103 -Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	1	1
Approved	1	1
No	1	1
Q5107 -Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	21	21
Approved	21	21



Approval and Denials with Overturns



No	21	21
Q5108 -Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	6	6
Approved	6	6
No	6	6
Q5110 -Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	5	5
Approved	5	5
No	5	5
Q5112 -Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	4	4
Approved	4	4
No	4	4
Q5114 -Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	2	2
Approved	2	2
No	2	2
Q5115 -Injection, rituximab-abbs, biosimilar, 10 mg	2	2
Approved	2	2
No	2	2
Q5116 -Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	4	4
Approved	4	4
No	4	4
Q5117 -Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	11	11
Approved	11	11
No	11	11
Q5118 -Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	5	5
Approved	5	5
No	5	5
Q5119 -Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	10	10
Approved	10	10
No	10	10
Q5120 -Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg	2	2
Approved	2	2
No	2	2
Q5122 -Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg	1	1
Approved	1	1
No	1	1
Q9965 -Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	7	7
Approved	7	7
No	7	7
Q9967 -Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	1	1
Approved	1	1
No	1	1
S0028 -INJECTION FAMOTIDINE 20 MG	13	13
Approved	13	13
No	13	13



Approval and Denials with Overturns



S1091 -Stent, noncoronary, temporary, with delivery system (Propel)	4	4
Approved	4	4
No	4	4
S8301 -INFECTION CONTROL SUPPLIES NOS	20	20
Approved	20	20
No	20	20
S9090 -VERT AXIAL DECOMPRS PER SESSION	1	1
Approved	1	1
No	1	1
S9123 -NRS CARE HOM; REGISTERED NURSE-HOUR	1	1
Approved	1	1
No	1	1
S9152 -SPEECH THERAPY RE-EVALUATION	2	2
Approved	2	2
No	2	2
S9328 -HIT IMPLANTED PUMP PAIN MGMT; DIEM	3	3
Approved	3	3
No	3	3
S9338 -HOME INFUS TX IMMUTHAPY; PER DIEM	4	4
Approved	4	4
No	4	4
S9341 -HT; ENTERL NUTRIT VIA GRAVITY; DIEM	1	1
Approved	1	1
No	1	1
S9351 -HIT CONT ANTI-EMETIC; PER DIEM	12	12
Approved	12	12
No	12	12
S9359 -HIT ANTI-TUMR NECROS FACTOR IV TX;	1	1
Approved	1	1
No	1	1
S9366 -HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM	3	3
Approved	3	3
No	3	3
S9370 -HT INTERMITTENT ANTI-EMETIC INJ TX;	5	5
Approved	5	5
No	5	5
S9373 -HIT HYDRATION TX; PER DIEM	4	4
Approved	4	4
No	4	4
S9374 -HIT HYDRATION TX; 1 LITER DAY	2	2
Approved	2	2
No	2	2
S9375 -HIT HYDRAT; >1 LITR NO>2 LITR DAY	7	7



Approval and Denials with Overturns



Approved	7	7		
No	7	7		
S9379 -HOME INFUS TX INFUSION TX NOC; DIEM	2	2		
Approved	2	2		
No	2	2		
S9445 -PT ED NOC NON-MD PROV IND SESSION	1	1		
Approved	1	1		
No	1	1		
S9500 -Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per	4	4		
Approved	4	4		
No	4	4		
S9502 -HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	3	3		
Approved	3	3		
No	3	3		
S9542 -HOME INJECTABLE THERAPY NOC-DIEM	1	1		
Approved	1	1		
No	1	1		
U0001 -CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	1	1		
Approved	1	1		
No	1	1		
V2785 -Processing, preserving and transporting corneal tissue	1	1		
Approved	1	1		
No	1	1		
V5011 -Fitting/orientation/checking of hearing aid	1	1		
Approved	1	1		
No	1	1		
V5257 -Hearing aid, digital, monaural, BTE	2	2		
Approved	2	2		
No	2	2		
V5261 -Hearing aid, digital, binaural, BTE	2	2		
Approved	2	2		
No	2	2		
V5264 -Ear mold/insert, not disposable, any type	1	1		
Approved	1	1		
No	1	1		
V5265 -Ear mold/insert, disposable, any type	1	1		
Approved	1	1		
No	1	1		
Grand Total	18259	120	12	18391