

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
00170 -Anesthesia for intraoral procedures, including biopsy; not otherwise specified	19			19
Approved	19			19
No Overturns	19			19
0054T -Bone Surgery Using Computer	1			1
Approved	1			1
No Overturns	1			1
00880 -Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01270 -Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01440 -Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01500 -Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	1			1
Approved	1			1
No Overturns	1			1
01916 -Anesthesia for diagnostic arteriography/venography	1			1
Approved	1			1
No Overturns	1			1
01922 -Anesthesia for non-invasive imaging or radiation therapy	2			2
Approved	2			2
No Overturns	2			2
01924 -Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	2			2
Approved	2			2
No Overturns	2			2
01926 -Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	1			1
Approved	1			1
No Overturns	1			1

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Row Labels	Approved	Denied	Partially Approved	Grand Total
0364U -Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quanti	1			1
Approved	1			1
No Overturns	1			1
10004 -Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
10021 -Fine needle aspiration; without imaging guidance	1			1
Approved	1			1
No Overturns	1			1
10040 -Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	2			2
Approved	2			2
No Overturns	2			2
10060 -Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	2			2
Approved	2			2
No Overturns	2			2
10120 -Incision and removal of foreign body, subcutaneous tissues; simple	2			2
Approved	2			2
No Overturns	2			2
11042 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	9			9
Approved	9			9
No Overturns	9			9
11043 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2			2
Approved	2			2
No Overturns	2			2
11044 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
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)	6			6
Approved	6			6
No Overturns	6			6
11046 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
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 Overturns	1			1
11102 -Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	6			6
Approved	6			6
No Overturns	6			6
11103 -Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4
11104 -Punch biopsy of skin (including simple closure, when performed); single lesion	4			4
Approved	4			4
No Overturns	4			4
11105 -Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4
11406 -Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	2			2
Approved	2			2
No Overturns	2			2
11421 -Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	4			4
Approved	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	4			4
11422 -Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	2			2
Approved	2			2
No Overturns	2			2
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	4			4
Approved	4			4
No Overturns	4			4
11441 -Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	2			2
Approved	2			2
No Overturns	2			2
11606 -Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	1			1
Approved	1			1
No Overturns	1			1
11772 -Excision of pilonidal cyst or sinus; complicated	1			1
Approved	1			1
No Overturns	1			1
11900 -Injection, intralesional; up to and including 7 lesions	3			3
Approved	3			3
No Overturns	3			3
12011 -Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	6			6
Approved	6			6
No Overturns	6			6
13101 -Repair, complex, trunk; 2.6 cm to 7.5 cm	1			1
Approved	1			1
No Overturns	1			1
13102 -Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
14000 -Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
14001 -Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	2			2
Approved	2			2
No Overturns	2			2
14301 -Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	2			2
Approved	2			2
No Overturns	2			2
14302 -Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
14350 -Filletted finger or toe flap, including preparation of recipient site	1			1
Approved	1			1
No Overturns	1			1
15771 -Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	3			3
Approved	3			3
No Overturns	3			3
15772 -Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	3			3
Approved	3			3
No Overturns	3			3
15777 -Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
15842 -Graft for facial nerve paralysis; free muscle flap by microsurgical technique	1			1
Approved	1			1
No Overturns	1			1
15860 -Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	2			2
Approved	2			2
No Overturns	2			2
15877 -Suction assisted lipectomy; trunk	2			2
Approved	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
16020 -Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	2			2
Approved	2			2
No Overturns	2			2
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	14			14
Approved	14			14
No Overturns	14			14
17111 -Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	8			8
Approved	8			8
No Overturns	8			8
17250 -Chemical cauterization of granulation tissue (ie, proud flesh)	1			1
Approved	1			1
No Overturns	1			1
17306 -Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation incl	2			2
Approved	2			2
No Overturns	2			2
19125 -Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	1			1
Approved	1			1
No Overturns	1			1
19301 -Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	1			1
Approved	1			1
No Overturns	1			1
19303 -Mastectomy, simple, complete	1			1
Approved	1			1
No Overturns	1			1
19318 -Reduction mammoplasty	4			4
Approved	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	4			4
19325 -Mammaplasty, augmentation; with prosthetic implant	1			1
Approved	1			1
No Overturns	1			1
19328 -Removal of intact mammary implant	2			2
Approved	2			2
No Overturns	2			2
19330 -Removal of mammary implant material	1			1
Approved	1			1
No Overturns	1			1
19342 -Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	1			1
Approved	1			1
No Overturns	1			1
19357 -Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	1			1
Approved	1			1
No Overturns	1			1
19380 -Revision of reconstructed breast	4			4
Approved	4			4
No Overturns	4			4
20206 -Biopsy, muscle, percutaneous needle	2			2
Approved	2			2
No Overturns	2			2
20553 -Injection(s); single or multiple trigger point(s), 3 or more muscles	1			1
Approved	1			1
No Overturns	1			1
20605 -Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	1			1
Approved	1			1
No Overturns	1			1
20610 -Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	2			2
Approved	2			2
No Overturns	2			2

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20680 -Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	2			2
Approved	2			2
No Overturns	2			2
20694 -Removal, under anesthesia, of external fixation system	1			1
Approved	1			1
No Overturns	1			1
20900 -Bone graft, any donor area; minor or small (eg, dowel or button)	1			1
Approved	1			1
No Overturns	1			1
20902 -Bone graft, any donor area; major or large	1			1
Approved	1			1
No Overturns	1			1
20930 -Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
20936 -Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	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 Overturns	1			1
21390 -Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	1			1
Approved	1			1
No Overturns	1			1
21552 -Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	2			2
Approved	2			2
No Overturns	2			2
21600 -Excision of rib, partial	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
22551 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	1			1
Approved	1			1
No Overturns	1			1
22552 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	1			1
Approved	1			1
No Overturns	1			1
22558 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	2			2
Approved	2			2
No Overturns	2			2
22585 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
22612 -Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	2			2
Approved	2			2
No Overturns	2			2
22614 -Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
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 Overturns	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	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
22634 -Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment;	1			1
Approved	1			1
No Overturns	1			1
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)	1			1
Approved	1			1
No Overturns	1			1
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)	1			1
Approved	1			1
No Overturns	1			1
22846 -Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
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	4			4
Approved	4			4
No Overturns	4			4
22869 -Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
25000 -Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	1			1
Approved	1			1
No Overturns	1			1
25111 -Excision of ganglion, wrist (dorsal or volar); primary	1			1
Approved	1			1
No Overturns	1			1
25210 -Carpectomy; 1 bone	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
25490 -Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	2			2
Approved	2			2
No Overturns	2			2
25505 -Closed treatment of radial shaft fracture; with manipulation	2			2
Approved	2			2
No Overturns	2			2
25515 -Open treatment of radial shaft fracture, includes internal fixation, when performed	2			2
Approved	2			2
No Overturns	2			2
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 Overturns	1			1
25999 -Unlisted procedure, forearm or wrist	2			2
Approved	2			2
No Overturns	2			2
27045 -Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	1			1
Approved	1			1
No Overturns	1			1
27096 -Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	6			6
Approved	6			6
No Overturns	6			6
27130 -Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	1			1
Approved	1			1
No Overturns	1			1
27176 -Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	1			1
Approved	1			1
No Overturns	1			1
27299 -Unlisted procedure, pelvis or hip joint	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
27324 -Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	1			1
Approved	1			1
No Overturns	1			1
27335 -Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	1			1
Approved	1			1
No Overturns	1			1
27339 -Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	1			1
Approved	1			1
No Overturns	1			1
27355 -Excision or curettage of bone cyst or benign tumor of femur;	1			1
Approved	1			1
No Overturns	1			1
27364 -Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	1			1
Approved	1			1
No Overturns	1			1
27450 -Osteotomy, femur, shaft or supracondylar; with fixation	2			2
Approved	2			2
No Overturns	2			2
27485 -Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	2			2
Approved	2			2
No Overturns	2			2
27486 -Revision of total knee arthroplasty, with or without allograft; 1 component	1			1
Approved	1			1
No Overturns	1			1
27601 -Decompression fasciotomy, leg; posterior compartment(s) only	1			1
Approved	1			1
No Overturns	1			1
27641 -Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	1			1
Approved	1			1
No Overturns	1			1
27654 -Repair, secondary, Achilles tendon, with or without graft	1			1
Approved	1			1

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Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
27705 -Osteotomy; tibia	2			2
Approved	2			2
No Overturns	2			2
27828 -Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	1			1
Approved	1			1
No Overturns	1			1
28118 -Ostectomy, calcaneus;	1			1
Approved	1			1
No Overturns	1			1
28270 -Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
28740 -Arthrodesis, midtarsal or tarsometatarsal, single joint	1			1
Approved	1			1
No Overturns	1			1
28750 -Arthrodesis, great toe; metatarsophalangeal joint	1			1
Approved	1			1
No Overturns	1			1
28820 -Amputation, toe; metatarsophalangeal joint	1			1
Approved	1			1
No Overturns	1			1
29065 -Application, cast; shoulder to hand (long arm)	2			2
Approved	2			2
No Overturns	2			2
29345 -Application of long leg cast (thigh to toes);	2			2
Approved	2			2
No Overturns	2			2
29806 -Arthroscopy, shoulder, surgical; capsulorrhaphy	1			1
Approved	1			1
No Overturns	1			1
29823 -Arthroscopy, shoulder, surgical; debridement, extensive	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
29870 -Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
29879 -Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	1			1
Approved	1			1
No Overturns	1			1
29881 -Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	2			2
Approved	2			2
No Overturns	2			2
29882 -Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	3			3
Approved	3			3
No Overturns	3			3
29886 -Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	1			1
Approved	1			1
No Overturns	1			1
29888 -Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	4			4
Approved	4			4
No Overturns	4			4
29999 -Unlisted procedure, arthroscopy	1			1
Approved	1			1
No Overturns	1			1
30117 -Excision or destruction (eg, laser), intranasal lesion; internal approach	2			2
Approved	2			2
No Overturns	2			2
30140 -Submucous resection inferior turbinate, partial or complete, any method	1			1
Approved	1			1
No Overturns	1			1
30300 -Removal foreign body, intranasal; office type procedure	4			4
Approved	4			4
No Overturns	4			4
30520 -Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	1			1

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Approved	1			1
No Overturns	1			1
31231 -Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	4			4
Approved	4			4
No Overturns	4			4
31237 -Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	2			2
Approved	2			2
No Overturns	2			2
31622 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
31623 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	1			1
Approved	1			1
No Overturns	1			1
31624 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	1			1
Approved	1			1
No Overturns	1			1
31625 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	1			1
Approved	1			1
No Overturns	1			1
31652 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	1			1
Approved	1			1
No Overturns	1			1
31653 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	1			1
Approved	1			1
No Overturns	1			1
31654 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	1			1
Approved	1			1
No Overturns	1			1
32400 -Biopsy, pleura, percutaneous needle	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
32484 -Removal of lung, other than pneumonectomy; single segment (segmentectomy)	1			1
Approved	1			1
No Overturns	1			1
32550 -Insertion of indwelling tunneled pleural catheter with cuff	1			1
Approved	1			1
No Overturns	1			1
32554 -Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1			1
Approved	1			1
No Overturns	1			1
32663 -Thoracoscopy, surgical; with lobectomy (single lobe)	1			1
Approved	1			1
No Overturns	1			1
32674 -Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
33945 -Heart transplant, with or without recipient cardiectomy	2			2
Approved	2			2
No Overturns	2			2
35301 -Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	1			1
Approved	1			1
No Overturns	1			1
35371 -Thromboendarterectomy, including patch graft, if performed; common femoral	1			1
Approved	1			1
No Overturns	1			1
36245 -Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	2			2
Approved	2			2
No Overturns	2			2
36246 -Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4			4
Approved	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	4			4
36247 -Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	3			3
Approved	3			3
No Overturns	3			3
36248 -Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch,within a vascular family (List in addition to code for initial second or third order vessel as appropriate	2			2
Approved	2			2
No Overturns	2			2
36261 -Revision of implanted intra-arterial infusion pump	1			1
Approved	1			1
No Overturns	1			1
36415 -Collection of venous blood by venipuncture	11			11
Approved	11			11
No Overturns	11			11
36471 -Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	2			2
Approved	2			2
No Overturns	2			2
36556 -Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	1			1
Approved	1			1
No Overturns	1			1
36561 -Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	3			3
Approved	3			3
No Overturns	3			3
37220 -Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	1			1
Approved	1			1
No Overturns	1			1
37221 -Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
37222 -Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
37223 -Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	1			1
Approved	1			1
No Overturns	1			1
37238 -Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	1			1
Approved	1			1
No Overturns	1			1
37241 -Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention;	2			2
Approved	2			2
No Overturns	2			2
37242 -Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention;	3			3
Approved	3			3
No Overturns	3			3
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	2			2
Approved	2			2
No Overturns	2			2
38206 -Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	2			2
Approved	2			2
No Overturns	2			2
38220 -Diagnostic bone marrow; aspiration(s)	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
38221 -Diagnostic bone marrow; biopsy(ies)	3			3
Approved	3			3
No Overturns	3			3
38222 -Diagnostic bone marrow; biopsy(ies) and aspiration(s)	3			3
Approved	3			3
No Overturns	3			3
38240 -Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	2			2
Approved	2			2
No Overturns	2			2
38241 -Hematopoietic progenitor cell (HPC); autologous transplantation	2			2
Approved	2			2
No Overturns	2			2
38500 -Biopsy or excision of lymph node(s); open, superficial	1			1
Approved	1			1
No Overturns	1			1
38525 -Biopsy or excision of lymph node(s); open, deep axillary node(s)	1			1
Approved	1			1
No Overturns	1			1
38570 -Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	1			1
Approved	1			1
No Overturns	1			1
38571 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	1			1
Approved	1			1
No Overturns	1			1
38745 -Axillary lymphadenectomy; complete	2			2
Approved	2			2
No Overturns	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)	1			1
Approved	1			1
No Overturns	1			1
40819 -Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	2			2
Approved	2			2
No Overturns	2			2
41010 -Incision of lingual frenum (frenotomy)	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
41899 -Unlisted procedure, dentoalveolar structures	18			18
Approved	18			18
No Overturns	18			18
42210 -Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	1			1
Approved	1			1
No Overturns	1			1
42820 -Tonsillectomy and adenoidectomy; younger than age 12	8			8
Approved	8			8
No Overturns	8			8
42821 -Tonsillectomy and adenoidectomy; age 12 or over	2			2
Approved	2			2
No Overturns	2			2
42825 -Tonsillectomy, primary or secondary; younger than age 12	6			6
Approved	6			6
No Overturns	6			6
42830 -Adenoidectomy, primary; younger than age 12	6			6
Approved	6			6
No Overturns	6			6
42835 -Adenoidectomy, secondary; younger than age 12	8			8
Approved	8			8
No Overturns	8			8
42975 -Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	2			2
Approved	2			2
No Overturns	2			2
43229 -Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2			2
Approved	2			2
No Overturns	2			2
43235 -Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	21			21
Approved	21			21

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	21			21
43237 -Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	1			1
Approved	1			1
No Overturns	1			1
43238 -Esophagogastroduodenoscopy, flexible, transoral;	1			1
Approved	1			1
No Overturns	1			1
43239 -Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	28			28
Approved	28			28
No Overturns	28			28
43242 -Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgical	1			1
Approved	1			1
No Overturns	1			1
43244 -Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	1			1
Approved	1			1
No Overturns	1			1
43248 -Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	3			3
Approved	3			3
No Overturns	3			3
43259 -Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	5			5
Approved	5			5
No Overturns	5			5
43260 -Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
43270 -Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	4			4
No Overturns	4			4
43273 -Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
43274 -Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	1			1
Approved	1			1
No Overturns	1			1
44140 -Colectomy, partial; with anastomosis	1			1
Approved	1			1
No Overturns	1			1
44145 -Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	1			1
Approved	1			1
No Overturns	1			1
44187 -Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	1			1
Approved	1			1
No Overturns	1			1
44204 -Laparoscopy, surgical; colectomy, partial, with anastomosis	1			1
Approved	1			1
No Overturns	1			1
44207 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	1			1
Approved	1			1
No Overturns	1			1
44208 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	2			2
Approved	2			2
No Overturns	2			2
44227 -Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
45100 -Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	2			2
Approved	2			2
No Overturns	2			2
45120 -Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	2			2
Approved	2			2
No Overturns	2			2
45300 -Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
45378 -Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	27			27
Approved	27			27
No Overturns	27			27
45380 -Colonoscopy, flexible; with biopsy, single or multiple	23			23
Approved	23			23
No Overturns	23			23
45381 -Colonoscopy, flexible; with directed submucosal injection(s), any substance	6			6
Approved	6			6
No Overturns	6			6
45382 -Colonoscopy, flexible; with control of bleeding, any method	2			2
Approved	2			2
No Overturns	2			2
45385 -Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	8			8
Approved	8			8
No Overturns	8			8
45395 -Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	1			1
Approved	1			1
No Overturns	1			1
45505 -Proctoplasty; for prolapse of mucous membrane	1			1
Approved	1			1
No Overturns	1			1
46200 -Fissurectomy, including sphincterotomy, when performed	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
46275 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	1			1
Approved	1			1
No Overturns	1			1
46280 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	1			1
Approved	1			1
No Overturns	1			1
46505 -Chemodenervation of internal anal sphincter	2			2
Approved	2			2
No Overturns	2			2
46600 -Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1			1
Approved	1			1
No Overturns	1			1
46946 -Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	1			1
Approved	1			1
No Overturns	1			1
47001 -Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)		1		1
Denied - Administrative Denial		1		1
No Overturns		1		1
47120 -Hepatectomy, resection of liver; partial lobectomy	1			1
Approved	1			1
No Overturns	1			1
47135 -Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	3			3
Approved	3			3
No Overturns	3			3
47370 -Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	1	1		2
Approved	1			1
No Overturns	1			1
Denied - Administrative Denial		1		1
No Overturns		1		1
47562 -Laparoscopy, surgical; cholecystectomy	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
49083 -Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	2			2
Approved	2			2
No Overturns	2			2
49320 -Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	2			2
Approved	2			2
No Overturns	2			2
49329 -Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	1			1
Approved	1			1
No Overturns	1			1
49450 -Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1			1
Approved	1			1
No Overturns	1			1
49452 -Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	6			6
Approved	6			6
No Overturns	6			6
49505 -Repair initial inguinal hernia, age 5 years or older; reducible	1			1
Approved	1			1
No Overturns	1			1
49591 -Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less	2			2
Approved	2			2
No Overturns	2			2
49594 -Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm	2			2
Approved	2			2
No Overturns	2			2
49650 -Laparoscopy, surgical; repair initial inguinal hernia	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
50200 -Renal biopsy; percutaneous, by trocar or needle	1			1
Approved	1			1
No Overturns	1			1
50360 -Renal allotransplantation, implantation of graft; without recipient nephrectomy	6			6
Approved	6			6
No Overturns	6			6
50432 -Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	1			1
Approved	1			1
No Overturns	1			1
50545 -Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	2			2
Approved	2			2
No Overturns	2			2
51700 -Bladder irrigation, simple, lavage and/or instillation	1			1
Approved	1			1
No Overturns	1			1
51701 -Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	2			2
Approved	2			2
No Overturns	2			2
51729 -Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	2			2
Approved	2			2
No Overturns	2			2
51741 -Complex uroflowmetry (eg, calibrated electronic equipment)	6			6
Approved	6			6
No Overturns	6			6
51784 -Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	8			8
Approved	8			8
No Overturns	8			8

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
51797 -Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
51798 -Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	6			6
Approved	6			6
No Overturns	6			6
52000 -Cystourethroscopy (separate procedure)	5			5
Approved	5			5
No Overturns	5			5
52005 -Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1			1
Approved	1			1
No Overturns	1			1
52235 -Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	2			2
Approved	2			2
No Overturns	2			2
52282 -Cystourethroscopy, with insertion of permanent urethral stent	1			1
Approved	1			1
No Overturns	1			1
52287 -Cystourethroscopy, with injection(s) for chemodenervation of the bladder	3			3
Approved	3			3
No Overturns	3			3
52332 -Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	3			3
Approved	3			3
No Overturns	3			3
52353 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1			1
Approved	1			1
No Overturns	1			1
52356 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2			2
Approved	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
52601 -Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	1			1
Approved	1			1
No Overturns	1			1
54161 -Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	4			4
Approved	4			4
No Overturns	4			4
54530 -Orchiectomy, radical, for tumor; inguinal approach	1			1
Approved	1			1
No Overturns	1			1
55700 -Biopsy, prostate; needle or punch, single or multiple, any approach	1			1
Approved	1			1
No Overturns	1			1
55866 -Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	1			1
Approved	1			1
No Overturns	1			1
57288 -Sling operation for stress incontinence (eg, fascia or synthetic)	1			1
Approved	1			1
No Overturns	1			1
58260 -Vaginal hysterectomy, for uterus 250 g or less;	1			1
Approved	1			1
No Overturns	1			1
58263 -Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	1			1
Approved	1			1
No Overturns	1			1
58548 -Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	1			1
Approved	1			1
No Overturns	1			1
58558 -Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
58563 -Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	1			1
Approved	1			1
No Overturns	1			1
58571 -Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	1			1
Approved	1			1
No Overturns	1			1
58661 -Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	1			1
Approved	1			1
No Overturns	1			1
58662 -Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	1			1
Approved	1			1
No Overturns	1			1
58954 -Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	1			1
Approved	1			1
No Overturns	1			1
59000 -Amniocentesis; diagnostic	57			57
Approved	57			57
No Overturns	57			57
59001 -Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	1			1
Approved	1			1
No Overturns	1			1
60220 -Total thyroid lobectomy, unilateral; with or without isthmusectomy	1			1
Approved	1			1
No Overturns	1			1
60252 -Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	1			1
Approved	1			1
No Overturns	1			1
60500 -Parathyroidectomy or exploration of parathyroid(s);	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
61710 -Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	2			2
Approved	2			2
No Overturns	2			2
61760 -Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	1			1
Approved	1			1
No Overturns	1			1
61867 -Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray),	1			1
Approved	1			1
No Overturns	1			1
61868 -Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray),	1			1
Approved	1			1
No Overturns	1			1
61886 -Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	1			1
Approved	1			1
No Overturns	1			1
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	7			7
Approved	7			7
No Overturns	7			7
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	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
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	4			4
Approved	4			4
No Overturns	4			4
62350 -Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	1			1
Approved	1			1
No Overturns	1			1
62368 -Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	1			1
Approved	1			1
No Overturns	1			1
62370 -Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status);	2			2
Approved	2			2
No Overturns	2			2
63030 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	2			2
Approved	2			2
No Overturns	2			2
63035 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primar	1			1
Approved	1			1
No Overturns	1			1
63650 -Percutaneous implantation of neurostimulator electrode array, epidural	2			2
Approved	2			2
No Overturns	2			2
63685 -Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
63688 -Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	2			2
Approved	2			2
No Overturns	2			2
64405 -Injection, anesthetic agent; greater occipital nerve	1			1
Approved	1			1
No Overturns	1			1
64421 -Injection, anesthetic agent; intercostal nerves, multiple, regional block	2			2
Approved	2			2
No Overturns	2			2
64430 -Injection, anesthetic agent; pudendal nerve	1			1
Approved	1			1
No Overturns	1			1
64447 -Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	2			2
Approved	2			2
No Overturns	2			2
64479 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	1			1
Approved	1			1
No Overturns	1			1
64483 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	6			6
Approved	6			6
No Overturns	6			6
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)	2			2
Approved	2			2
No Overturns	2			2
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	5			5
Approved	5			5
No Overturns	5			5

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
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;	5			5
Approved	5			5
No Overturns	5			5
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	2			2
Approved	2			2
No Overturns	2			2
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	10			10
Approved	10			10
No Overturns	10			10
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)	7			7
Approved	7			7
No Overturns	7			7
64633 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	6			6
Approved	6			6
No Overturns	6			6
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)	7			7
Approved	7			7
No Overturns	7			7
64635 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	1			1
Approved	1			1
No Overturns	1			1
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)	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
64708 -Neuroplasty, major peripheral nerve, arm or leg, open; other than specified		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
64712 -Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	1			1
Approved	1			1
No Overturns	1			1
64718 -Neuroplasty and/or transposition; ulnar nerve at elbow	1			1
Approved	1			1
No Overturns	1			1
64721 -Neuroplasty and/or transposition; median nerve at carpal tunnel	1			1
Approved	1			1
No Overturns	1			1
64864 -Suture of facial nerve; extracranial	1			1
Approved	1			1
No Overturns	1			1
64874 -Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	1	1		2
Approved	1			1
No Overturns	1			1
Denied - Not Med Necessary		1		1
No Overturns		1		1
64885 -Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	1			1
Approved	1			1
No Overturns	1			1
64886 -Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	1			1
Approved	1			1
No Overturns	1			1
64905 -Nerve pedicle transfer; first stage		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
64910 -Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	1			1
Approved	1			1
No Overturns	1			1
64999 -Unlisted procedure, nervous system	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
65756 -Keratoplasty (corneal transplant); endothelial	1			1
Approved	1			1
No Overturns	1			1
65855 -Trabeculoplasty by laser surgery	5			5
Approved	5			5
No Overturns	5			5
66710 -Ciliary body destruction; cyclophotocoagulation, transscleral	1			1
Approved	1			1
No Overturns	1			1
66761 -Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	2			2
Approved	2			2
No Overturns	2			2
66821 -Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	5			5
Approved	5			5
No Overturns	5			5
66982 -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 Overturns	11			11
66984 -Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	22			22
Approved	22			22
No Overturns	22			22
66985 -Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	1			1
Approved	1			1
No Overturns	1			1
67028 -Intravitreal injection of a pharmacologic agent (separate procedure)	2			2
Approved	2			2
No Overturns	2			2
67036 -Vitrectomy, mechanical, pars plana approach;	3			3
Approved	3			3

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	3			3
67039 -Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	1			1
Approved	1			1
No Overturns	1			1
67040 -Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	2			2
Approved	2			2
No Overturns	2			2
67108 -Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	2			2
Approved	2			2
No Overturns	2			2
67113 -Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees),	1			1
Approved	1			1
No Overturns	1			1
67121 -Removal of implanted material, posterior segment; intraocular	1			1
Approved	1			1
No Overturns	1			1
67145 -Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	1			1
Approved	1			1
No Overturns	1			1
67311 -Strabismus surgery, recession or resection procedure; 1 horizontal muscle	1			1
Approved	1			1
No Overturns	1			1
67314 -Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	1			1
Approved	1			1
No Overturns	1			1
67318 -Strabismus surgery, any procedure, superior oblique muscle	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
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 Overturns	1			1
67515 -Injection of medication or other substance into Tenon's capsule	1			1
Approved	1			1
No Overturns	1			1
69200 -Removal foreign body from external auditory canal; without general anesthesia	2			2
Approved	2			2
No Overturns	2			2
69210 -Removal impacted cerumen requiring instrumentation, unilateral	12			12
Approved	12			12
No Overturns	12			12
69424 -Ventilating tube removal requiring general anesthesia	2			2
Approved	2			2
No Overturns	2			2
69436 -Tympanostomy (requiring insertion of ventilating tube), general anesthesia	12			12
Approved	12			12
No Overturns	12			12
69620 -Myringoplasty (surgery confined to drumhead and donor area)	2			2
Approved	2			2
No Overturns	2			2
69631 -Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	2			2
Approved	2			2
No Overturns	2			2
69990 -Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
70100 -Radiologic examination, mandible; partial, less than 4 views	3			3
Approved	3			3
No Overturns	3			3
70110 -Radiologic examination, mandible; complete, minimum of 4 views	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
70140 -Radiologic examination, facial bones; less than 3 views	2			2
Approved	2			2
No Overturns	2			2
70150 -Radiologic examination, facial bones; complete, minimum of 3 views	2			2
Approved	2			2
No Overturns	2			2
70200 -Radiologic examination; orbits, complete, minimum of 4 views	2			2
Approved	2			2
No Overturns	2			2
70250 -Radiologic examination, skull; less than 4 views	4			4
Approved	4			4
No Overturns	4			4
70310 -Radiologic examination, teeth; partial examination, less than full mouth	3			3
Approved	3			3
No Overturns	3			3
70360 -Radiologic examination; neck, soft tissue	2			2
Approved	2			2
No Overturns	2			2
70450 -Computed tomography, head or brain; without contrast material	2			2
Approved	2			2
No Overturns	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 Overturns	2			2
70480 -Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	2			2
Approved	2			2
No Overturns	2			2
70486 -Computed tomography, maxillofacial area; without contrast material	2			2
Approved	2			2
No Overturns	2			2
70487 -Computed tomography, maxillofacial area; with contrast material(s)	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
70491 -Computed tomography, soft tissue neck; with contrast material(s)	1			1
Approved	1			1
No Overturns	1			1
70540 -Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	2			2
Approved	2			2
No Overturns	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	4			4
Approved	4			4
No Overturns	4			4
70544 -Magnetic resonance angiography, head; without contrast material(s)	2			2
Approved	2			2
No Overturns	2			2
70546 -Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	2			2
Approved	2			2
No Overturns	2			2
70551 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	17			17
Approved	17			17
No Overturns	17			17
70553 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	15			15
Approved	15			15
No Overturns	15			15
71045 -Radiologic examination, chest; single view	3			3
Approved	3			3
No Overturns	3			3
71046 -Radiologic examination, chest; 2 views	30			30
Approved	30			30
No Overturns	30			30
71047 -Radiologic examination, chest; 3 views	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
71111 -Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	2			2
Approved	2			2
No Overturns	2			2
71250 -Computed tomography, thorax; without contrast material	8			8
Approved	8			8
No Overturns	8			8
71260 -Computed tomography, thorax; with contrast material(s)	25			25
Approved	25			25
No Overturns	25			25
71270 -Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	4			4
Approved	4			4
No Overturns	4			4
71555 -Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	5			5
Approved	5			5
No Overturns	5			5
72040 -Radiologic examination, spine, cervical; 2 or 3 views	5			5
Approved	5			5
No Overturns	5			5
72100 -Radiologic examination, spine, lumbosacral; 2 or 3 views	5			5
Approved	5			5
No Overturns	5			5
72141 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	4			4
Approved	4			4
No Overturns	4			4
72146 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	2			2
Approved	2			2
No Overturns	2			2
72148 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	2			2
Approved	2			2
No Overturns	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
72170 -Radiologic examination, pelvis; 1 or 2 views	3			3
Approved	3			3
No Overturns	3			3
72192 -Computed tomography, pelvis; without contrast material	4			4
Approved	4			4
No Overturns	4			4
72194 -Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	5			5
Approved	5			5
No Overturns	5			5
72195 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	5			5
Approved	5			5
No Overturns	5			5
72197 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	5			5
Approved	5			5
No Overturns	5			5
72220 -Radiologic examination, sacrum and coccyx, minimum of 2 views	2			2
Approved	2			2
No Overturns	2			2
73090 -Radiologic examination; forearm, 2 views	4			4
Approved	4			4
No Overturns	4			4
73110 -Radiologic examination, wrist; complete, minimum of 3 views	4			4
Approved	4			4
No Overturns	4			4
73130 -Radiologic examination, hand; minimum of 3 views	8			8
Approved	8			8
No Overturns	8			8
73140 -Radiologic examination, finger(s), minimum of 2 views	2			2
Approved	2			2
No Overturns	2			2
73218 -Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
73223 -Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	1			1
Approved	1			1
No Overturns	1			1
73521 -Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	2			2
Approved	2			2
No Overturns	2			2
73552 -Radiologic examination, femur; minimum 2 views	2			2
Approved	2			2
No Overturns	2			2
73560 -Radiologic examination, knee; 1 or 2 views	6			6
Approved	6			6
No Overturns	6			6
73590 -Radiologic examination; tibia and fibula, 2 views	2			2
Approved	2			2
No Overturns	2			2
73610 -Radiologic examination, ankle; complete, minimum of 3 views	8			8
Approved	8			8
No Overturns	8			8
73620 -Radiologic examination, foot; 2 views	4			4
Approved	4			4
No Overturns	4			4
73721 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	5			5
Approved	5			5
No Overturns	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	2			2
Approved	2			2
No Overturns	2			2
74000 -X-Ray Exam Of Abdomen	2			2
Approved	2			2
No Overturns	2			2
74018 -Radiologic examination, abdomen; 1 view	8			8
Approved	8			8

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	8			8
74150 -Computed tomography, abdomen; without contrast material	1			1
Approved	1			1
No Overturns	1			1
74170 -Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	10			10
Approved	10			10
No Overturns	10			10
74174 -Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1			1
Approved	1			1
No Overturns	1			1
74176 -Computed tomography, abdomen and pelvis; without contrast material	7			7
Approved	7			7
No Overturns	7			7
74177 -Computed tomography, abdomen and pelvis; with contrast material(s)	16			16
Approved	16			16
No Overturns	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	6			6
Approved	6			6
No Overturns	6			6
74181 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	4			4
Approved	4			4
No Overturns	4			4
74183 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	9			9
Approved	9			9
No Overturns	9			9
74230 -Swallowing function, with cineradiography/videoradiography	4			4
Approved	4			4
No Overturns	4			4
74240 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB	8			8
Approved	8			8

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	8			8
74241 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB	2			2
Approved	2			2
No Overturns	2			2
74270 -Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	2			2
Approved	2			2
No Overturns	2			2
74455 -Urethrocytography, voiding, radiological supervision and interpretation	4			4
Approved	4			4
No Overturns	4			4
74712 -Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	2			2
Approved	2			2
No Overturns	2			2
75557 -Cardiac magnetic resonance imaging for morphology and function without contrast material;	5			5
Approved	5			5
No Overturns	5			5
75561 -Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	8			8
Approved	8			8
No Overturns	8			8
75563 -Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	2			2
Approved	2			2
No Overturns	2			2
75565 -Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	5			5
Approved	5			5
No Overturns	5			5
75572 -Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
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 evaluation of cardiac function)	5			5
Approved	5			5
No Overturns	5			5
75726 -Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	2			2
Approved	2			2
No Overturns	2			2
75774 -Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
76000 -Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	2			2
Approved	2			2
No Overturns	2			2
76098 -Radiological examination, surgical specimen	1			1
Approved	1			1
No Overturns	1			1
76499 -Unlisted diagnostic radiographic procedure	1			1
Approved	1			1
No Overturns	1			1
76512 -Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	3			3
Approved	3			3
No Overturns	3			3
76536 -Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	4			4
Approved	4			4
No Overturns	4			4
76604 -Ultrasound, chest (includes mediastinum), real time with image documentation	2			2
Approved	2			2
No Overturns	2			2
76641 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	6			6

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	6			6
No Overturns	6			6
76642 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	4			4
Approved	4			4
No Overturns	4			4
76645 -Ultrasound Breasts Unilateral Or Bilateral Real Time W	5			5
Approved	5			5
No Overturns	5			5
76700 -Ultrasound, abdominal, real time with image documentation; complete	23			23
Approved	23			23
No Overturns	23			23
76705 -Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	14			14
Approved	14			14
No Overturns	14			14
76770 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	37			37
Approved	37			37
No Overturns	37			37
76775 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	1			1
Approved	1			1
No Overturns	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	16			16
Approved	16			16
No Overturns	16			16
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	15			15
Approved	15			15
No Overturns	15			15
76811 -Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	75			75

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	75			75
No Overturns	75			75
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)	7			7
Approved	7			7
No Overturns	7			7
76813 -Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	16			16
Approved	16			16
No Overturns	16			16
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	122			122
Approved	122			122
No Overturns	122			122
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	137			137
Approved	137			137
No Overturns	137			137
76817 -Ultrasound, pregnant uterus, real time with image documentation, transvaginal	88			88
Approved	88			88
No Overturns	88			88
76819 -Fetal biophysical profile; without non-stress testing	212			212
Approved	212			212
No Overturns	212			212
76820 -Doppler velocimetry, fetal; umbilical artery	192			192
Approved	192			192
No Overturns	192			192
76821 -Doppler velocimetry, fetal; middle cerebral artery	185			185
Approved	185			185
No Overturns	185			185
76825 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	16			16
Approved	16			16

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	16			16
76827 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	15			15
Approved	15			15
No Overturns	15			15
76856 -Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	10			10
Approved	10			10
No Overturns	10			10
76870 -Ultrasound, scrotum and contents	5			5
Approved	5			5
No Overturns	5			5
76872 -Ultrasound, transrectal;	1			1
Approved	1			1
No Overturns	1			1
76882 -Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	3			3
Approved	3			3
No Overturns	3			3
76885 -Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	4			4
Approved	4			4
No Overturns	4			4
76937 -Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting	2			2
Approved	2			2
No Overturns	2			2
76942 -Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	4			4
Approved	4			4
No Overturns	4			4
76945 -Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	2			2
Approved	2			2
No Overturns	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
76946 -Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	34			34
Approved	34			34
No Overturns	34			34
76998 -Ultrasonic guidance, intraoperative	2			2
Approved	2			2
No Overturns	2			2
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	4			4
Approved	4			4
No Overturns	4			4
77012 -Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	4			4
Approved	4			4
No Overturns	4			4
77014 -Computed tomography guidance for placement of radiation therapy fields	2			2
Approved	2			2
No Overturns	2			2
77032 -Mammographic Guidance For Needle Placement, Breast	3			3
Approved	3			3
No Overturns	3			3
77065 -Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	1			1
Approved	1			1
No Overturns	1			1
77067 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	3			3
Approved	3			3
No Overturns	3			3
77075 -Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	1			1
Approved	1			1
No Overturns	1			1
77080 -Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
77263 -Therapeutic radiology treatment planning; complex	4			4
Approved	4			4
No Overturns	4			4
77280 -Therapeutic radiology simulation-aided field setting; simple	2			2
Approved	2			2
No Overturns	2			2
77285 -Therapeutic radiology simulation-aided field setting; intermediate	1			1
Approved	1			1
No Overturns	1			1
77290 -Therapeutic radiology simulation-aided field setting; complex	1			1
Approved	1			1
No Overturns	1			1
77293 -Respiratory motion management simulation (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
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	3			3
Approved	3			3
No Overturns	3			3
77301 -Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	2			2
Approved	2			2
No Overturns	2			2
77321 -Special teletherapy port plan, particles, hemibody, total body	1			1
Approved	1			1
No Overturns	1			1
77333 -Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	2			2
Approved	2			2
No Overturns	2			2
77334 -Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	2			2
Approved	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
77336 -Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	2			2
Approved	2			2
No Overturns	2			2
77338 -Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	1			1
Approved	1			1
No Overturns	1			1
77370 -Special medical radiation physics consultation	1			1
Approved	1			1
No Overturns	1			1
77387 -Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	2			2
Approved	2			2
No Overturns	2			2
77427 -Radiation treatment management, 5 treatments	2			2
Approved	2			2
No Overturns	2			2
77470 -Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	2			2
Approved	2			2
No Overturns	2			2
77520 -Proton treatment delivery; simple, without compensation	1			1
Approved	1			1
No Overturns	1			1
77522 -Proton treatment delivery; simple, with compensation	1			1
Approved	1			1
No Overturns	1			1
77523 -Proton treatment delivery; intermediate	1			1
Approved	1			1
No Overturns	1			1
77525 -Proton treatment delivery; complex	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
77790 -Supervision, handling, loading of radiation source	1			1
Approved	1			1
No Overturns	1			1
78070 -Parathyroid planar imaging (including subtraction, when performed);	1			1
Approved	1			1
No Overturns	1			1
78201 -Liver imaging; static only	1			1
Approved	1			1
No Overturns	1			1
78264 -Gastric emptying imaging study (eg, solid, liquid, or both);	2			2
Approved	2			2
No Overturns	2			2
78306 -Bone and/or joint imaging; whole body	1			1
Approved	1			1
No Overturns	1			1
78452 -Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed);	8			8
Approved	8			8
No Overturns	8			8
78580 -Pulmonary perfusion imaging (eg, particulate)	2			2
Approved	2			2
No Overturns	2			2
78803 -Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisitio	2			2
Approved	2			2
No Overturns	2			2
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 Overturns	1			1
78815 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	3			3

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	3			3
No Overturns	3			3
78816 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	1			1
Approved	1			1
No Overturns	1			1
79445 -Radiopharmaceutical therapy, by intra-arterial particulate administration	2			2
Approved	2			2
No Overturns	2			2
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)	4			4
Approved	4			4
No Overturns	4			4
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)	1			1
Approved	1			1
No Overturns	1			1
80050 -General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and	13			13
Approved	13			13
No Overturns	13			13
80051 -Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	5			5
Approved	5			5
No Overturns	5			5
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	12			12
Approved	12			12
No Overturns	12			12

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
80061 -Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	4			4
Approved	4			4
No Overturns	4			4
80101 -Drug Screen; Single Drug Class Each Drug Class	4			4
Approved	4			4
No Overturns	4			4
80321 -Alcohol biomarkers; 1 or 2	4			4
Approved	4			4
No Overturns	4			4
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	27			27
Approved	27			27
No Overturns	27			27
81002 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	2			2
Approved	2			2
No Overturns	2			2
81025 -Urine pregnancy test, by visual color comparison methods	9			9
Approved	9			9
No Overturns	9			9
81166 -BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	2			2
Approved	2			2
No Overturns	2			2
81220 -CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	3	2		5
Approved	3			3
No Overturns	3			3
Denied - Administrative Denial		2		2
No Overturns		2		2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
81257 -HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant S	3	2		5
Approved	3			3
No Overturns	3			3
Denied - Administrative Denial		2		2
No Overturns		2		2
81329 -SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	3	2		5
Approved	3			3
No Overturns	3			3
Denied - Administrative Denial		2		2
No Overturns		2		2
81345 -TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	1			1
Approved	1			1
No Overturns	1			1
81361 -HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	3	2		5
Approved	3			3
No Overturns	3			3
Denied - Administrative Denial		2		2
No Overturns		2		2
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	5	2		7
Approved	5			5
No Overturns	5			5
Denied - Administrative Denial		2		2
No Overturns		2		2
81479 -Unlisted molecular pathology procedure	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
81542 -Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score		1		1
Denied - Experimental/Investigational		1		1
No Overturns		1		1
82040 -Albumin; serum, plasma or whole blood	1			1
Approved	1			1
No Overturns	1			1
82103 -Alpha-1-antitrypsin; total	4			4
Approved	4			4
No Overturns	4			4
82104 -Alpha-1-antitrypsin; phenotype	4			4
Approved	4			4
No Overturns	4			4
82105 -Alpha-fetoprotein (AFP); serum	4			4
Approved	4			4
No Overturns	4			4
82140 -Ammonia	4			4
Approved	4			4
No Overturns	4			4
82150 -Amylase	4			4
Approved	4			4
No Overturns	4			4
82374 -Carbon dioxide (bicarbonate)	1			1
Approved	1			1
No Overturns	1			1
82378 -Carcinoembryonic antigen (CEA)	4			4
Approved	4			4
No Overturns	4			4
82435 -Chloride; blood	1			1
Approved	1			1
No Overturns	1			1
82550 -Creatine kinase (CK), (CPK); total	2			2
Approved	2			2
No Overturns	2			2
82728 -Ferritin	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	4			4
No Overturns	4			4
82784 -Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	2			2
Approved	2			2
No Overturns	2			2
82803 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);	10			10
Approved	10			10
No Overturns	10			10
82805 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry	4			4
Approved	4			4
No Overturns	4			4
82977 -Glutamyltransferase, gamma (GGT)	4			4
Approved	4			4
No Overturns	4			4
83003 -Growth hormone, human (HGH) (somatotropin)	4			4
Approved	4			4
No Overturns	4			4
83036 -Hemoglobin; glycosylated (A1C)	4			4
Approved	4			4
No Overturns	4			4
83516 -Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	4			4
Approved	4			4
No Overturns	4			4
83540 -Iron	4			4
Approved	4			4
No Overturns	4			4
83550 -Iron binding capacity	4			4
Approved	4			4
No Overturns	4			4
83721 -Lipoprotein, direct measurement; LDL cholesterol	4			4
Approved	4			4
No Overturns	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
83735 -Magnesium	6			6
Approved	6			6
No Overturns	6			6
83887 -Nicotine	4			4
Approved	4			4
No Overturns	4			4
83893 -Molecular diagnostics dotslot blot production each nuclei	4			4
Approved	4			4
No Overturns	4			4
84100 -Phosphorus inorganic (phosphate);	2			2
Approved	2			2
No Overturns	2			2
84132 -Potassium; serum, plasma or whole blood	1			1
Approved	1			1
No Overturns	1			1
84153 -Prostate specific antigen (PSA); total	4			4
Approved	4			4
No Overturns	4			4
84395 -Sulfonamide Blood Chemical	1			1
Approved	1			1
No Overturns	1			1
84443 -Thyroid stimulating hormone (TSH)	3			3
Approved	3			3
No Overturns	3			3
84446 -Tocopherol alpha (Vitamin E)	4			4
Approved	4			4
No Overturns	4			4
84479 -Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	4			4
Approved	4			4
No Overturns	4			4
84520 -Urea nitrogen; quantitative	1			1
Approved	1			1
No Overturns	1			1
84590 -Vitamin A	4			4
Approved	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	4			4
84630 -Zinc	3			3
Approved	3			3
No Overturns	3			3
85007 -Blood count; blood smear, microscopic examination with manual differential WBC count	10			10
Approved	10			10
No Overturns	10			10
85025 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	13			13
Approved	13			13
No Overturns	13			13
85027 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	14			14
Approved	14			14
No Overturns	14			14
85610 -Prothrombin time;	4			4
Approved	4			4
No Overturns	4			4
85730 -Thromboplastin time, partial (PTT); plasma or whole blood	6			6
Approved	6			6
No Overturns	6			6
86256 -Fluorescent noninfectious agent antibody; titer, each antibody	3			3
Approved	3			3
No Overturns	3			3
86301 -Immunoassay for tumor antigen, quantitative; CA 19-9	4			4
Approved	4			4
No Overturns	4			4
86304 -Immunoassay for tumor antigen, quantitative; CA 125	2			2
Approved	2			2
No Overturns	2			2
86376 -Microsomal antibodies (eg, thyroid or liver-kidney), each	3			3
Approved	3			3
No Overturns	3			3
86480 -Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	4			4
Approved	4			4
No Overturns	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
86580 -Skin test; tuberculosis, intradermal	4			4
Approved	4			4
No Overturns	4			4
86606 -Antibody; Aspergillus	2			2
Approved	2			2
No Overturns	2			2
86612 -Antibody; Blastomyces	2			2
Approved	2			2
No Overturns	2			2
86635 -Antibody; Coccidioides	2			2
Approved	2			2
No Overturns	2			2
86644 -Antibody; cytomegalovirus (CMV)	4			4
Approved	4			4
No Overturns	4			4
86645 -Antibody; cytomegalovirus (CMV), IgM	3			3
Approved	3			3
No Overturns	3			3
86665 -Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	4			4
Approved	4			4
No Overturns	4			4
86698 -Antibody; histoplasma	2			2
Approved	2			2
No Overturns	2			2
86703 -Antibody; HIV-1 and HIV-2, single result	4			4
Approved	4			4
No Overturns	4			4
86704 -Hepatitis B core antibody (HBcAb); total	1			1
Approved	1			1
No Overturns	1			1
86706 -Hepatitis B surface antibody (HBsAb)	3			3
Approved	3			3
No Overturns	3			3
86709 -Hepatitis A antibody (HAAb), IgM antibody	4			4
Approved	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	4			4
86762 -Antibody; rubella	4			4
Approved	4			4
No Overturns	4			4
86777 -Antibody; Toxoplasma	4			4
Approved	4			4
No Overturns	4			4
86778 -Antibody; Toxoplasma, IgM	4			4
Approved	4			4
No Overturns	4			4
86803 -Hepatitis C antibody;	4			4
Approved	4			4
No Overturns	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	3			3
Approved	3			3
No Overturns	3			3
86900 -Blood typing, serologic; ABO	12			12
Approved	12			12
No Overturns	12			12
86901 -Blood typing, serologic; Rh (D)	4			4
Approved	4			4
No Overturns	4			4
87070 -Culture bacterial any other source except urine blood or	2			2
Approved	2			2
No Overturns	2			2
87086 -Culture Bacterial Quantitative Colony Count Urine	2			2
Approved	2			2
No Overturns	2			2
87116 -Culture Tubercle Or Other Acidfast Bacilli Eg Tb Afb M	1			1
Approved	1			1
No Overturns	1			1
87206 -Smear primary source with interpretation fluorescent ando	2			2
Approved	2			2
No Overturns	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
87340 -Infectious Agent Antigen Detection By Enzyme Immunoassay Tec	4			4
Approved	4			4
No Overturns	4			4
87507 -Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe tech	4			4
Approved	4			4
No Overturns	4			4
87522 -Infectious agent detection by nucleic acid DNA or RNA hep	4			4
Approved	4			4
No Overturns	4			4
87631 -Infectious agent detection by nucleic acid DNA or RNA res	70			70
Approved	70			70
No Overturns	70			70
87633 -Infectious agent detection by nucleic acid DNA or RNA res	56			56
Approved	56			56
No Overturns	56			56
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	16			16
Approved	16			16
No Overturns	16			16
87651 -Infectious Agent Detection By Nucleic Acid Dna Or Rna Str	116			116
Approved	116			116
No Overturns	116			116
87799 -Infectious Agent Detection By Nucleic Acid Dna Or Rna Not	4			4
Approved	4			4
No Overturns	4			4
87804 -Infectious Agent Antigen Detection By Immunoassay With Direc	50			50
Approved	50			50
No Overturns	50			50
87902 -Infectious agent genotype analysis by nucleic acid DNA or R	6			6
Approved	6			6
No Overturns	6			6
87999 -Unlisted Microbiology Procedure	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
88104 -Cytopathology Fluids Washings Or Brushings Except Cervical O	1			1
Approved	1			1
No Overturns	1			1
88143 -Cytopathology Cervical Or Vaginal (Any Reporting System) Col	6			6
Approved	6			6
No Overturns	6			6
88305 -Level IV Surgical Pathology Gross And Microscopic Examina		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
88314 -Special stain including interpretation and report histochem		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
88321 -Consultation And Report On Referred Slides Prepared Elsewher	2	1		3
Approved	2			2
No Overturns	2			2
Denied - Not Med Necessary		1		1
No Overturns		1		1
88346 -Immunofluorescent Study Each Antibody Direct Method		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
88350 -Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
88356 -Morphometric Analysis Nerve		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
90791 -Psychiatric diagnostic evaluation	6		2	8
Approved	6			6
No Overturns	6			6
Denied - Not Med Necessary			2	2
No Overturns			2	2
90792 -Psychiatric diagnostic evaluation with medical services	4	1		5
Approved	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	4			4
Denied - Not Med Necessary		1		1
No Overturns		1		1
90832 -Psychotherapy, 30 minutes with patient	1			1
Approved	1			1
No Overturns	1			1
90833 -Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	1		2	3
Approved	1			1
No Overturns	1			1
Denied - Not Med Necessary			2	2
No Overturns			2	2
90834 -Psychotherapy, 45 minutes with patient	2			2
Approved	2			2
No Overturns	2			2
90836 -Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	1		2	3
Approved	1			1
No Overturns	1			1
Denied - Not Med Necessary			2	2
No Overturns			2	2
90837 -Psychotherapy, 60 minutes with patient	9			9
Approved	9			9
No Overturns	9			9
90838 -Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
90847 -Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	4			4
Approved	4			4
No Overturns	4			4
90867 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
90868 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	1			1
Approved	1			1
No Overturns	1			1
90869 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	1			1
Approved	1			1
No Overturns	1			1
90911 -Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	1			1
Approved	1			1
No Overturns	1			1
90912 -Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	1			1
Approved	1			1
No Overturns	1			1
90913 -Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separate	1			1
Approved	1			1
No Overturns	1			1
91010 -Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	1			1
Approved	1			1
No Overturns	1			1
91065 -Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	2			2
Approved	2			2
No Overturns	2			2
91122 -Anorectal manometry	1			1
Approved	1			1
No Overturns	1			1
91200 -Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	7			7

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	7			7
No Overturns	7			7
92012 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	1			1
Approved	1			1
No Overturns	1			1
92014 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	5			5
Approved	5			5
No Overturns	5			5
92082 -Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination	1			1
Approved	1			1
No Overturns	1			1
92133 -Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	1			1
Approved	1			1
No Overturns	1			1
92134 -Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	5			5
Approved	5			5
No Overturns	5			5
92136 -Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	4			4
Approved	4			4
No Overturns	4			4
92235 -Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	3			3
Approved	3			3
No Overturns	3			3
92250 -Fundus photography with interpretation and report	3			3
Approved	3			3
No Overturns	3			3
92504 -Binocular microscopy (separate diagnostic procedure)	4			4
Approved	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	4			4
92507 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	38			38
Approved	38			38
No Overturns	38			38
92523 -Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	24			24
Approved	24			24
No Overturns	24			24
92526 -Treatment of swallowing dysfunction and/or oral function for feeding	4			4
Approved	4			4
No Overturns	4			4
92552 -Pure tone audiometry (threshold); air only	130			130
Approved	130			130
No Overturns	130			130
92553 -Pure tone audiometry (threshold); air and bone	120			120
Approved	120			120
No Overturns	120			120
92555 -Speech audiometry threshold;	130			130
Approved	130			130
No Overturns	130			130
92567 -Tympanometry (impedance testing)	136			136
Approved	136			136
No Overturns	136			136
92569 -Acoustic Reflex Decay Test	2			2
Approved	2			2
No Overturns	2			2
92579 -Visual reinforcement audiometry (VRA)	124			124
Approved	124			124
No Overturns	124			124
92582 -Conditioning play audiometry	124			124
Approved	124			124
No Overturns	124			124
92583 -Select picture audiometry	122			122

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	122			122
No Overturns	122			122
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	150			150
Approved	150			150
No Overturns	150			150
92591 -Hearing aid examination and selection; binaural	2			2
Approved	2			2
No Overturns	2			2
92610 -Evaluation of oral and pharyngeal swallowing function	10			10
Approved	10			10
No Overturns	10			10
92611 -Motion fluoroscopic evaluation of swallowing function by cine or video recording	1			1
Approved	1			1
No Overturns	1			1
92650 -Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	2			2
Approved	2			2
No Overturns	2			2
93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	118			118
Approved	118			118
No Overturns	118			118
93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	111			111
Approved	111			111
No Overturns	111			111
93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	1			1
Approved	1			1
No Overturns	1			1
93015 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	4			4
Approved	4			4
No Overturns	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
93017 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	6			6
Approved	6			6
No Overturns	6			6
93225 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	11			11
Approved	11			11
No Overturns	11			11
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	4			4
Approved	4			4
No Overturns	4			4
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	4			4
Approved	4			4
No Overturns	4			4
93242 -External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	1			1
Approved	1			1
No Overturns	1			1
93248 -External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	1			1
Approved	1			1
No Overturns	1			1
93295 -Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	1			1
Approved	1			1
No Overturns	1			1
93303 -Transthoracic echocardiography for congenital cardiac anomalies; complete	108			108
Approved	108			108
No Overturns	108			108
93304 -Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	108			108

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	108			108
No Overturns	108			108
93305 -Echocardiography M-Mode; Limited (Eg Follow-Up Or Limited St	2			2
Approved	2			2
No Overturns	2			2
93306 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	129			129
Approved	129			129
No Overturns	129			129
93307 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	109			109
Approved	109			109
No Overturns	109			109
93308 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	5			5
Approved	5			5
No Overturns	5			5
93315 -Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	1			1
Approved	1			1
No Overturns	1			1
93319 -3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial ap	1			1
Approved	1			1
No Overturns	1			1
93320 -Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	109			109
Approved	109			109
No Overturns	109			109
93325 -Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	113			113
Approved	113			113
No Overturns	113			113

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
93350 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress,	4			4
Approved	4			4
No Overturns	4			4
93356 -Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	2			2
Approved	2			2
No Overturns	2			2
93451 -Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	10			10
Approved	10			10
No Overturns	10			10
93452 -Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	6			6
Approved	6			6
No Overturns	6			6
93453 -Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	8			8
Approved	8			8
No Overturns	8			8
93460 -Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	1			1
Approved	1			1
No Overturns	1			1
93462 -Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	5			5
Approved	5			5
No Overturns	5			5
93505 -Endomyocardial biopsy	5			5
Approved	5			5
No Overturns	5			5
93567 -Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
93580 -Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	1			1
Approved	1			1
No Overturns	1			1
93609 -Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
93613 -Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
93621 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	1			1
Approved	1			1
No Overturns	1			1
93622 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	2			2
Approved	2			2
No Overturns	2			2
93623 -Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	6			6
Approved	6			6
No Overturns	6			6
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	5			5
Approved	5			5
No Overturns	5			5
93655 -Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
93656 -Comprehensive electrophysiologic evaluation with transeptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardia	2			2
Approved	2			2
No Overturns	2			2
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)	2			2
Approved	2			2
No Overturns	2			2
93662 -Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	5			5
Approved	5			5
No Overturns	5			5
93793 -Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additiona	2			2
Approved	2			2
No Overturns	2			2
93880 -Duplex scan of extracranial arteries; complete bilateral study	4			4
Approved	4			4
No Overturns	4			4
93970 -Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	2			2
Approved	2			2
No Overturns	2			2
93971 -Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	2			2
Approved	2			2
No Overturns	2			2
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

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	8			8
94010 -Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	3			3
Approved	3			3
No Overturns	3			3
94060 -Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	68			68
Approved	68			68
No Overturns	68			68
94375 -Respiratory flow volume loop	65			65
Approved	65			65
No Overturns	65			65
94617 -Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	63			63
Approved	63			63
No Overturns	63			63
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 Overturns	1			1
94662 -Continuous negative pressure ventilation (CNP), initiation and management	1			1
Approved	1			1
No Overturns	1			1
94664 -Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	67			67
Approved	67			67
No Overturns	67			67
94726 -Plethysmography for determination of lung volumes and, when performed, airway resistance	7			7
Approved	7			7
No Overturns	7			7
94729 -Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	6			6
Approved	6			6
No Overturns	6			6

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
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	3			3
Approved	3			3
No Overturns	3			3
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	4			4
Approved	4			4
No Overturns	4			4
95706 -Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	2			2
Approved	2			2
No Overturns	2			2
95709 -Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	2			2
Approved	2			2
No Overturns	2			2
95712 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	2			2
Approved	2			2
No Overturns	2			2
95715 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	4			4
Approved	4			4
No Overturns	4			4
95716 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	2			2
Approved	2			2
No Overturns	2			2
95717 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
95719 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	2			2
Approved	2			2
No Overturns	2			2
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	2			2
Approved	2			2
No Overturns	2			2
95724 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84	2			2
Approved	2			2
No Overturns	2			2
95782 -Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	3			3
Approved	3			3
No Overturns	3			3
95810 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	12			12
Approved	12			12
No Overturns	12			12
95811 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	2			2
Approved	2			2
No Overturns	2			2
95816 -Electroencephalogram (EEG); including recording awake and drowsy	12			12
Approved	12			12
No Overturns	12			12
95819 -Electroencephalogram (EEG); including recording awake and asleep	3			3
Approved	3			3
No Overturns	3			3
95861 -Needle electromyography; 2 extremities with or without related paraspinal areas	3			3

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	3			3
No Overturns	3			3
95868 -Needle electromyography; cranial nerve supplied muscles, bilateral	3			3
Approved	3			3
No Overturns	3			3
95869 -Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	3			3
Approved	3			3
No Overturns	3			3
95870 -Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	3			3
Approved	3			3
No Overturns	3			3
95885 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	3			3
Approved	3			3
No Overturns	3			3
95886 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;	6			6
Approved	6			6
No Overturns	6			6
95887 -Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	6			6
Approved	6			6
No Overturns	6			6
95907 -Nerve conduction studies; 1-2 studies	3			3
Approved	3			3
No Overturns	3			3
95908 -Nerve conduction studies; 3-4 studies	3			3
Approved	3			3
No Overturns	3			3
95909 -Nerve conduction studies; 5-6 studies	5			5
Approved	5			5
No Overturns	5			5

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
95910 -Nerve conduction studies; 7-8 studies	5			5
Approved	5			5
No Overturns	5			5
95911 -Nerve conduction studies; 9-10 studies	3			3
Approved	3			3
No Overturns	3			3
95912 -Nerve conduction studies; 11-12 studies	5			5
Approved	5			5
No Overturns	5			5
95913 -Nerve conduction studies; 13 or more studies	6			6
Approved	6			6
No Overturns	6			6
95925 -Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	3			3
Approved	3			3
No Overturns	3			3
95926 -Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	3			3
Approved	3			3
No Overturns	3			3
95927 -Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	3			3
Approved	3			3
No Overturns	3			3
95928 -Central motor evoked potential study (transcranial motor stimulation); upper limbs	3			3
Approved	3			3
No Overturns	3			3
95929 -Central motor evoked potential study (transcranial motor stimulation); lower limbs	3			3
Approved	3			3
No Overturns	3			3
95937 -Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	3			3
Approved	3			3
No Overturns	3			3

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
95938 -Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	3			3
Approved	3			3
No Overturns	3			3
95939 -Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	3			3
Approved	3			3
No Overturns	3			3
95940 -Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
95940 -Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
95955 -Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	1			1
Approved	1			1
No Overturns	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 Overturns	1			1
96110 -Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	16			16
Approved	16			16
No Overturns	16			16
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	24			24
Approved	24			24
No Overturns	24			24
96113 -Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care	14			14
Approved	14			14
No Overturns	14			14

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
96116 -Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professio	3			3
Approved	3			3
No Overturns	3			3
96127 -Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	22			22
Approved	22			22
No Overturns	22			22
96130 -Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and repo	4			4
Approved	4			4
No Overturns	4			4
96131 -Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and repo	4			4
Approved	4			4
No Overturns	4			4
96132 -Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and	3			3
Approved	3			3
No Overturns	3			3
96133 -Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and	3			3
Approved	3			3
No Overturns	3			3
96136 -Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	5			5
Approved	5			5
No Overturns	5			5

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
96137 -Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	5			5
Approved	5			5
No Overturns	5			5
96138 -Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	3			3
Approved	3			3
No Overturns	3			3
96139 -Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
96156 -Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	2			2
Approved	2			2
No Overturns	2			2
96365 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	6			6
Approved	6			6
No Overturns	6			6
96366 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	2			2
Approved	2			2
No Overturns	2			2
96369 -Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	4			4
Approved	4			4
No Overturns	4			4
96370 -Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
96371 -Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4
96372 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	4			4
Approved	4			4
No Overturns	4			4
96376 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)	4			4
Approved	4			4
No Overturns	4			4
96413 -Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	8			8
Approved	8			8
No Overturns	8			8
96415 -Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	8			8
Approved	8			8
No Overturns	8			8
96416 -Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	3			3
Approved	3			3
No Overturns	3			3
97032 -Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	1			1
Approved	1			1
No Overturns	1			1
97110 -Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	41			41
Approved	41			41
No Overturns	41			41
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	43			43
Approved	43			43

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	43			43
97113 -Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	4			4
Approved	4			4
No Overturns	4			4
97116 -Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11			11
Approved	11			11
No Overturns	11			11
97140 -Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	32			32
Approved	32			32
No Overturns	32			32
97151 -Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) ad	2			2
Approved	2			2
No Overturns	2			2
97153 -Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	2			2
Approved	2			2
No Overturns	2			2
97155 -Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	2			2
Approved	2			2
No Overturns	2			2
97156 -Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	2			2
Approved	2			2
No Overturns	2			2
97161 -Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements f	43			43

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	43			43
No Overturns	43			43
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	47			47
Approved	47			47
No Overturns	47			47
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	44			44
Approved	44			44
No Overturns	44			44
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	24			24
Approved	24			24
No Overturns	24			24
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	21			21
Approved	21			21
No Overturns	21			21
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	16			16
Approved	16			16
No Overturns	16			16
97530 -Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	40			40
Approved	40			40
No Overturns	40			40
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	7			7
Approved	7			7

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	7			7
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	7			7
Approved	7			7
No Overturns	7			7
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	7			7
Approved	7			7
No Overturns	7			7
97605 -Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session;	1			1
Approved	1			1
No Overturns	1			1
97760 -Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	4			4
Approved	4			4
No Overturns	4			4
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	2			2
Approved	2			2
No Overturns	2			2
97802 -Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	16			16
Approved	16			16
No Overturns	16			16
97803 -Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	16			16
Approved	16			16
No Overturns	16			16
99183 -Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	3			3
Approved	3			3

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	3			3
99201 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination	2			2
Approved	2			2
No Overturns	2			2
99202 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code	30	1		31
Approved	30			30
No Overturns	30			30
Denied - Not Med Necessary		1		1
No Overturns		1		1
99203 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code se	84			84
Approved	84			84
No Overturns	84			84
99204 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for co	106		2	108
Approved	106			106
No Overturns	106			106
Denied - Not Med Necessary			2	2
No Overturns			2	2
99205 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code s	436	1	4	441
Approved	436			436
No Overturns	436			436
Denied - Not Med Necessary		1	4	5
No Overturns		1	4	5
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	23			23

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	23			23
No Overturns	23			23
99212 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter	66	2		68
Approved	66			66
No Overturns	66			66
Denied - Not Med Necessary		2		2
No Overturns		2		2
99213 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter fo	434	2		436
Approved	434			434
No Overturns	434			434
Denied - Not Med Necessary		2		2
No Overturns		2		2
99214 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encount	283	3	2	288
Approved	283			283
No Overturns	283			283
Denied - Not Med Necessary		2	2	4
No Overturns		2	2	4
Denied - Administrative Denial		1		1
No Overturns		1		1
99215 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter f	1148	2	2	1152
Approved	1148			1148
No Overturns	1148			1148
Denied - Not Med Necessary		2	2	4
No Overturns		2	2	4
99242 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection,	8			8

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	8			8
No Overturns	8			8
99243 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30	2			2
Approved	2			2
No Overturns	2			2
99244 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 5	92			92
Approved	92			92
No Overturns	92			92
99245 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 5	21			21
Approved	21			21
No Overturns	21			21
99308 -Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for c	2			2
Approved	2			2
No Overturns	2			2
99309 -Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter	2			2
Approved	2			2
No Overturns	2			2
99344 -Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code select	1			1
Approved	1			1
No Overturns	1			1
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	3			3

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	3			3
No Overturns	3			3
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 Overturns	3			3
99417 -Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List se	1			1
Approved	1			1
No Overturns	1			1
99459 -Pelvic examination (List separately in addition to code for primary procedure)	5			5
Approved	5			5
No Overturns	5			5
99499 -Unlisted evaluation and management service	6			6
Approved	6			6
No Overturns	6			6
A0425 -Ground mileage, per statute mile	1			1
Approved	1			1
No Overturns	1			1
A0428 -Ambulance service, basic life support, nonemergency transport, (BLS)	1			1
Approved	1			1
No Overturns	1			1
A4245 -Alcohol wipes, per box	2			2
Approved	2			2
No Overturns	2			2
A4364 -Adhesive, liquid or equal, any type, per oz	2			2
Approved	2			2
No Overturns	2			2
A4456 -Adhesive remover, wipes, any type, each	3			3
Approved	3			3
No Overturns	3			3
A4481 -Tracheostoma filter, any type, any size, each	2			2
Approved	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
A4626 -Tracheostomy cleaning brush, each	3			3
Approved	3			3
No Overturns	3			3
A5120 -Skin barrier, wipes or swabs, each	3			3
Approved	3			3
No Overturns	3			3
A5126 -Adhesive or nonadhesive; disk or foam pad	2			2
Approved	2			2
No Overturns	2			2
A6507 -Compression burn garment, foot to knee length, custom fabricated	1			1
Approved	1			1
No Overturns	1			1
A6512 -Compression burn garment, not otherwise classified	1			1
Approved	1			1
No Overturns	1			1
A7501 -Tracheostoma valve, including diaphragm, each	1			1
Approved	1			1
No Overturns	1			1
A7503 -Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	1			1
Approved	1			1
No Overturns	1			1
A7507 -Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	3			3
Approved	3			3
No Overturns	3			3
A7508 -Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	3			3
Approved	3			3
No Overturns	3			3
A7520 -Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each	3			3
Approved	3			3
No Overturns	3			3
A7523 -Tracheostomy shower protector, each	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
A7526 -Tracheostomy tube collar/holder, each	2			2
Approved	2			2
No Overturns	2			2
A9503 -Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1			1
Approved	1			1
No Overturns	1			1
A9540 -Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1			1
Approved	1			1
No Overturns	1			1
A9552 -Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi	1			1
Approved	1			1
No Overturns	1			1
A9587 -Gallium Ga-68, dotatate, diagnostic, 0.1 mCi	1			1
Approved	1			1
No Overturns	1			1
C1713 -Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	1			1
Approved	1			1
No Overturns	1			1
C1789 -Prosthesis, breast (implantable)	1			1
Approved	1			1
No Overturns	1			1
C2616 -Brachytherapy source, nonstranded, yttrium-90, per source	2			2
Approved	2			2
No Overturns	2			2
C9777 -Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	1			1
Approved	1			1
No Overturns	1			1
Cardiac Rehabilitation	1			1
Approved	1			1
No Overturns	1			1
D7240 -Removal Impacted Tooth - Cmpl Bony	2			2
Approved	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
E0149 -Walker, heavy-duty, wheeled, rigid or folding, any type	1			1
Approved	1			1
No Overturns	1			1
E0154 -Platform attachment, walker, each	1			1
Approved	1			1
No Overturns	1			1
E0486 -Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	1			1
Approved	1			1
No Overturns	1			1
E0739 -Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors		1		1
Denied - Experimental/Investigational		1		1
No Overturns		1		1
E0770 -Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
E1399 -Durable medical equipment, miscellaneous	1	1		2
Approved	1			1
No Overturns	1			1
Denied - Not Med Necessary		1		1
No Overturns		1		1
G0121 -Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	1			1
Approved	1			1
No Overturns	1			1
G0166 -External counterpulsation, per treatment session	1	2		3
Approved	1			1
No Overturns	1			1
Denied - Not Med Necessary		2		2
No Overturns		2		2
G0260 -Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	2			2
Approved	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
G0277 -Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	3			3
Approved	3			3
No Overturns	3			3
G0279 -Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	1			1
Approved	1			1
No Overturns	1			1
G0330 -Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	17			17
Approved	17			17
No Overturns	17			17
G0378 -Hospital observation service, per hour	2			2
Approved	2			2
No Overturns	2			2
G0453 -Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	1			1
Approved	1			1
No Overturns	1			1
G0463 -Hospital outpatient clinic visit for assessment and management of a patient	2			2
Approved	2			2
No Overturns	2			2
G6002 -Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	2			2
Approved	2			2
No Overturns	2			2
G6015 -Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	1			1
Approved	1			1
No Overturns	1			1
G6017 -Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
H0015 -Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therap			2	2
Denied - Not Med Necessary			2	2
No Overturns			2	2
Home Health Care	5			5
Approved	5			5
No Overturns	5			5
Hospice	2			2
Approved	2			2
No Overturns	2			2
Hospital Inpatient Care - Mental Health	221	20	102	343
Approved	221			221
No Overturns	221			221
Denied - Not Med Necessary		18	99	117
No Overturns		17	93	110
Yes		1	6	7
Denied - Administrative Denial		2		2
No Overturns		2		2
Denied - Lack of Clinical			3	3
No Overturns			3	3
Hospital Inpatient Care - Skilled Nursing	2	5		7
Approved	2			2
No Overturns	2			2
Denied - Not Med Necessary		1		1
No Overturns		1		1
Denied - Administrative Denial		4		4
No Overturns		4		4
Hospital Inpatient Care - Transplant	5			5
Approved	5			5
No Overturns	5			5
Hospital Inpatient Rehabilitation	1	1		2
Approved	1			1
No Overturns	1			1
Denied - Administrative Denial		1		1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns		1		1
Hospital Inpatient Residential Mental/Nervous		1		1
Denied - Not Med Necessary		1		1
No Overturns		1		1
Hospital Inpatient Services	634	78	4	716
Approved	634			634
No Overturns	634			634
Denied - Not Med Necessary		78	2	80
No Overturns		76	2	78
Yes		2		2
Denied - Administrative Denial			2	2
No Overturns			2	2
Hospital Inpatient Substance Abuse Detox	12	1	2	15
Approved	12			12
No Overturns	12			12
Denied - Not Med Necessary		1	2	3
No Overturns		1	2	3
Hospital Outpatient Observation	140			140
Approved	140			140
No Overturns	140			140
Hospital Partial Hospitalization Mental/Nervous	2		2	4
Approved	2			2
No Overturns	2			2
Denied - Not Med Necessary			2	2
No Overturns			2	2
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
No Overturns	1			1
J0131 -Injection, acetaminophen, not otherwise specified, 10 mg	1			1
Approved	1			1
No Overturns	1			1
J0178 -Injection, aflibercept, 1 mg	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
J0223 -Injection, givosiran, 0.5 mg	1			1
Approved	1			1
No Overturns	1			1
J0585 -Injection, onabotulinumtoxinA, 1 unit	2			2
Approved	2			2
No Overturns	2			2
J0640 -Injection, leucovorin calcium, per 50 mg	2			2
Approved	2			2
No Overturns	2			2
J0665 -Injection, bupivacaine, not otherwise specified, 0.5 mg	1			1
Approved	1			1
No Overturns	1			1
J0666 -Injection, bupivacaine liposome, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J0690 -Injection, cefazolin sodium, 500 mg	3			3
Approved	3			3
No Overturns	3			3
J0735 -Injection, clonidine HCl, 1 mg	4			4
Approved	4			4
No Overturns	4			4
J0780 -Injection, prochlorperazine, up to 10 mg	2			2
Approved	2			2
No Overturns	2			2
J1100 -Injection, dexamethasone sodium phosphate, 1 mg	7			7
Approved	7			7
No Overturns	7			7
J1447 -Injection, tbo-filgrastim, 1 microgram	2			2
Approved	2			2
No Overturns	2			2
J1596 -Injection, glycopyrrolate, 0.1 mg	1			1
Approved	1			1
No Overturns	1			1
J1640 -Injection, hemin, 1 mg	1			1
Approved	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	1			1
J1745 -Injection, infliximab, excludes biosimilar, 10 mg	8			8
Approved	8			8
No Overturns	8			8
J1885 -Injection, ketorolac tromethamine, per 15 mg	5			5
Approved	5			5
No Overturns	5			5
J1930 -Injection, lanreotide, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J2274 -Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	1			1
Approved	1			1
No Overturns	1			1
J2350 -Injection, ocrelizumab, 1 mg		1		1
Denied - Administrative Denial		1		1
No Overturns		1		1
J2405 -Injection, ondansetron HCl, per 1 mg	5			5
Approved	5			5
No Overturns	5			5
J2790 -Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 IU)	1			1
Approved	1			1
No Overturns	1			1
J2919 -Injection, methylprednisolone sodium succinate, 5 mg	1			1
Approved	1			1
No Overturns	1			1
J3010 -Injection, fentanyl citrate, 0.1 mg	1			1
Approved	1			1
No Overturns	1			1
J3301 -Injection, triamcinolone acetonide, not otherwise specified, 10 mg	2			2
Approved	2			2
No Overturns	2			2
J3490 -Unclassified drugs	4			4
Approved	4			4
No Overturns	4			4
J7354 -Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	4			4

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	4			4
No Overturns	4			4
J7510 -Prednisolone, oral, per 5 mg	2			2
Approved	2			2
No Overturns	2			2
J7512 -Prednisone, immediate release or delayed release, oral, 1 mg	2			2
Approved	2			2
No Overturns	2			2
J7613 -Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	6			6
Approved	6			6
No Overturns	6			6
J7999 -Compounded drug, not otherwise classified	7			7
Approved	7			7
No Overturns	7			7
J8540 -Dexamethasone, oral, 0.25 mg	3			3
Approved	3			3
No Overturns	3			3
J9000 -Injection, doxorubicin HCl, 10 mg	1			1
Approved	1			1
No Overturns	1			1
J9017 -Injection, arsenic trioxide, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J9035 -Injection, bevacizumab, 10 mg	1			1
Approved	1			1
No Overturns	1			1
J9045 -Injection, carboplatin, 50 mg	1			1
Approved	1			1
No Overturns	1			1
J9070 -Cyclophosphamide, 100 mg	2			2
Approved	2			2
No Overturns	2			2
J9100 -Injection, cytarabine, 100 mg	3			3
Approved	3			3

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	3			3
J9190 -Injection, fluorouracil, 500 mg	2			2
Approved	2			2
No Overturns	2			2
J9201 -Injection, gemcitabine HCl, not otherwise specified, 200 mg	1			1
Approved	1			1
No Overturns	1			1
J9229 -Injection, inotuzumab ozogamicin, 0.1 mg	2			2
Approved	2			2
No Overturns	2			2
J9260 -Methotrexate sodium, 50 mg	4			4
Approved	4			4
No Overturns	4			4
J9263 -Injection, oxaliplatin, 0.5 mg	3			3
Approved	3			3
No Overturns	3			3
J9266 -Injection, pegaspargase, per single dose vial	1			1
Approved	1			1
No Overturns	1			1
J9267 -Injection, paclitaxel, 1 mg	1			1
Approved	1			1
No Overturns	1			1
J9271 -Injection, pembrolizumab, 1 mg	2			2
Approved	2			2
No Overturns	2			2
J9332 -Injection, efgartigimod alfa-fcab, 2 mg	1			1
Approved	1			1
No Overturns	1			1
J9370 -Vincristine sulfate, 1 mg	2			2
Approved	2			2
No Overturns	2			2
L0180 -Cervical, multiple post collar, occipital/mandibular supports, adjustable	1			1
Approved	1			1
No Overturns	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
L0637 -Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressur	2			2
Approved	2			2
No Overturns	2			2
L1833 -Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	1			1
Approved	1			1
No Overturns	1			1
L1930 -Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	1			1
Approved	1			1
No Overturns	1			1
L2310 -Addition to lower extremity, abduction bar, straight	1			1
Approved	1			1
No Overturns	1			1
L2760 -Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	1			1
Approved	1			1
No Overturns	1			1
L2768 -Orthotic side bar disconnect device, per bar	1			1
Approved	1			1
No Overturns	1			1
L4361 -Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	1			1
Approved	1			1
No Overturns	1			1
L8499 -Unlisted procedure for miscellaneous prosthetic services	1			1
Approved	1			1
No Overturns	1			1
L8500 -Artificial larynx, any type	2			2
Approved	2			2
No Overturns	2			2
L8509 -Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	2			2
Approved	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
No Overturns	2			2
L8511 -Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	1			1
Approved	1			1
No Overturns	1			1
L8512 -Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	1			1
Approved	1			1
No Overturns	1			1
L8513 -Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	2			2
Approved	2			2
No Overturns	2			2
L8514 -Tracheo-esophageal puncture dilator, replacement only, each	1			1
Approved	1			1
No Overturns	1			1
L8680 -Implantable neurostimulator electrode, each	1			1
Approved	1			1
No Overturns	1			1
L8691 -Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	1			1
Approved	1			1
No Overturns	1			1
L8694 -Auditory osseointegrated device, transducer/actuator, replacement only, each	1			1
Approved	1			1
No Overturns	1			1
P9047 -Infusion, albumin (human), 25%, 50 ml	1			1
Approved	1			1
No Overturns	1			1
Q0138 -Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	1			1
Approved	1			1
No Overturns	1			1
Q0508 -Miscellaneous supply or accessory for use with an implanted ventricular assist device	2			2
Approved	2			2
No Overturns	2			2
Q3001 -Radioelements for brachytherapy, any type, each	1			1

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	1			1
No Overturns	1			1
Q4116 -AlloDerm, per sq cm	1			1
Approved	1			1
No Overturns	1			1
Q5001 -Hospice or home health care provided in patient's home/residence	1			1
Approved	1			1
No Overturns	1			1
Q5107 -Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	1			1
Approved	1			1
No Overturns	1			1
Q5108 -Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg	1			1
Approved	1			1
No Overturns	1			1
Q5147 -Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	1			1
Approved	1			1
No Overturns	1			1
Q9967 -Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	1			1
Approved	1			1
No Overturns	1			1
Q9983 -Florbetaben F18, diagnostic, per study dose, up to 8.1 mCi	1			1
Approved	1			1
No Overturns	1			1
R0070 -Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	1			1
Approved	1			1
No Overturns	1			1
S0119 -Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	18			18
Approved	18			18
No Overturns	18			18
S2068 -Breast Recon Diep/Siea Flap Uni	1			1
Approved	1			1
No Overturns	1			1
S2095 -Trnscath Occl/Emboliz Tumr Destruc	2			2

Approvals and Denials with Overturns 2025

Row Labels	Approved	Denied	Partially Approved	Grand Total
Approved	2			2
No Overturns	2			2
S9152 -Speech Therapy Re-Evaluation	2			2
Approved	2			2
No Overturns	2			2
V2785 -Processing, preserving and transporting corneal tissue	1			1
Approved	1			1
No Overturns	1			1
V5011 -Fitting/orientation/checking of hearing aid	6			6
Approved	6			6
No Overturns	6			6
V5160 -Dispensing fee, binaural	4			4
Approved	4			4
No Overturns	4			4
V5241 -Dispensing fee, monaural hearing aid, any type	2			2
Approved	2			2
No Overturns	2			2
V5257 -Hearing aid, digital, monaural, BTE	2			2
Approved	2			2
No Overturns	2			2
V5261 -Hearing aid, digital, binaural, BTE	5			5
Approved	5			5
No Overturns	5			5
V5264 -Ear mold/insert, not disposable, any type	4			4
Approved	4			4
No Overturns	4			4
V5275 -Ear impression, each	4			4
Approved	4			4
No Overturns	4			4
Grand Total	10652	147	128	10927