

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
00170 -Anesthesia for intraoral procedures, including biopsy; not otherwise specified	19			19
Ambulatory Surgical	2			2
Children	7			7
Critical Access	3			3
General Acute Care Hospital	7			7
0054T -Bone Surgery Using Computer	1			1
Ambulatory Surgical	1			1
00880 -Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01270 -Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01440 -Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01500 -Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	1			1
Nurse Anesthetist, Certified Registered	1			1
01916 -Anesthesia for diagnostic arteriography/venography	1			1
Nurse Anesthetist, Certified Registered	1			1
01922 -Anesthesia for non-invasive imaging or radiation therapy	2			2
Children	1			1
General Acute Care Hospital	1			1
01924 -Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	2			2
General Acute Care Hospital	1			1
Nurse Anesthetist, Certified Registered	1			1

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2025

	Approved	Denied	Partially Approved	Grand Total
01926 -Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	1			1
Nurse Anesthetist, Certified Registered	1			1
0364U -Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quanti	1			1
Clinical Medical Laboratory	1			1
10004 -Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	1			1
10021 -Fine needle aspiration; without imaging guidance	1			1
General Acute Care Hospital	1			1
10040 -Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	2			2
Children	1			1
General Acute Care Hospital	1			1
10060 -Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	2			2
Children	1			1
General Acute Care Hospital	1			1
10120 -Incision and removal of foreign body, subcutaneous tissues; simple	2			2
Children	1			1
General Acute Care Hospital	1			1
11042 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	9			9
General Acute Care Hospital	9			9
11043 -Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2			2

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	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	2			2
11044 -Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	1			1
General Acute Care Hospital	1			1
11045 -Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	6			6
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
11102 -Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	6			6
Children	3			3
General Acute Care Hospital	3			3
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
Children	2			2
General Acute Care Hospital	2			2
11104 -Punch biopsy of skin (including simple closure, when performed); single lesion	4			4
Children	2			2
General Acute Care Hospital	2			2

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	Approved	Denied	Partially Approved	Grand Total
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
Children	2			2
General Acute Care Hospital	2			2
11406 -Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	2			2
General Acute Care Hospital	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
Children	2			2
General Acute Care Hospital	2			2
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
Children	1			1
General Acute Care Hospital	1			1
11440 -Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	4			4
Children	2			2
General Acute Care Hospital	2			2
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
Children	1			1
General Acute Care Hospital	1			1
11606 -Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	1			1
General Acute Care Hospital	1			1
11772 -Excision of pilonidal cyst or sinus; complicated	1			1

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General Acute Care Hospital	1			1
11900 -Injection, intralesional; up to and including 7 lesions	3			3
Ambulatory Surgical	1			1
Children	1			1
General Acute Care Hospital	1			1
12011 -Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	6			6
Children	3			3
General Acute Care Hospital	3			3
13101 -Repair, complex, trunk; 2.6 cm to 7.5 cm	1			1
General Acute Care Hospital	1			1
13102 -Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	1			1
14000 -Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	1			1
General Acute Care Hospital	1			1
14001 -Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	2			2
General Acute Care Hospital	2			2
14301 -Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	2			2
General Acute Care Hospital	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
General Acute Care Hospital	1			1
14350 -Filletted finger or toe flap, including preparation of recipient site	1			1
General Acute Care Hospital	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
General Acute Care Hospital	3			3

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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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
15842 -Graft for facial nerve paralysis; free muscle flap by microsurgical technique	1			1
General Acute Care Hospital	1			1
15860 -Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	2			2
General Acute Care Hospital	2			2
15877 -Suction assisted lipectomy; trunk	2			2
General Acute Care Hospital	2			2
16020 -Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	2			2
Children	1			1
General Acute Care Hospital	1			1
17110 -Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative	14			14
Children	7			7
General Acute Care Hospital	7			7
17111 -Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative	8			8
Children	4			4
General Acute Care Hospital	4			4
17250 -Chemical cauterization of granulation tissue (ie, proud flesh)	1			1
General Acute Care Hospital	1			1

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	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	2			2
19125 -Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	1			1
General Acute Care Hospital	1			1
19301 -Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	1			1
General Acute Care Hospital	1			1
19303 -Mastectomy, simple, complete	1			1
General Acute Care Hospital	1			1
19318 -Reduction mammoplasty	4			4
Children	1			1
General Acute Care Hospital	3			3
19325 -Mammaplasty, augmentation; with prosthetic implant	1			1
Ambulatory Surgical	1			1
19328 -Removal of intact mammary implant	2			2
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
19330 -Removal of mammary implant material	1			1
Ambulatory Surgical	1			1
19342 -Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	1			1
General Acute Care Hospital	1			1
19357 -Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	1			1
General Acute Care Hospital	1			1
19380 -Revision of reconstructed breast	4			4

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General Acute Care Hospital	4			4
20206 -Biopsy, muscle, percutaneous needle	2			2
General Acute Care Hospital	2			2
20553 -Injection(s); single or multiple trigger point(s), 3 or more muscles	1			1
Ambulatory Surgical	1			1
20605 -Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without	1			1
Ambulatory Surgical	1			1
20610 -Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	2			2
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
20680 -Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	2			2
Children	1			1
Special Hospital	1			1
20694 -Removal, under anesthesia, of external fixation system	1			1
General Acute Care Hospital	1			1
20900 -Bone graft, any donor area; minor or small (eg, dowel or button)	1			1
Ambulatory Surgical	1			1
20902 -Bone graft, any donor area; major or large	1			1
General Acute Care Hospital	1			1
20930 -Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	2			2
General Acute Care Hospital	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
General Acute Care Hospital	2			2

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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
General Acute Care Hospital	1			1
21390 -Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	1			1
General Acute Care Hospital	1			1
21552 -Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	2			2
Children	1			1
General Acute Care Hospital	1			1
21600 -Excision of rib, partial	1			1
General Acute Care Hospital	1			1
22551 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	1			1
General Acute Care Hospital	1			1
22552 -Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	1			1
General Acute Care Hospital	1			1
22558 -Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	2			2
General Acute Care Hospital	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
General Acute Care Hospital	2			2

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22612 -Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	2			2
General Acute Care Hospital	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
General Acute Care Hospital	2			2
22630 -Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	2			2
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
22840 -Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at	1			1
General Acute Care Hospital	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	1			1
General Acute Care Hospital	1			1
22846 -Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	2			2
General Acute Care Hospital	2			2

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	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	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
Ambulatory Surgical		1		1
25000 -Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	1			1
General Acute Care Hospital	1			1
25111 -Excision of ganglion, wrist (dorsal or volar); primary	1			1
General Acute Care Hospital	1			1
25210 -Carpectomy; 1 bone	1			1
General Acute Care Hospital	1			1
25490 -Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	2			2
Children	1			1
General Acute Care Hospital	1			1
25505 -Closed treatment of radial shaft fracture; with manipulation	2			2
Children	1			1
General Acute Care Hospital	1			1
25515 -Open treatment of radial shaft fracture, includes internal fixation, when performed	2			2
Children	1			1
General Acute Care Hospital	1			1
25609 -Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	1			1
General Acute Care Hospital	1			1
25999 -Unlisted procedure, forearm or wrist	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Children	1			1
General Acute Care Hospital	1			1
27045 -Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm	1			1
General Acute Care Hospital	1			1
27096 -Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	6			6
Ambulatory Surgical	4			4
General Acute Care Hospital	2			2
27130 -Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	1			1
Ambulatory Surgical	1			1
27176 -Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	1			1
Children	1			1
27299 -Unlisted procedure, pelvis or hip joint	1			1
General Acute Care Hospital	1			1
27324 -Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	1			1
General Acute Care Hospital	1			1
27335 -Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	1			1
General Acute Care Hospital	1			1
27339 -Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm	1			1
General Acute Care Hospital	1			1
27355 -Excision or curettage of bone cyst or benign tumor of femur;	1			1
Special Hospital	1			1
27364 -Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	1			1
General Acute Care Hospital	1			1
27450 -Osteotomy, femur, shaft or supracondylar; with fixation	2			2

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	Approved	Denied	Partially Approved	Grand Total
Children	1			1
General Acute Care Hospital	1			1
27485 -Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	2			2
Special Hospital	2			2
27486 -Revision of total knee arthroplasty, with or without allograft; 1 component	1			1
General Acute Care Hospital	1			1
27601 -Decompression fasciotomy, leg; posterior compartment(s) only	1			1
General Acute Care Hospital	1			1
27641 -Partial excision (craterization, saucerization, or diaphysectomy), bone (eg,	1			1
General Acute Care Hospital	1			1
27654 -Repair, secondary, Achilles tendon, with or without graft	1			1
General Acute Care Hospital	1			1
27705 -Osteotomy; tibia	2			2
Children	1			1
General Acute Care Hospital	1			1
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
Special Hospital	1			1
28118 -Ostectomy, calcaneus;	1			1
General Acute Care Hospital	1			1
28270 -Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	1			1
Ambulatory Surgical	1			1
28740 -Arthrodesis, midtarsal or tarsometatarsal, single joint	1			1
Ambulatory Surgical	1			1
28750 -Arthrodesis, great toe; metatarsophalangeal joint	1			1
General Acute Care Hospital	1			1
28820 -Amputation, toe; metatarsophalangeal joint	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
29065 -Application, cast; shoulder to hand (long arm)	2			2
Children	1			1
General Acute Care Hospital	1			1
29345 -Application of long leg cast (thigh to toes);	2			2
Children	1			1
General Acute Care Hospital	1			1
29806 -Arthroscopy, shoulder, surgical; capsulorrhaphy	1			1
General Acute Care Hospital	1			1
29823 -Arthroscopy, shoulder, surgical; debridement, extensive	1			1
General Acute Care Hospital	1			1
29870 -Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	1			1
Special Hospital	1			1
29879 -Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	1			1
Special Hospital	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
Children	1			1
General Acute Care Hospital	1			1
29882 -Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	3			3
Children	1			1
General Acute Care Hospital	2			2
29886 -Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	1			1
Special Hospital	1			1
29888 -Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	4			4

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	Approved	Denied	Partially Approved	Grand Total
Children	1			1
General Acute Care Hospital	3			3
29999 -Unlisted procedure, arthroscopy	1			1
General Acute Care Hospital	1			1
30117 -Excision or destruction (eg, laser), intranasal lesion; internal approach	2			2
Children	1			1
General Acute Care Hospital	1			1
30140 -Submucous resection inferior turbinate, partial or complete, any method	1			1
Ambulatory Surgical	1			1
30300 -Removal foreign body, intranasal; office type procedure	4			4
Children	2			2
General Acute Care Hospital	2			2
30520 -Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	1			1
Ambulatory Surgical	1			1
31231 -Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	4			4
Children	2			2
General Acute Care Hospital	2			2
31237 -Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate	2			2
Children	1			1
General Acute Care Hospital	1			1
31622 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	1			1
General Acute Care Hospital	1			1
31623 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	1			1
General Acute Care Hospital	1			1
31624 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	1			1
General Acute Care Hospital	1			1

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31625 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	1			1
General Acute Care Hospital	1			1
31652 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	1			1
General Acute Care Hospital	1			1
31653 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	1			1
General Acute Care Hospital	1			1
31654 -Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	1			1
General Acute Care Hospital	1			1
32400 -Biopsy, pleura, percutaneous needle	1			1
General Acute Care Hospital	1			1
32484 -Removal of lung, other than pneumonectomy; single segment (segmentectomy)	1			1
General Acute Care Hospital	1			1
32550 -Insertion of indwelling tunneled pleural catheter with cuff	1			1
General Acute Care Hospital	1			1
32554 -Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	1			1
Rehabilitation Unit	1			1
32663 -Thoracoscopy, surgical; with lobectomy (single lobe)	1			1
General Acute Care Hospital	1			1
32674 -Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	1			1
33945 -Heart transplant, with or without recipient cardiectomy	2			2
General Acute Care Hospital	2			2

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35301 -Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	1			1
General Acute Care Hospital	1			1
35371 -Thromboendarterectomy, including patch graft, if performed; common femoral	1			1
General Acute Care Hospital	1			1
36245 -Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	2			2
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
36246 -Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4			4
Diagnostic Radiology	1			1
General Acute Care Hospital	3			3
36247 -Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	3			3
Diagnostic Radiology	1			1
General Acute Care Hospital	2			2
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
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
36261 -Revision of implanted intra-arterial infusion pump	1			1
General Acute Care Hospital	1			1
36415 -Collection of venous blood by venipuncture	11			11
Children	5			5
General Acute Care Hospital	5			5

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Urology	1			1
36471 -Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	2			2
Thoracic Surgery (Cardiothoracic Vascular Surgery)	2			2
36556 -Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	1			1
General Acute Care Hospital	1			1
36561 -Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	3			3
General Acute Care Hospital	3			3
37220 -Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
37241 -Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention;	2			2
Children	1			1
General Acute Care Hospital	1			1
37242 -Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention;	3			3
Diagnostic Radiology	1			1
General Acute Care Hospital	2			2
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
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
38206 -Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	2			2
General Acute Care Hospital	2			2
38220 -Diagnostic bone marrow; aspiration(s)	1			1
General Acute Care Hospital	1			1
38221 -Diagnostic bone marrow; biopsy(ies)	3			3
General Acute Care Hospital	3			3
38222 -Diagnostic bone marrow; biopsy(ies) and aspiration(s)	3			3
General Acute Care Hospital	3			3
38240 -Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	2			2
General Acute Care Hospital	2			2
38241 -Hematopoietic progenitor cell (HPC); autologous transplantation	2			2
General Acute Care Hospital	2			2
38500 -Biopsy or excision of lymph node(s); open, superficial	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
38525 -Biopsy or excision of lymph node(s); open, deep axillary node(s)	1			1
General Acute Care Hospital	1			1
38570 -Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	1			1
General Acute Care Hospital	1			1
38571 -Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	1			1
General Acute Care Hospital	1			1
38745 -Axillary lymphadenectomy; complete	2			2
General Acute Care Hospital	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
General Acute Care Hospital	1			1
40819 -Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	2			2
Children	1			1
General Acute Care Hospital	1			1
41010 -Incision of lingual frenum (frenotomy)	2			2
Children	1			1
General Acute Care Hospital	1			1
41899 -Unlisted procedure, dentoalveolar structures	18			18
Children	8			8
General Acute Care Hospital	10			10
42210 -Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	1			1
General Acute Care Hospital	1			1
42820 -Tonsillectomy and adenoidectomy; younger than age 12	8			8
Children	4			4
General Acute Care Hospital	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
42821 -Tonsillectomy and adenoidectomy; age 12 or over	2			2
Children	1			1
General Acute Care Hospital	1			1
42825 -Tonsillectomy, primary or secondary; younger than age 12	6			6
Children	3			3
General Acute Care Hospital	3			3
42830 -Adenoidectomy, primary; younger than age 12	6			6
Children	3			3
General Acute Care Hospital	3			3
42835 -Adenoidectomy, secondary; younger than age 12	8			8
Children	4			4
General Acute Care Hospital	4			4
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
Ambulatory Surgical	1			1
General Acute Care Hospital	1			1
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
General Acute Care Hospital	2			2
43235 -Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	21			21
Ambulatory Surgical	1			1
General Acute Care Hospital	20			20
43237 -Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	1			1
Ambulatory Surgical	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
43238 -Esophagogastroduodenoscopy, flexible, transoral;	1			1
Ambulatory Surgical	1			1
43239 -Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	28			28
Ambulatory Surgical	1			1
Children	9			9
General Acute Care Hospital	18			18
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 surgicall	1			1
Ambulatory Surgical	1			1
43244 -Esophagogastroduodenoscopy, flexible, transoral; with band ligation of	1			1
General Acute Care Hospital	1			1
43248 -Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	3			3
General Acute Care Hospital	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
Ambulatory Surgical	1			1
General Acute Care Hospital	4			4
43260 -Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1			1
General Acute Care Hospital	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
General Acute Care Hospital	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
44140 -Colectomy, partial; with anastomosis	1			1
General Acute Care Hospital	1			1
44145 -Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	1			1
General Acute Care Hospital	1			1
44187 -Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	1			1
General Acute Care Hospital	1			1
44204 -Laparoscopy, surgical; colectomy, partial, with anastomosis	1			1
General Acute Care Hospital	1			1
44207 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	1			1
General Acute Care Hospital	1			1
44208 -Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	2			2
General Acute Care Hospital	2			2
44227 -Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	1			1
General Acute Care Hospital	1			1
45100 -Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	2			2
Children	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Children	1			1
General Acute Care Hospital	1			1
45300 -Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1			1
Colon & Rectal Surgery	1			1
45378 -Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	27			27
Ambulatory Surgical	1			1
General Acute Care Hospital	26			26
45380 -Colonoscopy, flexible; with biopsy, single or multiple	23			23
Ambulatory Surgical	1			1
Children	1			1
General Acute Care Hospital	21			21
45381 -Colonoscopy, flexible; with directed submucosal injection(s), any substance	6			6
General Acute Care Hospital	6			6
45382 -Colonoscopy, flexible; with control of bleeding, any method	2			2
General Acute Care Hospital	2			2
45385 -Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare	8			8
Ambulatory Surgical	1			1
General Acute Care Hospital	7			7
45395 -Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	1			1
General Acute Care Hospital	1			1
45505 -Proctoplasty; for prolapse of mucous membrane	1			1
General Acute Care Hospital	1			1
46200 -Fissurectomy, including sphincterotomy, when performed	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
46275 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	1			1
General Acute Care Hospital	1			1
46280 -Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	1			1
General Acute Care Hospital	1			1
46505 -Chemodenervation of internal anal sphincter	2			2
General Acute Care Hospital	2			2
46600 -Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1			1
Colon & Rectal Surgery	1			1
46946 -Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	1			1
General Acute Care Hospital	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
General Acute Care Hospital		1		1
47120 -Hepatectomy, resection of liver; partial lobectomy	1			1
General Acute Care Hospital	1			1
47135 -Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	3			3
General Acute Care Hospital	3			3
47370 -Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	1	1		2
General Acute Care Hospital	1	1		2
47562 -Laparoscopy, surgical; cholecystectomy	1			1
General Acute Care Hospital	1			1
49083 -Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
Rehabilitation Unit	1			1
49320 -Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	2			2
General Acute Care Hospital	1			1
Obstetrics & Gynecology	1			1
49329 -Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1
49452 -Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	6			6
Children	3			3
General Acute Care Hospital	3			3
49505 -Repair initial inguinal hernia, age 5 years or older; reducible	1			1
General Acute Care Hospital	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
Children	1			1
General Acute Care Hospital	1			1
49594 -Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm	2			2
Children	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
49650 -Laparoscopy, surgical; repair initial inguinal hernia	1			1
General Acute Care Hospital	1			1
50200 -Renal biopsy; percutaneous, by trocar or needle	1			1
General Acute Care Hospital	1			1
50360 -Renal allotransplantation, implantation of graft; without recipient nephrectomy	6			6
General Acute Care Hospital	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
General Acute Care Hospital	1			1
50545 -Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	2			2
General Acute Care Hospital	2			2
51700 -Bladder irrigation, simple, lavage and/or instillation	1			1
Urology	1			1
51701 -Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	2			2
Female Pelvic Medicine and Reconstructive Surgery	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
Female Pelvic Medicine and Reconstructive Surgery	2			2
51741 -Complex uroflowmetry (eg, calibrated electronic equipment)	6			6
Children	2			2
Female Pelvic Medicine and Reconstructive Surgery	2			2
General Acute Care Hospital	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
51784 -Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any	8			8
Children	2			2
Colon & Rectal Surgery	1			1
Female Pelvic Medicine and Reconstructive Surgery	2			2
General Acute Care Hospital	3			3
51797 -Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	2			2
Female Pelvic Medicine and Reconstructive Surgery	2			2
51798 -Measurement of post-voiding residual urine and/or bladder capacity by ultrasound,	6			6
Children	2			2
Female Pelvic Medicine and Reconstructive Surgery	1			1
General Acute Care Hospital	2			2
Urology	1			1
52000 -Cystourethroscopy (separate procedure)	5			5
Ambulatory Surgical	3			3
Female Pelvic Medicine and Reconstructive Surgery	1			1
Urology	1			1
52005 -Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1			1
General Acute Care Hospital	1			1
52235 -Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	2			2
Ambulatory Surgical	2			2
52282 -Cystourethroscopy, with insertion of permanent urethral stent	1			1
General Acute Care Hospital	1			1
52287 -Cystourethroscopy, with injection(s) for chemodenervation of the bladder	3			3
Ambulatory Surgical	2			2
General Acute Care Hospital	1			1
52332 -Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	3			3

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	3			3
52353 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1			1
General Acute Care Hospital	1			1
52356 -Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2			2
General Acute Care Hospital	2			2
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
Ambulatory Surgical	1			1
54161 -Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28	4			4
Children	2			2
General Acute Care Hospital	2			2
54530 -Orchiectomy, radical, for tumor; inguinal approach	1			1
General Acute Care Hospital	1			1
55700 -Biopsy, prostate; needle or punch, single or multiple, any approach	1			1
Urology	1			1
55866 -Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	1			1
General Acute Care Hospital	1			1
57288 -Sling operation for stress incontinence (eg, fascia or synthetic)	1			1
General Acute Care Hospital	1			1
58260 -Vaginal hysterectomy, for uterus 250 g or less;	1			1
General Acute Care Hospital	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
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
58548 -Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	1			1
General Acute Care Hospital	1			1
58558 -Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	1			1
General Acute Care Hospital	1			1
58563 -Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	1			1
General Acute Care Hospital	1			1
58571 -Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	1			1
General Acute Care Hospital	1			1
58661 -Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	1			1
General Acute Care Hospital	1			1
58662 -Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	1			1
General Acute Care Hospital	1			1
58954 -Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	1			1
General Acute Care Hospital	1			1
59000 -Amniocentesis; diagnostic	57			57
Pediatrics	57			57
59001 -Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	1			1
Pediatrics	1			1
60220 -Total thyroid lobectomy, unilateral; with or without isthmusectomy	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
60252 -Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	1			1
General Acute Care Hospital	1			1
60500 -Parathyroidectomy or exploration of parathyroid(s);	1			1
General Acute Care Hospital	1			1
61710 -Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	2			2
Children	1			1
General Acute Care Hospital	1			1
61760 -Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure	1			1
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
61886 -Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	1			1
General Acute Care Hospital	1			1
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
Ambulatory Surgical	7			7

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	1			1
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
Ambulatory Surgical	3			3
General Acute Care Hospital	1			1
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
General Acute Care Hospital	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
Interventional Pain Medicine	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
Interventional Pain Medicine	1			1
Pain Medicine	1			1
63030 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	2			2
General Acute Care Hospital	2			2

Indications Offered by Provider

2025

	Approved	Denied	Partially Approved	Grand Total
63035 -Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primar	1			1
General Acute Care Hospital	1			1
63650 -Percutaneous implantation of neurostimulator electrode array, epidural	2			2
Ambulatory Surgical	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
General Acute Care Hospital	1			1
63688 -Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	2			2
General Acute Care Hospital	2			2
64405 -Injection, anesthetic agent; greater occipital nerve	1			1
Neurology	1			1
64421 -Injection, anesthetic agent; intercostal nerves, multiple, regional block	2			2
General Acute Care Hospital	2			2
64430 -Injection, anesthetic agent; pudendal nerve	1			1
Ambulatory Surgical	1			1
64447 -Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	2			2
Children	1			1
General Acute Care Hospital	1			1
64479 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	1			1
General Acute Care Hospital	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
Ambulatory Surgical	3			3

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	2			2
Pain Medicine	1			1
64484 -Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	2			2
Ambulatory Surgical	1			1
Pain Medicine	1			1
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;	5			5
General Acute Care Hospital	4			4
Pain Medicine	1			1
64491 -Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic;	5			5
General Acute Care Hospital	4			4
Pain Medicine	1			1
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
General Acute Care Hospital	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
Ambulatory Surgical	5			5
General Acute Care Hospital	5			5
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

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Ambulatory Surgical	5			5
General Acute Care Hospital	2			2
64633 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	6			6
Ambulatory Surgical	1			1
General Acute Care Hospital	5			5
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
Ambulatory Surgical	1			1
General Acute Care Hospital	6			6
64635 -Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	1			1
Ambulatory Surgical	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
Ambulatory Surgical	1			1
64708 -Neuroplasty, major peripheral nerve, arm or leg, open; other than specified		1		1
General Acute Care Hospital		1		1
64712 -Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	1			1
General Acute Care Hospital	1			1
64718 -Neuroplasty and/or transposition; ulnar nerve at elbow	1			1
Ambulatory Surgical	1			1
64721 -Neuroplasty and/or transposition; median nerve at carpal tunnel	1			1
Ambulatory Surgical	1			1
64864 -Suture of facial nerve; extracranial	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
64874 -Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	1	1		2
General Acute Care Hospital	1	1		2
64885 -Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	1			1
General Acute Care Hospital	1			1
64886 -Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	1			1
General Acute Care Hospital	1			1
64905 -Nerve pedicle transfer; first stage		1		1
General Acute Care Hospital		1		1
64910 -Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	1			1
General Acute Care Hospital	1			1
64999 -Unlisted procedure, nervous system	1			1
Ambulatory Surgical	1			1
65756 -Keratoplasty (corneal transplant); endothelial	1			1
General Acute Care Hospital	1			1
65855 -Trabeculoplasty by laser surgery	5			5
Ambulatory Surgical	5			5
66710 -Ciliary body destruction; cyclophotocoagulation, transscleral	1			1
Ambulatory Surgical	1			1
66761 -Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	2			2
Ambulatory Surgical	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
Ambulatory Surgical	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
Ambulatory Surgical	9			9
General Acute Care Hospital	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Ambulatory Surgical	19			19
General Acute Care Hospital	2			2
Optometrist	1			1
66985 -Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	1			1
General Acute Care Hospital	1			1
67028 -Intravitreal injection of a pharmacologic agent (separate procedure)	2			2
General Acute Care Hospital	1			1
Ophthalmology	1			1
67036 -Vitrectomy, mechanical, pars plana approach;	3			3
Ambulatory Surgical	1			1
General Acute Care Hospital	2			2
67039 -Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	1			1
Ambulatory Surgical	1			1
67040 -Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	2			2
Ambulatory Surgical	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
General Acute Care Hospital	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	1			1
General Acute Care Hospital	1			1
67121 -Removal of implanted material, posterior segment; intraocular	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	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
Ambulatory Surgical	1			1
67311 -Strabismus surgery, recession or resection procedure; 1 horizontal muscle	1			1
Ambulatory Surgical	1			1
67314 -Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	1			1
Ambulatory Surgical	1			1
67318 -Strabismus surgery, any procedure, superior oblique muscle	1			1
Ambulatory Surgical	1			1
67332 -Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	1			1
Ambulatory Surgical	1			1
67515 -Injection of medication or other substance into Tenon's capsule	1			1
Ophthalmology	1			1
69200 -Removal foreign body from external auditory canal; without general anesthesia	2			2
Children	1			1
General Acute Care Hospital	1			1
69210 -Removal impacted cerumen requiring instrumentation, unilateral	12			12
Children	6			6
General Acute Care Hospital	6			6
69424 -Ventilating tube removal requiring general anesthesia	2			2
Children	1			1
General Acute Care Hospital	1			1
69436 -Tympanostomy (requiring insertion of ventilating tube), general anesthesia	12			12

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Children	6			6
General Acute Care Hospital	6			6
69620 -Myringoplasty (surgery confined to drumhead and donor area)	2			2
Children	1			1
General Acute Care Hospital	1			1
69631 -Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	2			2
Children	1			1
General Acute Care Hospital	1			1
69990 -Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	1			1
70100 -Radiologic examination, mandible; partial, less than 4 views	3			3
Geriatric Medicine	2			2
Plastic and Reconstructive Surgery	1			1
70110 -Radiologic examination, mandible; complete, minimum of 4 views	2			2
Children	1			1
General Acute Care Hospital	1			1
70140 -Radiologic examination, facial bones; less than 3 views	2			2
Children	1			1
General Acute Care Hospital	1			1
70150 -Radiologic examination, facial bones; complete, minimum of 3 views	2			2
Children	1			1
General Acute Care Hospital	1			1
70200 -Radiologic examination; orbits, complete, minimum of 4 views	2			2
Children	1			1
General Acute Care Hospital	1			1
70250 -Radiologic examination, skull; less than 4 views	4			4
Children	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	2			2
70310 -Radiologic examination, teeth; partial examination, less than full mouth	3			3
Geriatric Medicine	2			2
Plastic and Reconstructive Surgery	1			1
70360 -Radiologic examination; neck, soft tissue	2			2
Children	1			1
General Acute Care Hospital	1			1
70450 -Computed tomography, head or brain; without contrast material	2			2
Critical Access	1			1
General Acute Care Hospital	1			1
70470 -Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	2			2
Children	1			1
General Acute Care Hospital	1			1
70480 -Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	2			2
Children	1			1
General Acute Care Hospital	1			1
70486 -Computed tomography, maxillofacial area; without contrast material	2			2
Children	1			1
General Acute Care Hospital	1			1
70487 -Computed tomography, maxillofacial area; with contrast material(s)	2			2
Children	1			1
General Acute Care Hospital	1			1
70491 -Computed tomography, soft tissue neck; with contrast material(s)	1			1
General Acute Care Hospital	1			1
70540 -Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	2			2
Children	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Children	1			1
General Acute Care Hospital	3			3
70544 -Magnetic resonance angiography, head; without contrast material(s)	2			2
Children	1			1
General Acute Care Hospital	1			1
70546 -Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	2			2
Children	1			1
General Acute Care Hospital	1			1
70551 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	17			17
Children	8			8
General Acute Care Hospital	9			9
70553 -Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	15			15
Children	5			5
General Acute Care Hospital	10			10
71045 -Radiologic examination, chest; single view	3			3
Geriatric Medicine	2			2
Plastic and Reconstructive Surgery	1			1
71046 -Radiologic examination, chest; 2 views	30			30
Children	9			9
General Acute Care Hospital	21			21
71047 -Radiologic examination, chest; 3 views	1			1
General Acute Care Hospital	1			1
71111 -Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	2			2
Children	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
71250 -Computed tomography, thorax; without contrast material	8			8
General Acute Care Hospital	8			8
71260 -Computed tomography, thorax; with contrast material(s)	25			25
General Acute Care Hospital	25			25
71270 -Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	4			4
General Acute Care Hospital	4			4
71555 -Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	5			5
Children	2			2
General Acute Care Hospital	3			3
72040 -Radiologic examination, spine, cervical; 2 or 3 views	5			5
Children	1			1
General Acute Care Hospital	1			1
Geriatric Medicine	1			1
Orthopaedic Surgery	1			1
Plastic and Reconstructive Surgery	1			1
72100 -Radiologic examination, spine, lumbosacral; 2 or 3 views	5			5
Children	2			2
General Acute Care Hospital	2			2
Orthopaedic Surgery	1			1
72141 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	4			4
Children	2			2
General Acute Care Hospital	2			2
72146 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	2			2
Children	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
72148 -Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	2			2
Children	1			1
General Acute Care Hospital	1			1
72170 -Radiologic examination, pelvis; 1 or 2 views	3			3
Children	1			1
General Acute Care Hospital	1			1
Orthopaedic Surgery	1			1
72192 -Computed tomography, pelvis; without contrast material	4			4
General Acute Care Hospital	4			4
72194 -Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	5			5
General Acute Care Hospital	5			5
72195 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	5			5
Children	1			1
Colon & Rectal Surgery	1			1
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
Special Hospital	1			1
72197 -Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	5			5
Children	1			1
Diagnostic Radiology	2			2
General Acute Care Hospital	1			1
Radiology	1			1
72220 -Radiologic examination, sacrum and coccyx, minimum of 2 views	2			2
Children	1			1
General Acute Care Hospital	1			1
73090 -Radiologic examination; forearm, 2 views	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Children	2			2
General Acute Care Hospital	2			2
73110 -Radiologic examination, wrist; complete, minimum of 3 views	4			4
Children	2			2
General Acute Care Hospital	2			2
73130 -Radiologic examination, hand; minimum of 3 views	8			8
Children	4			4
General Acute Care Hospital	4			4
73140 -Radiologic examination, finger(s), minimum of 2 views	2			2
Children	1			1
General Acute Care Hospital	1			1
73218 -Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	1			1
Orthopaedic Surgery	1			1
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
Diagnostic Radiology	1			1
73521 -Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	2			2
Children	1			1
General Acute Care Hospital	1			1
73552 -Radiologic examination, femur; minimum 2 views	2			2
Children	1			1
General Acute Care Hospital	1			1
73560 -Radiologic examination, knee; 1 or 2 views	6			6
Children	3			3
General Acute Care Hospital	3			3
73590 -Radiologic examination; tibia and fibula, 2 views	2			2
Children	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
73610 -Radiologic examination, ankle; complete, minimum of 3 views	8			8
Children	4			4
General Acute Care Hospital	4			4
73620 -Radiologic examination, foot; 2 views	4			4
Children	2			2
General Acute Care Hospital	2			2
73721 -Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	5			5
Children	1			1
General Acute Care Hospital	1			1
Multi-Specialty	1			1
Special Hospital	2			2
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
Special Hospital	2			2
74000 -X-Ray Exam Of Abdomen	2			2
Children	1			1
General Acute Care Hospital	1			1
74018 -Radiologic examination, abdomen; 1 view	8			8
Children	4			4
General Acute Care Hospital	4			4
74150 -Computed tomography, abdomen; without contrast material	1			1
General Acute Care Hospital	1			1
74170 -Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	10			10
Diagnostic Radiology	1			1
General Acute Care Hospital	9			9

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
74174 -Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1			1
General Acute Care Hospital	1			1
74176 -Computed tomography, abdomen and pelvis; without contrast material	7			7
General Acute Care Hospital	7			7
74177 -Computed tomography, abdomen and pelvis; with contrast material(s)	16			16
Children	2			2
General Acute Care Hospital	14			14
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
General Acute Care Hospital	6			6
74181 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	4			4
General Acute Care Hospital	4			4
74183 -Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	9			9
Children	1			1
Diagnostic Radiology	1			1
General Acute Care Hospital	6			6
Radiology	1			1
74230 -Swallowing function, with cineradiography/videoradiography	4			4
General Acute Care Hospital	1			1
Geriatric Medicine	2			2
Plastic and Reconstructive Surgery	1			1
74240 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images,	8			8
Children	2			2
General Acute Care Hospital	2			2
Geriatric Medicine	3			3

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Plastic and Reconstructive Surgery	1			1
74241 -Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB	2			2
Children	1			1
General Acute Care Hospital	1			1
74270 -Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	2			2
Colon & Rectal Surgery	1			1
General Acute Care Hospital	1			1
74455 -Urethrocytography, voiding, radiological supervision and interpretation	4			4
General Acute Care Hospital	4			4
74712 -Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	2			2
Children	1			1
General Acute Care Hospital	1			1
75557 -Cardiac magnetic resonance imaging for morphology and function without contrast material;	5			5
General Acute Care Hospital	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
Children	4			4
General Acute Care Hospital	4			4
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
Children	1			1
General Acute Care Hospital	1			1
75565 -Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	5			5
Children	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	3			3
75572 -Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	1			1
General Acute Care Hospital	1			1
75574 -Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio	5			5
General Acute Care Hospital	5			5
75726 -Angiography, visceral, selective or suprasedlective (with or without flush aortogram), radiological supervision and interpretation	2			2
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
75774 -Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	2			2
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
76000 -Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	2			2
General Acute Care Hospital	2			2
76098 -Radiological examination, surgical specimen	1			1
General Acute Care Hospital	1			1
76499 -Unlisted diagnostic radiographic procedure	1			1
Diagnostic Radiology	1			1
76512 -Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	3			3
Ophthalmology	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Special Hospital	1			1
76536 -Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	4			4
Children	2			2
General Acute Care Hospital	2			2
76604 -Ultrasound, chest (includes mediastinum), real time with image documentation	2			2
General Acute Care Hospital	1			1
Medical Oncology	1			1
76641 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	6			6
Children	3			3
General Acute Care Hospital	3			3
76642 -Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	4			4
Children	2			2
General Acute Care Hospital	2			2
76645 -Ultrasound Breasts Unilateral Or Bilateral Real Time W	5			5
Children	2			2
General Acute Care Hospital	3			3
76700 -Ultrasound, abdominal, real time with image documentation; complete	23			23
Children	6			6
Gastroenterology	1			1
General Acute Care Hospital	16			16
76705 -Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	14			14
Children	6			6
Gastroenterology	2			2
General Acute Care Hospital	6			6

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
76770 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	37			37
Children	14			14
General Acute Care Hospital	22			22
Urology	1			1
76775 -Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	1			1
Urology	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
Maternal & Fetal Medicine	1			1
Pediatrics	15			15
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	15			15
Pediatrics	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	75			75
Children	1			1
General Acute Care Hospital	1			1
Maternal & Fetal Medicine	3			3
Pediatrics	70			70
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
Pediatrics	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
Maternal & Fetal Medicine	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Pediatrics	15			15
76815 -Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	122			122
Children	2			2
General Acute Care Hospital	2			2
Pediatrics	118			118
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
Children	3			3
General Acute Care Hospital	3			3
Maternal & Fetal Medicine	4			4
Pediatrics	127			127
76817 -Ultrasound, pregnant uterus, real time with image documentation, transvaginal	88			88
Pediatrics	88			88
76819 -Fetal biophysical profile; without non-stress testing	212			212
Children	3			3
General Acute Care Hospital	3			3
Maternal & Fetal Medicine	2			2
Pediatrics	204			204
76820 -Doppler velocimetry, fetal; umbilical artery	192			192
Children	2			2
General Acute Care Hospital	2			2
Pediatrics	188			188
76821 -Doppler velocimetry, fetal; middle cerebral artery	185			185
Children	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Pediatrics	183			183
76825 -Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	16			16
Children	6			6
General Acute Care Hospital	6			6
Maternal & Fetal Medicine	2			2
Pediatrics	2			2
76827 -Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	15			15
Children	6			6
General Acute Care Hospital	6			6
Maternal & Fetal Medicine	2			2
Pediatrics	1			1
76856 -Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	10			10
Children	5			5
General Acute Care Hospital	5			5
76870 -Ultrasound, scrotum and contents	5			5
Children	2			2
General Acute Care Hospital	2			2
Urology	1			1
76872 -Ultrasound, transrectal;	1			1
Urology	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
Children	1			1
General Acute Care Hospital	1			1
Medical Oncology	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
76885 -Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	4			4
Children	2			2
General Acute Care Hospital	2			2
76937 -Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting	2			2
General Acute Care Hospital	2			2
76942 -Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	4			4
Children	1			1
General Acute Care Hospital	1			1
Pain Medicine	1			1
Urology	1			1
76945 -Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	2			2
Pediatrics	2			2
76946 -Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	34			34
Pediatrics	34			34
76998 -Ultrasonic guidance, intraoperative	2			2
General Acute Care Hospital	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
General Acute Care Hospital	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
77012 -Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	4			4
General Acute Care Hospital	4			4
77014 -Computed tomography guidance for placement of radiation therapy fields	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77032 -Mammographic Guidance For Needle Placement, Breast	3			3
General Acute Care Hospital	3			3
77065 -Diagnostic mammography, including computer-aided detection (CAD) when	1			1
General Acute Care Hospital	1			1
77067 -Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	3			3
General Acute Care Hospital	3			3
77075 -Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	1			1
General Acute Care Hospital	1			1
77080 -Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	1			1
General Acute Care Hospital	1			1
77263 -Therapeutic radiology treatment planning; complex	4			4
Diagnostic Radiology	1			1
General Acute Care Hospital	2			2
Radiation Oncology	1			1
77280 -Therapeutic radiology simulation-aided field setting; simple	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77285 -Therapeutic radiology simulation-aided field setting; intermediate	1			1
Radiation Oncology	1			1
77290 -Therapeutic radiology simulation-aided field setting; complex	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Radiation Oncology	1			1
77293 -Respiratory motion management simulation (List separately in addition to code for primary procedure)	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77300 -Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl	3			3
General Acute Care Hospital	2			2
Radiation Oncology	1			1
77301 -Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77321 -Special teletherapy port plan, particles, hemibody, total body	1			1
General Acute Care Hospital	1			1
77333 -Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77334 -Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77336 -Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	2			2
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Radiation Oncology	1			1
77338 -Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	1			1
Radiation Oncology	1			1
77370 -Special medical radiation physics consultation	1			1
Radiation Oncology	1			1
77387 -Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77427 -Radiation treatment management, 5 treatments	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77470 -Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
77520 -Proton treatment delivery; simple, without compensation	1			1
General Acute Care Hospital	1			1
77522 -Proton treatment delivery; simple, with compensation	1			1
General Acute Care Hospital	1			1
77523 -Proton treatment delivery; intermediate	1			1
General Acute Care Hospital	1			1
77525 -Proton treatment delivery; complex	1			1
General Acute Care Hospital	1			1
77790 -Supervision, handling, loading of radiation source	1			1
Diagnostic Radiology	1			1
78070 -Parathyroid planar imaging (including subtraction, when performed);	1			1
General Acute Care Hospital	1			1
78201 -Liver imaging; static only	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Radiology	1			1
78264 -Gastric emptying imaging study (eg, solid, liquid, or both);	2			2
Children	1			1
General Acute Care Hospital	1			1
78306 -Bone and/or joint imaging; whole body	1			1
General Acute Care Hospital	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
General Acute Care Hospital	7			7
Neurological Surgery	1			1
78580 -Pulmonary perfusion imaging (eg, particulate)	2			2
Children	1			1
General Acute Care Hospital	1			1
78803 -Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisitio	2			2
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
78814 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	1			1
Radiology	1			1
78815 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	3			3
General Acute Care Hospital	3			3

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
78816 -Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	1			1
General Acute Care Hospital	1			1
79445 -Radiopharmaceutical therapy, by intra-arterial particulate administration	2			2
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
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
Children	2			2
General Acute Care Hospital	2			2
80048 -Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	1			1
Urology	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
General Acute Care Hospital	12			12
Medical Oncology	1			1
80051 -Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	5			5
General Acute Care Hospital	5			5

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Children	2			2
General Acute Care Hospital	10			10
80061 -Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718)	4			4
General Acute Care Hospital	4			4
80101 -Drug Screen; Single Drug Class Each Drug Class	4			4
General Acute Care Hospital	4			4
80321 -Alcohol biomarkers; 1 or 2	4			4
General Acute Care Hospital	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
Children	13			13
General Acute Care Hospital	13			13
Urology	1			1
81002 -Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	2			2
Children	1			1
General Acute Care Hospital	1			1
81025 -Urine pregnancy test, by visual color comparison methods	9			9
Children	4			4
General Acute Care Hospital	5			5
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

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	2			2
81220 -CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	3	2		5
Clinical Medical Laboratory	3	2		5
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
Clinical Medical Laboratory	3	2		5
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
Clinical Medical Laboratory	3	2		5
81345 -TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	1			1
General Acute Care Hospital	1			1
81361 -HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	3	2		5
Clinical Medical Laboratory	3	2		5
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	5	2		7
Clinical Medical Laboratory	3	2		5
Pediatrics	2			2
81479 -Unlisted molecular pathology procedure	1			1
Clinical Medical Laboratory	1			1
81542 -Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score		1		1
Clinical Medical Laboratory		1		1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
82040 -Albumin; serum, plasma or whole blood	1			1
General Acute Care Hospital	1			1
82103 -Alpha-1-antitrypsin; total	4			4
General Acute Care Hospital	4			4
82104 -Alpha-1-antitrypsin; phenotype	4			4
General Acute Care Hospital	4			4
82105 -Alpha-fetoprotein (AFP); serum	4			4
General Acute Care Hospital	4			4
82140 -Ammonia	4			4
General Acute Care Hospital	4			4
82150 -Amylase	4			4
General Acute Care Hospital	4			4
82374 -Carbon dioxide (bicarbonate)	1			1
General Acute Care Hospital	1			1
82378 -Carcinoembryonic antigen (CEA)	4			4
General Acute Care Hospital	4			4
82435 -Chloride; blood	1			1
General Acute Care Hospital	1			1
82550 -Creatine kinase (CK), (CPK); total	2			2
Children	1			1
General Acute Care Hospital	1			1
82728 -Ferritin	4			4
General Acute Care Hospital	4			4
82784 -Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	2			2
General Acute Care Hospital	2			2
82803 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated	10			10
General Acute Care Hospital	10			10
82805 -Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated	4			4
O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry				

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	4			4
82977 -Glutamyltransferase, gamma (GGT)	4			4
General Acute Care Hospital	4			4
83003 -Growth hormone, human (HGH) (somatotropin)	4			4
Children	2			2
General Acute Care Hospital	2			2
83036 -Hemoglobin; glycosylated (A1C)	4			4
General Acute Care Hospital	4			4
83516 -Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	4			4
General Acute Care Hospital	4			4
83540 -Iron	4			4
General Acute Care Hospital	4			4
83550 -Iron binding capacity	4			4
General Acute Care Hospital	4			4
83721 -Lipoprotein, direct measurement; LDL cholesterol	4			4
General Acute Care Hospital	4			4
83735 -Magnesium	6			6
General Acute Care Hospital	6			6
83887 -Nicotine	4			4
General Acute Care Hospital	4			4
83893 -Molecular diagnostics dotslot blot production each nuclei	4			4
General Acute Care Hospital	4			4
84100 -Phosphorus inorganic (phosphate);	2			2
General Acute Care Hospital	2			2
84132 -Potassium; serum, plasma or whole blood	1			1
General Acute Care Hospital	1			1
84153 -Prostate specific antigen (PSA); total	4			4
General Acute Care Hospital	3			3
Urology	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
84395 -Sulfonamide Blood Chemical	1			1
General Acute Care Hospital	1			1
84443 -Thyroid stimulating hormone (TSH)	3			3
General Acute Care Hospital	3			3
84446 -Tocopherol alpha (Vitamin E)	4			4
General Acute Care Hospital	4			4
84479 -Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	4			4
General Acute Care Hospital	4			4
84520 -Urea nitrogen; quantitative	1			1
General Acute Care Hospital	1			1
84590 -Vitamin A	4			4
General Acute Care Hospital	4			4
84630 -Zinc	3			3
General Acute Care Hospital	3			3
85007 -Blood count; blood smear, microscopic examination with manual differential WBC count	10			10
Children	5			5
General Acute Care Hospital	5			5
85025 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and	13			13
Children	2			2
General Acute Care Hospital	10			10
Urology	1			1
85027 -Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	14			14
Children	5			5
General Acute Care Hospital	9			9
85610 -Prothrombin time;	4			4
Children	2			2
General Acute Care Hospital	2			2
85730 -Thromboplastin time, partial (PTT); plasma or whole blood	6			6

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Children	1			1
General Acute Care Hospital	5			5
86256 -Fluorescent noninfectious agent antibody; titer, each antibody	3			3
General Acute Care Hospital	3			3
86301 -Immunoassay for tumor antigen, quantitative; CA 19-9	4			4
General Acute Care Hospital	4			4
86304 -Immunoassay for tumor antigen, quantitative; CA 125	2			2
General Acute Care Hospital	2			2
86376 -Microsomal antibodies (eg, thyroid or liver-kidney), each	3			3
General Acute Care Hospital	3			3
86480 -Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	4			4
General Acute Care Hospital	4			4
86580 -Skin test; tuberculosis, intradermal	4			4
General Acute Care Hospital	4			4
86606 -Antibody; Aspergillus	2			2
General Acute Care Hospital	2			2
86612 -Antibody; Blastomyces	2			2
General Acute Care Hospital	2			2
86635 -Antibody; Coccidioides	2			2
General Acute Care Hospital	2			2
86644 -Antibody; cytomegalovirus (CMV)	4			4
General Acute Care Hospital	4			4
86645 -Antibody; cytomegalovirus (CMV), IgM	3			3
General Acute Care Hospital	3			3
86665 -Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	4			4
General Acute Care Hospital	4			4
86698 -Antibody; histoplasma	2			2
General Acute Care Hospital	2			2
86703 -Antibody; HIV-1 and HIV-2, single result	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	4			4
86704 -Hepatitis B core antibody (HBcAb); total	1			1
General Acute Care Hospital	1			1
86706 -Hepatitis B surface antibody (HBsAb)	3			3
General Acute Care Hospital	3			3
86709 -Hepatitis A antibody (HAAb), IgM antibody	4			4
General Acute Care Hospital	4			4
86762 -Antibody; rubella	4			4
General Acute Care Hospital	4			4
86777 -Antibody; Toxoplasma	4			4
General Acute Care Hospital	4			4
86778 -Antibody; Toxoplasma, IgM	4			4
General Acute Care Hospital	4			4
86803 -Hepatitis C antibody;	4			4
General Acute Care Hospital	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
General Acute Care Hospital	3			3
86900 -Blood typing, serologic; ABO	12			12
General Acute Care Hospital	12			12
86901 -Blood typing, serologic; Rh (D)	4			4
General Acute Care Hospital	4			4
87070 -Culture bacterial any other source except urine blood or	2			2
Children	1			1
General Acute Care Hospital	1			1
87086 -Culture Bacterial Quantitative Colony Count Urine	2			2
Children	1			1
General Acute Care Hospital	1			1
87116 -Culture Tubercle Or Other Acidfast Bacilli Eg Tb Afb M	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
87206 -Smear primary source with interpretation fluorescent ando	2			2
General Acute Care Hospital	2			2
87340 -Infectious Agent Antigen Detection By Enzyme Immunoassay Tec	4			4
General Acute Care Hospital	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
Children	2			2
General Acute Care Hospital	2			2
87522 -Infectious agent detection by nucleic acid DNA or RNA hep	4			4
General Acute Care Hospital	4			4
87631 -Infectious agent detection by nucleic acid DNA or RNA res	70			70
Children	35			35
General Acute Care Hospital	35			35
87633 -Infectious agent detection by nucleic acid DNA or RNA res	56			56
Children	28			28
General Acute Care Hospital	28			28
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
Children	8			8
General Acute Care Hospital	8			8
87651 -Infectious Agent Detection By Nucleic Acid Dna Or Rna Str	116			116
Children	58			58
General Acute Care Hospital	58			58
87799 -Infectious Agent Detection By Nucleic Acid Dna Or Rna Not	4			4
General Acute Care Hospital	4			4
87804 -Infectious Agent Antigen Detection By Immunoassay With Direc	50			50

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Children	25			25
General Acute Care Hospital	25			25
87902 -Infectious agent genotype analysis by nucleic acid DNA or R	6			6
General Acute Care Hospital	6			6
87999 -Unlisted Microbiology Procedure	1			1
General Acute Care Hospital	1			1
88104 -Cytopathology Fluids Washings Or Brushings Except Cervical O	1			1
General Acute Care Hospital	1			1
88143 -Cytopathology Cervical Or Vaginal (Any Reporting System) Col	6			6
General Acute Care Hospital	6			6
88305 -Level IV Surgical Pathology Gross And Microscopic Examina		1		1
Clinical Medical Laboratory		1		1
88314 -Special stain including interpretation and report histochem		1		1
Clinical Medical Laboratory		1		1
88321 -Consultation And Report On Referred Slides Prepared Elsewher	2	1		3
General Acute Care Hospital	2	1		3
88346 -Immunofluorescent Study Each Antibody Direct Method		1		1
Clinical Medical Laboratory		1		1
88350 -Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		1		1
Clinical Medical Laboratory		1		1
88356 -Morphometric Analysis Nerve		1		1
Clinical Medical Laboratory		1		1
90791 -Psychiatric diagnostic evaluation	6		2	8
Children	2		1	3
General Acute Care Hospital	2		1	3
Multi-Specialty	2			2
90792 -Psychiatric diagnostic evaluation with medical services	4	1		5
Mental Health (Including Community Mental Health Center)	2			2
Multi-Specialty		1		1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Psychiatric/Mental Health	1			1
Radiology	1			1
90832 -Psychotherapy, 30 minutes with patient	1			1
Multi-Specialty	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
General Acute Care Hospital	1			1
Psych/Mental Health			2	2
90834 -Psychotherapy, 45 minutes with patient	2			2
Adult Mental Health	1			1
Multi-Specialty	1			1
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
General Acute Care Hospital	1			1
Psych/Mental Health			2	2
90837 -Psychotherapy, 60 minutes with patient	9			9
Adult Mental Health	1			1
Counselor	1			1
Multi-Specialty	1			1
Professional	4			4
Psychiatric/Mental Health	1			1
Social Worker, Clinical	1			1
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
General Acute Care Hospital	1			1
90847 -Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Children	2			2
General Acute Care Hospital	2			2
90867 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	1			1
Child & Adolescent Psychiatry	1			1
90868 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	1			1
Child & Adolescent Psychiatry	1			1
90869 -Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	1			1
Child & Adolescent Psychiatry	1			1
90911 -Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	1			1
General Acute Care Hospital	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
Colon & Rectal Surgery	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
General Acute Care Hospital	1			1
91010 -Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	1			1
General Acute Care Hospital	1			1
91065 -Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	2			2
Children	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	1			1
91122 -Anorectal manometry	1			1
General Acute Care Hospital	1			1
91200 -Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	7			7
Children	2			2
Gastroenterology	3			3
General Acute Care Hospital	2			2
92012 -Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	1			1
Ophthalmology	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
Ophthalmology	5			5
92082 -Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination	1			1
Ophthalmology	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
Ophthalmology	1			1
92134 -Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina	5			5
Ophthalmology	5			5
92136 -Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	4			4
Ambulatory Surgical	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
92235 -Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	3			3
Ophthalmology	2			2
Special Hospital	1			1
92250 -Fundus photography with interpretation and report	3			3
Ophthalmology	3			3
92504 -Binocular microscopy (separate diagnostic procedure)	4			4
Children	2			2
General Acute Care Hospital	2			2
92507 -Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	38			38
Children	18			18
General Acute Care Hospital	18			18
Speech-Language Pathologist	2			2
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
Children	12			12
General Acute Care Hospital	12			12
92526 -Treatment of swallowing dysfunction and/or oral function for feeding	4			4
Children	2			2
General Acute Care Hospital	2			2
92552 -Pure tone audiometry (threshold); air only	130			130
Children	65			65
General Acute Care Hospital	65			65
92553 -Pure tone audiometry (threshold); air and bone	120			120
Children	60			60
General Acute Care Hospital	60			60
92555 -Speech audiometry threshold;	130			130
Children	65			65

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	65			65
92567 -Tympanometry (impedance testing)	136			136
Children	68			68
General Acute Care Hospital	68			68
92569 -Acoustic Reflex Decay Test	2			2
Children	1			1
General Acute Care Hospital	1			1
92579 -Visual reinforcement audiometry (VRA)	124			124
Children	62			62
General Acute Care Hospital	62			62
92582 -Conditioning play audiometry	124			124
Children	62			62
General Acute Care Hospital	62			62
92583 -Select picture audiometry	122			122
Children	61			61
General Acute Care Hospital	61			61
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
Children	75			75
General Acute Care Hospital	75			75
92591 -Hearing aid examination and selection; binaural	2			2
Children	1			1
General Acute Care Hospital	1			1
92610 -Evaluation of oral and pharyngeal swallowing function	10			10
Children	5			5
General Acute Care Hospital	5			5
92611 -Motion fluoroscopic evaluation of swallowing function by cine or video recording	1			1
Geriatric Medicine	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
92650 -Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	2			2
Children	1			1
General Acute Care Hospital	1			1
93000 -Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	118			118
Children	44			44
General Acute Care Hospital	55			55
Pediatrics	19			19
93005 -Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	111			111
Children	45			45
General Acute Care Hospital	47			47
Pediatrics	19			19
93010 -Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	1			1
Children	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
General Acute Care Hospital	4			4
93017 -Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	6			6
Children	1			1
General Acute Care Hospital	5			5
93225 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	11			11
Children	5			5

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	5			5
Pediatrics	1			1
93227 -External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	4			4
Children	2			2
General Acute Care Hospital	2			2
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
Children	2			2
General Acute Care Hospital	2			2
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
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	1			1
93303 -Transthoracic echocardiography for congenital cardiac anomalies; complete	108			108
Children	44			44
General Acute Care Hospital	43			43
Pediatric Cardiology	2			2
Pediatrics	19			19

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
93304 -Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	108			108
Children	45			45
General Acute Care Hospital	44			44
Pediatrics	19			19
93305 -Echocardiography M-Mode; Limited (Eg Follow-Up Or Limited St	2			2
Children	1			1
General Acute Care Hospital	1			1
93306 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	129			129
Children	44			44
General Acute Care Hospital	62			62
Neurological Surgery	1			1
Pediatric Cardiology	1			1
Pediatrics	21			21
93307 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	109			109
Children	45			45
General Acute Care Hospital	46			46
Pediatrics	18			18
93308 -Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	5			5
Children	2			2
General Acute Care Hospital	3			3
93315 -Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Children	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
Children	45			45
General Acute Care Hospital	44			44
Pediatric Cardiology	1			1
Pediatrics	19			19
93325 -Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	113			113
Children	45			45
General Acute Care Hospital	44			44
Maternal & Fetal Medicine	2			2
Pediatric Cardiology	1			1
Pediatrics	21			21
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
General Acute Care Hospital	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
Children	2			2
93451 -Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	10			10

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	10			10
93452 -Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	6			6
General Acute Care Hospital	6			6
93453 -Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	8			8
General Acute Care Hospital	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
General Acute Care Hospital	1			1
93462 -Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	5			5
Children	2			2
General Acute Care Hospital	3			3
93505 -Endomyocardial biopsy	5			5
General Acute Care Hospital	5			5
93567 -Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-avalvular aortography (List separately in addition to code for primary procedure)	1			1
General Acute Care Hospital	1			1
93580 -Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	1			1
General Acute Care Hospital	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
General Acute Care Hospital	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
93613 -Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	2			2
General Acute Care Hospital	2			2
93621 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	1			1
General Acute Care Hospital	1			1
93622 -Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia;	2			2
General Acute Care Hospital	2			2
93623 -Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	6			6
Children	2			2
General Acute Care Hospital	4			4
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
Children	2			2
General Acute Care Hospital	3			3
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
General Acute Care Hospital	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
General Acute Care Hospital	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	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
Children	2			2
General Acute Care Hospital	3			3
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
Children	1			1
General Acute Care Hospital	1			1
93880 -Duplex scan of extracranial arteries; complete bilateral study	4			4
General Acute Care Hospital	4			4
93970 -Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	2			2
Critical Access	1			1
General Acute Care Hospital	1			1
93971 -Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	2			2
General Acute Care Hospital	2			2
93975 -Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	8			8
Children	4			4
General Acute Care Hospital	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
94010 -Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	3			3
General Acute Care Hospital	3			3
94060 -Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	68			68
Children	31			31
General Acute Care Hospital	36			36
Pediatrics	1			1
94375 -Respiratory flow volume loop	65			65
Children	32			32
General Acute Care Hospital	32			32
Pediatrics	1			1
94617 -Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	63			63
Children	31			31
General Acute Care Hospital	31			31
Pediatrics	1			1
94618 -Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	1			1
General Acute Care Hospital	1			1
94662 -Continuous negative pressure ventilation (CNP), initiation and management	1			1
General Acute Care Hospital	1			1
94664 -Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	67			67
Children	33			33
General Acute Care Hospital	33			33
Pediatrics	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
94726 -Plethysmography for determination of lung volumes and, when performed, airway resistance	7			7
General Acute Care Hospital	7			7
94729 -Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	6			6
General Acute Care Hospital	6			6
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
General Acute Care Hospital	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
Physiological Laboratory	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
Physiological Laboratory	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
Physiological Laboratory	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
Physiological Laboratory	2			2
95715 -Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	4			4
Physiological Laboratory	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Physiological Laboratory	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
Physiological Laboratory	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
Physiological Laboratory	1			1
95719 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	2			2
Physiological Laboratory	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
Physiological Laboratory	2			2
95724 -Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84	2			2
Physiological Laboratory	2			2
95782 -Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	3			3
Children	1			1
General Acute Care Hospital	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
95810 -Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	12			12
Children	6			6
General Acute Care Hospital	6			6
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
Children	1			1
General Acute Care Hospital	1			1
95816 -Electroencephalogram (EEG); including recording awake and drowsy	12			12
Children	4			4
General Acute Care Hospital	4			4
Physiological Laboratory	4			4
95819 -Electroencephalogram (EEG); including recording awake and asleep	3			3
Neurology	1			1
Physiological Laboratory	2			2
95861 -Needle electromyography; 2 extremities with or without related paraspinal areas	3			3
Electroneurodiagnostic	3			3
95868 -Needle electromyography; cranial nerve supplied muscles, bilateral	3			3
Electroneurodiagnostic	3			3
95869 -Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	3			3
Electroneurodiagnostic	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
Electroneurodiagnostic	3			3

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Electroneurodiagnostic	3			3
95886 -Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;	6			6
Electroneurodiagnostic	3			3
Neurology	1			1
Orthopaedic Surgery of the Spine	2			2
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
Electroneurodiagnostic	3			3
Neurology	1			1
Orthopaedic Surgery of the Spine	2			2
95907 -Nerve conduction studies; 1-2 studies	3			3
Electroneurodiagnostic	3			3
95908 -Nerve conduction studies; 3-4 studies	3			3
Electroneurodiagnostic	3			3
95909 -Nerve conduction studies; 5-6 studies	5			5
Electroneurodiagnostic	3			3
Orthopaedic Surgery of the Spine	2			2
95910 -Nerve conduction studies; 7-8 studies	5			5
Electroneurodiagnostic	3			3
Orthopaedic Surgery of the Spine	2			2
95911 -Nerve conduction studies; 9-10 studies	3			3
Electroneurodiagnostic	3			3
95912 -Nerve conduction studies; 11-12 studies	5			5
Electroneurodiagnostic	3			3

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Orthopaedic Surgery of the Spine	2			2
95913 -Nerve conduction studies; 13 or more studies	6			6
Electroneurodiagnostic	3			3
Neurology	1			1
Orthopaedic Surgery of the Spine	2			2
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
Electroneurodiagnostic	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
Electroneurodiagnostic	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
Electroneurodiagnostic	3			3
95928 -Central motor evoked potential study (transcranial motor stimulation); upper limbs	3			3
Electroneurodiagnostic	3			3
95929 -Central motor evoked potential study (transcranial motor stimulation); lower limbs	3			3
Electroneurodiagnostic	3			3
95937 -Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	3			3
Electroneurodiagnostic	3			3
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
Electroneurodiagnostic	3			3

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
95939 -Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	3			3
Electroneurodiagnostic	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
Electroneurodiagnostic	2			2
95955 -Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	1			1
Electroneurodiagnostic	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
General Acute Care Hospital	1			1
96110 -Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	16			16
Children	8			8
General Acute Care Hospital	8			8
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
Children	12			12
General Acute Care Hospital	12			12
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

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Children	7			7
General Acute Care Hospital	7			7
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
Clinical Neuropsychologist	2			2
Radiation Oncology	1			1
96127 -Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	22			22
Children	11			11
General Acute Care Hospital	11			11
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
Children	2			2
General Acute Care Hospital	2			2
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
Children	2			2
General Acute Care Hospital	2			2
96132 -Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and	3			3
Clinical Neuropsychologist	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Radiation Oncology	1			1
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
Clinical Neuropsychologist	2			2
Radiation Oncology	1			1
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
Children	2			2
Clinical Neuropsychologist	1			1
General Acute Care Hospital	2			2
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
Children	2			2
Clinical Neuropsychologist	1			1
General Acute Care Hospital	2			2
96138 -Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	3			3
Clinical Neuropsychologist	2			2
Radiation Oncology	1			1
96139 -Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	2			2
Clinical Neuropsychologist	2			2
96156 -Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	2			2
96365 -Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	6			6
Children	3			3
General Acute Care Hospital	3			3
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
Children	1			1
General Acute Care Hospital	1			1
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
Children	2			2
General Acute Care Hospital	2			2
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
Children	2			2
General Acute Care Hospital	2			2
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
Children	2			2
General Acute Care Hospital	2			2
96372 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	4			4
Children	2			2
General Acute Care Hospital	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Children	2			2
General Acute Care Hospital	2			2
96413 -Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	8			8
Children	4			4
General Acute Care Hospital	4			4
96415 -Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	8			8
Children	4			4
General Acute Care Hospital	4			4
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
General Acute Care Hospital	3			3
97032 -Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	1			1
General Acute Care Hospital	1			1
97110 -Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	41			41
Children	18			18
General Acute Care Hospital	19			19
Orthopedic	3			3
Physical Therapist	1			1
97112 -Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	43			43
Children	18			18

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	19			19
Occupational Therapist	2			2
Orthopedic	3			3
Physical Therapist	1			1
97113 -Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	4			4
Children	2			2
General Acute Care Hospital	2			2
97116 -Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	11			11
Children	5			5
General Acute Care Hospital	6			6
97140 -Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	32			32
Children	14			14
General Acute Care Hospital	14			14
Orthopedic	3			3
Physical Therapist	1			1
97151 -Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) ad	2			2
Behavioral Analyst	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
Behavioral Analyst	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
97155 -Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	2			2
Behavioral Analyst	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
Behavioral Analyst	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
Children	22			22
General Acute Care Hospital	21			21
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
Children	22			22
General Acute Care Hospital	21			21
Orthopedic	3			3
Physical Therapist	1			1
97163 -Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures	44			44
Children	22			22
General Acute Care Hospital	21			21
Physical Therapist	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Children	11			11
General Acute Care Hospital	12			12
Occupational Therapist	1			1
97166 -Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or	21			21
Children	10			10
General Acute Care Hospital	10			10
Occupational Therapist	1			1
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
Children	8			8
General Acute Care Hospital	8			8
97530 -Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	40			40
Children	18			18
General Acute Care Hospital	18			18
Occupational Therapist	1			1
Orthopedic	2			2
Physical Therapist	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
General Acute Care Hospital	1			1
Occupational Therapist	2			2
Orthopedic	3			3
Physical Therapist	1			1
97597 -Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	7			7
General Acute Care Hospital	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
General Acute Care Hospital	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
General Acute Care Hospital	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
Children	2			2
General Acute Care Hospital	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Children	1			1
General Acute Care Hospital	1			1
97802 -Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	16			16
Children	8			8
General Acute Care Hospital	8			8
97803 -Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	16			16
Children	8			8
General Acute Care Hospital	8			8
99183 -Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	3			3
General Acute Care Hospital	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
Children	1			1
Special Hospital	1			1
99202 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code	30	1		31
Children	6			6
Gastroenterology	10			10
General Acute Care Hospital	5			5
Hepatology	6			6

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Integrative Medicine		1		1
Orthopaedic Surgery	1			1
Transplant Hepatology	1			1
Urology	1			1
99203 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code se	84			84
Children	25			25
Clinical Neurophysiology	1			1
Female Pelvic Medicine and Reconstructive Surgery	1			1
Gastroenterology	10			10
General Acute Care Hospital	24			24
Hepatology	12			12
Neurological Surgery	1			1
Neurology	2			2
Ophthalmology	1			1
Orthopaedic Surgery of the Spine	1			1
Rheumatology	1			1
Special Hospital	1			1
Thoracic Surgery (Cardiothoracic Vascular Surgery)	2			2
Transplant Hepatology	1			1
Urology	1			1
99204 -Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for co	106		2	108
Children	29			29
Female Pelvic Medicine and Reconstructive Surgery	1			1
Gastroenterology	10			10

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	32			32
Geriatric Medicine	2			2
Hepatology	12			12
Internal Medicine	1			1
Interventional Cardiology	1			1
Neurology	5			5
Ophthalmology	2			2
Orthopaedic Surgery	2			2
Orthopaedic Surgery of the Spine	2			2
Otolaryngology	1			1
Physician Assistant	1			1
Plastic and Reconstructive Surgery	1			1
Psych/Mental Health	1		2	3
Thoracic Surgery (Cardiothoracic Vascular Surgery)	1			1
Transplant Hepatology	1			1
Urology	1			1
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
Cardiovascular Disease	1			1
Children	171		1	172
Clinical Cardiac Electrophysiology	1			1
Colon & Rectal Surgery	1			1
Female Pelvic Medicine and Reconstructive Surgery	1			1
Gastroenterology	6			6
General Acute Care Hospital	170	1	1	172
Hepatology	11			11
Neurological Surgery	1			1
Neurology	5			5

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Ophthalmology	1			1
Orthopaedic Surgery	3			3
Orthopaedic Surgery of the Spine	1			1
Pediatric Dermatology	1			1
Pediatrics	57			57
Plastic and Reconstructive Surgery	1			1
Psych/Mental Health	1		2	3
Reproductive Endocrinology	1			1
Transplant Hepatology	1			1
Urology	1			1
99211 -Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minute	23			23
Children	10			10
General Acute Care Hospital	12			12
Pediatrics	1			1
99212 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter	66	2		68
Cardiovascular Disease	1	2		3
Children	27			27
Gastroenterology	3			3
General Acute Care Hospital	25			25
Hepatology	6			6
Internal Medicine	1			1
Mental Health (Including Community Mental Health Center)	1			1
Oral and Maxillofacial Surgery	1			1
Pediatric Cardiology	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
99213 -Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter fo	434	2		436
Cardiovascular Disease	1	2		3
Children	192			192
Clinical Cardiac Electrophysiology	1			1
Clinical Neurophysiology	1			1
Female Pelvic Medicine and Reconstructive Surgery	4			4
Gastroenterology	6			6
General Acute Care Hospital	200			200
Hepatology	6			6
Infectious Disease	1			1
Internal Medicine	2			2
Mental Health (Including Community Mental Health Center)	1			1
Neurological Surgery	1			1
Neurology	3			3
Oral and Maxillofacial Surgery	1			1
Orthopaedic Surgery of the Spine	1			1
Otolaryngology	1			1
Pediatric Cardiology	1			1
Plastic and Reconstructive Surgery	1			1
Psych/Mental Health	1			1
Psychiatric/Mental Health	1			1
Radiation Oncology	1			1
Special Hospital	2			2
Thoracic Surgery (Cardiothoracic Vascular Surgery)	3			3
Urology	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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 encounter	283	3	2	288
Cardiovascular Disease	1	2		3
Children	77			77
Colon & Rectal Surgery	2			2
Female Pelvic Medicine and Reconstructive Surgery	3			3
Gastroenterology	32			32
General Acute Care Hospital	110			110
Hepatology	7			7
Infectious Disease	1			1
Internal Medicine	2			2
Interventional Cardiology	1			1
Maternal & Fetal Medicine	5			5
Mental Health (Including Community Mental Health Center)	2			2
Neurology	6	1		7
Obstetrics & Gynecology	1			1
Oral and Maxillofacial Surgery	1			1
Orthopaedic Surgery	2			2
Orthopaedic Surgery of the Spine	7			7
Otolaryngology	3			3
Pediatric Cardiology	2			2
Physical Medicine & Rehabilitation	1			1
Physician Assistant	1			1
Plastic and Reconstructive Surgery	1			1
Psych/Mental Health	2		2	4
Psych/Mental Health, Adult	2			2
Psychiatric/Mental Health	1			1
Psychiatry	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Radiation Oncology	1			1
Rheumatology	1			1
Special Hospital	1			1
Surgery	1			1
Thoracic Surgery (Cardiothoracic Vascular Surgery)	1			1
Urology	3			3
Vascular Neurology	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
Cardiovascular Disease	5	1		6
Children	437			437
Diagnostic Radiology	1			1
Gastroenterology	5			5
General Acute Care Hospital	443	1		444
Hepatology	7			7
Infectious Disease	1			1
Internal Medicine	1			1
Medical Oncology	1			1
Multi-Specialty	1			1
Neurology	4			4
Oral and Maxillofacial Surgery	1			1
Orthopaedic Surgery	2			2
Otolaryngology	1			1
Pediatric Cardiology	1			1
Pediatric Dermatology	1			1
Pediatrics	222			222
Physical Medicine & Rehabilitation	1			1
Plastic and Reconstructive Surgery	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Psych/Mental Health	2		2	4
Psychiatric/Mental Health	1			1
Radiation Oncology	1			1
Radiology	2			2
Reproductive Endocrinology	1			1
Transplant Hepatology	2			2
Urology	2			2
Vascular Neurology	1			1
99242 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection,	8			8
Gastroenterology	2			2
Hepatology	6			6
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
Children	1			1
Orthopaedic Surgery of the Spine	1			1
99244 -Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 5	92			92
Child Neurology	1			1
Children	8			8
Clinical Cardiac Electrophysiology	1			1
Emergency Medicine	1			1
Family Medicine	1			1
Gastroenterology	27			27

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	24			24
Hematology & Oncology	1			1
Hepatology	1			1
Infectious Disease	1			1
Medical Oncology	1			1
Neurological Surgery	1			1
Neurology with Special Qualifications in Child Neurology	1			1
Orthopaedic Surgery	1			1
Orthopaedic Surgery of the Spine	3			3
Otolaryngology	1			1
Pediatric Cardiology	1			1
Pediatric Gastroenterology	1			1
Pediatric Hematology-Oncology	1			1
Pediatric Rheumatology	2			2
Pediatrics	1			1
Physician Assistant	1			1
Special Hospital	4			4
Urology	5			5
Vascular & Interventional Radiology	1			1
Vascular Neurology	1			1
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
Child Neurology	1			1
General Acute Care Hospital	17			17
Maternal & Fetal Medicine	2			2
Pediatric Cardiology	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Multi-Specialty	1			1
Psychiatric/Mental Health	1			1
99309 -Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter	2			2
Multi-Specialty	1			1
Psychiatric/Mental Health	1			1
99344 -Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code select	1			1
Adult Health	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
General Acute Care Hospital	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
General Acute Care Hospital	3			3

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Psychiatric/Mental Health	1			1
99459 -Pelvic examination (List separately in addition to code for primary procedure)	5			5
Female Pelvic Medicine and Reconstructive Surgery	5			5
99499 -Unlisted evaluation and management service	6			6
Ambulatory Surgical	1			1
General Acute Care Hospital	3			3
Orthopaedic Surgery of the Spine	1			1
Surgery	1			1
A0425 -Ground mileage, per statute mile	1			1
Ambulance	1			1
A0428 -Ambulance service, basic life support, nonemergency transport, (BLS)	1			1
Ambulance	1			1
A4245 -Alcohol wipes, per box	2			2
Durable Medical Equipment & Medical Supplies	2			2
A4364 -Adhesive, liquid or equal, any type, per oz	2			2
Durable Medical Equipment & Medical Supplies	2			2
A4456 -Adhesive remover, wipes, any type, each	3			3
Durable Medical Equipment & Medical Supplies	3			3
A4481 -Tracheostoma filter, any type, any size, each	2			2
Durable Medical Equipment & Medical Supplies	2			2
A4626 -Tracheostomy cleaning brush, each	3			3
Durable Medical Equipment & Medical Supplies	3			3
A5120 -Skin barrier, wipes or swabs, each	3			3
Durable Medical Equipment & Medical Supplies	3			3
A5126 -Adhesive or nonadhesive; disk or foam pad	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Durable Medical Equipment & Medical Supplies	2			2
A6507 -Compression burn garment, foot to knee length, custom fabricated	1			1
Oxygen Equipment & Supplies	1			1
A6512 -Compression burn garment, not otherwise classified	1			1
Oxygen Equipment & Supplies	1			1
A7501 -Tracheostoma valve, including diaphragm, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
A7503 -Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
A7507 -Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	3			3
Durable Medical Equipment & Medical Supplies	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
Durable Medical Equipment & Medical Supplies	3			3
A7520 -Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each	3			3
Durable Medical Equipment & Medical Supplies	3			3
A7523 -Tracheostomy shower protector, each	2			2
Durable Medical Equipment & Medical Supplies	2			2
A7526 -Tracheostomy tube collar/holder, each	2			2
Durable Medical Equipment & Medical Supplies	2			2
A9503 -Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	1			1
General Acute Care Hospital	1			1
A9540 -Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	1			1
General Acute Care Hospital	1			1
A9552 -Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi	1			1
General Acute Care Hospital	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
A9587 -Gallium Ga-68, dotatate, diagnostic, 0.1 mCi	1			1
General Acute Care Hospital	1			1
C1713 -Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	1			1
General Acute Care Hospital	1			1
C1789 -Prosthesis, breast (implantable)	1			1
Ambulatory Surgical	1			1
C2616 -Brachytherapy source, nonstranded, yttrium-90, per source	2			2
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
C9777 -Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	1			1
Ambulatory Surgical	1			1
Cardiac Rehabilitation	1			1
General Acute Care Hospital	1			1
D7240 -Removal Impacted Tooth - Cmpl Bony	2			2
Children	1			1
General Acute Care Hospital	1			1
E0149 -Walker, heavy-duty, wheeled, rigid or folding, any type	1			1
Customized Equipment	1			1
E0154 -Platform attachment, walker, each	1			1
Customized Equipment	1			1
E0486 -Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	1			1
Durable Medical Equipment & Medical Supplies	1			1
E0739 -Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors		1		1
Durable Medical Equipment & Medical Supplies		1		1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
E0770 -Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified		1		1
Durable Medical Equipment & Medical Supplies		1		1
E1399 -Durable medical equipment, miscellaneous	1	1		2
Durable Medical Equipment & Medical Supplies	1	1		2
G0121 -Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	1			1
General Acute Care Hospital	1			1
G0166 -External counterpulsation, per treatment session	1	2		3
Cardiovascular Disease	1	2		3
G0260 -Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	2			2
General Acute Care Hospital	2			2
G0277 -Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	3			3
General Acute Care Hospital	3			3
G0279 -Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	1			1
General Acute Care Hospital	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
Ambulatory Surgical	2			2
Children	7			7
Critical Access	3			3
General Acute Care Hospital	5			5
G0378 -Hospital observation service, per hour	2			2
General Acute Care Hospital	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
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
Electroneurodiagnostic	1			1
G0463 -Hospital outpatient clinic visit for assessment and management of a patient	2			2
Children	1			1
General Acute Care Hospital	1			1
G6002 -Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	2			2
General Acute Care Hospital	1			1
Radiation Oncology	1			1
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
Radiation Oncology	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
Radiation Oncology	1			1
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
General Acute Care Hospital			2	2
Home Health Care	5			5
Family Medicine	2			2
Home Health	2			2
Home Infusion Therapy Pharmacy	1			1
Hospice	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Hospice Care, Community Based	2			2
Hospital Inpatient Care - Mental Health	221	20	102	343
General Acute Care Hospital	70	7	16	93
Psychiatric Hospital	83	10	49	142
Psychiatric Hospital	67		34	101
Substance Abuse Rehabilitation Facility	1	3	3	7
Hospital Inpatient Care - Skilled Nursing	2	5		7
General Acute Care Hospital		1		1
Long Term Care Hospital	1			1
Skilled Nursing Facility	1	4		5
Hospital Inpatient Care - Transplant	5			5
General Acute Care Hospital	5			5
Hospital Inpatient Rehabilitation	1	1		2
General Acute Care Hospital	1	1		2
Hospital Inpatient Residential Mental/Nervous		1		1
General Acute Care Hospital		1		1
Hospital Inpatient Services	634	78	4	716
Children	1			1
Children	47	1		48
Critical Access	2			2
General Acute Care Hospital	570	75	3	648
Hospitalist	3	1		4
Military Hospital	4			4
Psychiatric Hospital			1	1
Psychiatric Hospital	1			1
Rehabilitation Unit	1			1
Rural	5	1		6
Hospital Inpatient Substance Abuse Detox	12	1	2	15
General Acute Care Hospital	12		2	14
Substance Abuse Rehabilitation Facility		1		1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Hospital Outpatient Observation	140			140
Children	37			37
Critical Access	1			1
Emergency Care	1			1
General Acute Care Hospital	100			100
Rural	1			1
Hospital Partial Hospitalization Mental/Nervous	2		2	4
General Acute Care Hospital	1			1
Psychiatric Hospital	1		2	3
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
Anesthesiology	1			1
J0131 -Injection, acetaminophen, not otherwise specified, 10 mg	1			1
General Acute Care Hospital	1			1
J0178 -Injection, aflibercept, 1 mg	1			1
Ophthalmology	1			1
J0223 -Injection, givosiran, 0.5 mg	1			1
General Acute Care Hospital	1			1
J0585 -Injection, onabotulinumtoxinA, 1 unit	2			2
Ambulatory Surgical	2			2
J0640 -Injection, leucovorin calcium, per 50 mg	2			2
General Acute Care Hospital	2			2
J0665 -Injection, bupivacaine, not otherwise specified, 0.5 mg	1			1
Pain Medicine	1			1
J0666 -Injection, bupivacaine liposome, 1 mg	1			1
General Acute Care Hospital	1			1
J0690 -Injection, cefazolin sodium, 500 mg	3			3
General Acute Care Hospital	3			3
J0735 -Injection, clonidine HCl, 1 mg	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Children	2			2
General Acute Care Hospital	2			2
J0780 -Injection, prochlorperazine, up to 10 mg	2			2
Children	1			1
General Acute Care Hospital	1			1
J1100 -Injection, dexamethasone sodium phosphate, 1 mg	7			7
Children	2			2
General Acute Care Hospital	5			5
J1447 -Injection, tbo-filgrastim, 1 microgram	2			2
General Acute Care Hospital	2			2
J1596 -Injection, glycopyrrolate, 0.1 mg	1			1
General Acute Care Hospital	1			1
J1640 -Injection, hemin, 1 mg	1			1
General Acute Care Hospital	1			1
J1745 -Injection, infliximab, excludes biosimilar, 10 mg	8			8
Children	4			4
General Acute Care Hospital	4			4
J1885 -Injection, ketorolac tromethamine, per 15 mg	5			5
Children	1			1
General Acute Care Hospital	4			4
J1930 -Injection, lanreotide, 1 mg	1			1
General Acute Care Hospital	1			1
J2274 -Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	1			1
Pain Medicine	1			1
J2350 -Injection, ocrelizumab, 1 mg		1		1
Neurology		1		1
J2405 -Injection, ondansetron HCl, per 1 mg	5			5
Children	1			1
General Acute Care Hospital	4			4

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
J2790 -Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 IU)	1			1
General Acute Care Hospital	1			1
J2919 -Injection, methylprednisolone sodium succinate, 5 mg	1			1
General Acute Care Hospital	1			1
J3010 -Injection, fentanyl citrate, 0.1 mg	1			1
General Acute Care Hospital	1			1
J3301 -Injection, triamcinolone acetonide, not otherwise specified, 10 mg	2			2
General Acute Care Hospital	1			1
Ophthalmology	1			1
J3490 -Unclassified drugs	4			4
Children	2			2
General Acute Care Hospital	2			2
J7354 -Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	4			4
Children	2			2
General Acute Care Hospital	2			2
J7510 -Prednisolone, oral, per 5 mg	2			2
Children	1			1
General Acute Care Hospital	1			1
J7512 -Prednisone, immediate release or delayed release, oral, 1 mg	2			2
Children	1			1
General Acute Care Hospital	1			1
J7613 -Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	6			6
Children	3			3
General Acute Care Hospital	3			3
J7999 -Compounded drug, not otherwise classified	7			7
Home Infusion Therapy Pharmacy	7			7
J8540 -Dexamethasone, oral, 0.25 mg	3			3
Children	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
General Acute Care Hospital	2			2
J9000 -Injection, doxorubicin HCl, 10 mg	1			1
General Acute Care Hospital	1			1
J9017 -Injection, arsenic trioxide, 1 mg	1			1
General Acute Care Hospital	1			1
J9035 -Injection, bevacizumab, 10 mg	1			1
General Acute Care Hospital	1			1
J9045 -Injection, carboplatin, 50 mg	1			1
General Acute Care Hospital	1			1
J9070 -Cyclophosphamide, 100 mg	2			2
General Acute Care Hospital	2			2
J9100 -Injection, cytarabine, 100 mg	3			3
General Acute Care Hospital	3			3
J9190 -Injection, fluorouracil, 500 mg	2			2
General Acute Care Hospital	2			2
J9201 -Injection, gemcitabine HCl, not otherwise specified, 200 mg	1			1
General Acute Care Hospital	1			1
J9229 -Injection, inotuzumab ozogamicin, 0.1 mg	2			2
General Acute Care Hospital	2			2
J9260 -Methotrexate sodium, 50 mg	4			4
General Acute Care Hospital	4			4
J9263 -Injection, oxaliplatin, 0.5 mg	3			3
General Acute Care Hospital	3			3
J9266 -Injection, pegaspargase, per single dose vial	1			1
General Acute Care Hospital	1			1
J9267 -Injection, paclitaxel, 1 mg	1			1
General Acute Care Hospital	1			1
J9271 -Injection, pembrolizumab, 1 mg	2			2
General Acute Care Hospital	2			2
J9332 -Injection, efgartigimod alfa-fcab, 2 mg	1			1

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Home Infusion Therapy Pharmacy	1			1
J9370 -Vincristine sulfate, 1 mg	2			2
General Acute Care Hospital	2			2
L0180 -Cervical, multiple post collar, occipital/mandibular supports, adjustable	1			1
Orthopaedic Surgery of the Spine	1			1
L0637 -Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressur	2			2
General Acute Care Hospital	2			2
L1833 -Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	1			1
General Acute Care Hospital	1			1
L1930 -Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	1			1
Special Hospital	1			1
L2310 -Addition to lower extremity, abduction bar, straight	1			1
Special Hospital	1			1
L2760 -Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	1			1
Special Hospital	1			1
L2768 -Orthotic side bar disconnect device, per bar	1			1
Special Hospital	1			1
L4361 -Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8499 -Unlisted procedure for miscellaneous prosthetic services	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8500 -Artificial larynx, any type	2			2
Durable Medical Equipment & Medical Supplies	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
L8509 -Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	2			2
Durable Medical Equipment & Medical Supplies	2			2
L8511 -Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8512 -Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8513 -Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	2			2
Durable Medical Equipment & Medical Supplies	2			2
L8514 -Tracheo-esophageal puncture dilator, replacement only, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8680 -Implantable neurostimulator electrode, each	1			1
Ambulatory Surgical	1			1
L8691 -Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
L8694 -Auditory osseointegrated device, transducer/actuator, replacement only, each	1			1
Durable Medical Equipment & Medical Supplies	1			1
P9047 -Infusion, albumin (human), 25%, 50 ml	1			1
General Acute Care Hospital	1			1
Q0138 -Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	1			1
Critical Access	1			1
Q0508 -Miscellaneous supply or accessory for use with an implanted ventricular assist device	2			2
Durable Medical Equipment & Medical Supplies	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Q3001 -Radioelements for brachytherapy, any type, each	1			1
Diagnostic Radiology	1			1
Q4116 -AlloDerm, per sq cm	1			1
General Acute Care Hospital	1			1
Q5001 -Hospice or home health care provided in patient's home/residence	1			1
Hospice Care, Community Based	1			1
Q5107 -Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	1			1
General Acute Care Hospital	1			1
Q5108 -Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg	1			1
General Acute Care Hospital	1			1
Q5147 -Injection, aflibercept-ayyh (Pavlu), biosimilar, 1 mg	1			1
Ophthalmology	1			1
Q9967 -Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	1			1
Radiation Oncology	1			1
Q9983 -Florbetaben F18, diagnostic, per study dose, up to 8.1 mCi	1			1
Radiology	1			1
R0070 -Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	1			1
Geriatric Medicine	1			1
S0119 -Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	18			18
Children	9			9
General Acute Care Hospital	9			9
S2068 -Breast Recon Diep/Siea Flap Uni	1			1
General Acute Care Hospital	1			1
S2095 -Trnscath Occl/Emboliz Tumr Destruc	2			2
Diagnostic Radiology	1			1
General Acute Care Hospital	1			1
S9152 -Speech Therapy Re-Evaluation	2			2

Indications Offered by Provider 2025

	Approved	Denied	Partially Approved	Grand Total
Speech-Language Pathologist	2			2
V2785 -Processing, preserving and transporting corneal tissue	1			1
General Acute Care Hospital	1			1
V5011 -Fitting/orientation/checking of hearing aid	6			6
Children	3			3
General Acute Care Hospital	3			3
V5160 -Dispensing fee, binaural	4			4
Children	2			2
General Acute Care Hospital	2			2
V5241 -Dispensing fee, monaural hearing aid, any type	2			2
Children	1			1
General Acute Care Hospital	1			1
V5257 -Hearing aid, digital, monaural, BTE	2			2
Children	1			1
General Acute Care Hospital	1			1
V5261 -Hearing aid, digital, binaural, BTE	5			5
Audiologist	1			1
Children	2			2
General Acute Care Hospital	2			2
V5264 -Ear mold/insert, not disposable, any type	4			4
Children	2			2
General Acute Care Hospital	2			2
V5275 -Ear impression, each	4			4
Children	2			2
General Acute Care Hospital	2			2
Grand Total	10652	147	128	10927