

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	J3490	UNCLASSIFIED DRUGS	1,582	0	1,243	2,825	0.97995954
HCPCS	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	486	0	218	704	0.90035185
HCPCS	J3590	UNCLASSIFIED BIOLOGICS	306	0	76	382	0.99936941
CPT	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	145	0	4	149	0.40537485
HCPCS	J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	104	0	33	137	0.80927894
HCPCS	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	122	0	5	127	0.44546479
CPT	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD, MUST INCLUDE ANALYSIS OF CHROMOSOMES 13, 18, AND 21	104	13	3	120	0.43041381
HCPCS	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	64	0	5	69	0.59395768
HCPCS	A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	41	0	23	64	0.89449322
HCPCS	A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	47	0	1	48	0.9653644
CPT	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	44	0	3	47	0.22743239
CPT	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	31	0	15	46	0.52270838
CPT	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	1	0	44	45	0.61092248
CPT	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	43	0	0	43	0.30261569
HCPCS	J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	14	0	27	41	1.11103044
CPT	93356	MYOCARDIAL STRAIN IMAGING USING SPECKLE TRACKING-DERIVED ASSESSMENT OF MYOCARDIAL MECHANICS (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY IMAGING)	1	0	37	38	0.80452742
CPT	0340U	ONCOLOGY (PAN-CANCER), ANALYSIS OF MINIMAL RESIDUAL DISEASE (MRD) FROM PLASMA, WITH ASSAYS PERSONALIZED TO EACH PATIENT BASED ON PRIOR NEXT-GENERATION SEQUENCING OF THE PATIENTS TUMOR AND GERMLINE DNA, REPORTED AS ABSENCE OR PRESENCE OF MRD, WITH DISEASE-BURDEN CORRELATION, IF APPROPRIATE	0	0	36	36	0.56296176
CPT	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	34	1	1	36	0.42087196
CPT	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	33	0	0	33	0.25618

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CPT	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	26	0	4	30	0.45860674
HCPCS	J2357	INJECTION, OMALIZUMAB, 5 MG	22	0	8	30	1.05683866
CPT	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	29	0	0	29	0.2536087
CPT	0449U	CARRIER SCREENING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, SPINAL MUSCULAR ATROPHY, BETA HEMOGLOBINOPATHIES [INCLUDING SICKLE CELL DISEASE], ALPHA THALASSEMIA), REGARDLESS OF RACE OR SELF-IDENTIFIED ANCESTRY, GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF 5 GENES (CFTR, SMN1, HBB, HBA1, HBA2)	13	13	2	28	0.56727386
CPT	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY	25	0	3	28	0.30130933
HCPCS	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45MILLICURIES	27	0	1	28	0.58319458
HCPCS	J0897	INJECTION, DENOSUMAB, 1 MG	20	0	8	28	1.13394972
CPT	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	25	0	2	27	0.26381001
CPT	81432	HEREDIATRY BREAST CANCER-RELATED DISORDERS (EG, HEREDIATRY BREAST CANCER,HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMICSEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES,ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11,AND TP53HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER,HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY PANCREATIC CANCER, HEREDITARY PROSTATE CANCER), GENOMIC SEQUENCE ANALYSISPANEL, 5 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPYNUMBER VARIANTS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCINGOF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2,MSH6, PALB2, PTEN, STK11, AND TP53	5	0	22	27	0.46438111
CPT	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	25	0	2	27	0.50982974
CPT	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	25	0	2	27	0.50982974
CPT	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)	20	2	4	26	0.37530505
HCPCS	J1438	INJECTION, ETANERCEPT, 25 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)	23	0	3	26	0.81716023
HCPCS	J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	16	0	9	25	1.32969927
CPT	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	19	2	3	24	0.37296791

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HCPCS	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	24	0	0	24	0.78323421
CPT	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE], BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (EG, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	0	0	23	23	0.7421838
CPT	88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY, NOT REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS BREAST, REDUCTION MAMMOPLASTY BRONCHUS, BIOPSY CELL BLOCK, ANY SOURCE CERVIX, BIOPSY COLON, BIOPSY DUODENUM, BIOPSY ENDOCERVIX, CURETTINGS/BIOPSY ENDOMETRIUM, CURETTINGS/BIOPSY ESOPHAGUS, BIOPSY EXTREMITY, AMPUTATION, TRAUMATIC FALLOPIAN TUBE, BIOPSY FALLOPIAN TUBE, ECTOPIC PREGNANCY FEMORAL HEAD, FRACTURE FINGERS/TOES, AMPUTATION, NON-TRAUMATIC GINGIVA/ORAL MUCOSA, BIOPSY HEART VALVE JOINT, RESECTION KIDNEY, BIOPSY LARYNX, BIOPSY LEIOMYOMA(S), UTERINE MYOMECTOMY - WITHOUT UTERUS LIP, BIOPSY/WEDGE RESECTION LUNG, TRANSBRONCHIAL BIOPSY LYMPH NODE, BIOPSY MUSCLE, BIOPSY NASAL MUCOSA, BIOPSY NASOPHARYNX/OROPHARYNX, BIOPSY NERVE, BIOPSY ODONTOGENIC/DENTAL CYST OMENTUM, BIOPSY OVARY WITH OR WITHOUT TUBE, NON-NEOPLASTIC OVARY, BIOPSY/WEDGE RESECTION PARATHYROID GLAND PERITONEUM, BIOPSY PITUITARY TUMOR PLACENTA, OTHER THAN THIRD TRIMESTER PLEURA/PERICARDIUM - BIOPSY/TISSUE POLYP, CERVICAL/ ENDOMETRIAL POLYP, COLORECTAL POLYP, STOMACH/SMALL INTESTINE PROSTATE, NEEDLE BIOPSY PROSTATE, TUR SALIVARY GLAND, BIOPSY SINUS, PARANASAL BIOPSY SKIN, OTHER THAN CYST/TAG/DEBRIDEMENT/PLASTIC REPAIR SMALL INTESTINE, BIOPSY SOFT TISSUE, OTHER THAN TUMOR/MASS/LIPOMA/DEBRIDEMENT SPLEEN STOMACH, BIOPSY SYNOVIUM TESTIS, OTHER THAN TUMOR/BIOPSY/ CASTRATION THYROID GLAND/BRACHIAL CLEFT CYST TONGUE, BIOPSY TONSIL, BIOPSY TRACHEA, BIOPSY URETER, BIOPSY URETHRA, BIOPSY URINARY BLADDER, BIOPSY UTERUS, WITH OR WITHOUT TUBES AND OVARIES, FOR PROLAPSE VAGINA, BIOPSY VULVA/LABIA, BIOPSY	22	1	0	23	0.79434712
HCPCS	Q5111	INJECTION, PEGFILGRASTIM-CBQV (UDENYCA), BIOSIMILAR, 0.5 MG	20	1	0	21	0.93615599
HCPCS	Q5142	INJECTION, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	18	0	3	21	0.75059329
CPT	64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	18	0	0	18	0.49032972
HCPCS	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STERIOD AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	17	1	0	18	0.43962907
HCPCS	J1628	INJECTION, GUSELKUMAB, 1 MG	13	0	5	18	1.18631345
HCPCS	J3380	INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	15	0	3	18	1.11610927
HCPCS	J9267	INJECTION, PACLITAXEL, 1 MG	18	0	0	18	0.81241094
CPT	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	16	1	0	17	0.33888716

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CPT	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	3	2	12	17	0.7223743
CPT	96372	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	11	0	6	17	1.00094374
CPT	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	16	0	0	16	0.55352946
CPT	81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	13	1	2	16	0.83922429
CPT	81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	4	0	12	16	0.67784623
HCPCS	J2350	INJECTION, OCRELIZUMAB, 1 MG	15	0	1	16	1.59337365
HCPCS	J9045	INJECTION, CARBOPLATIN, 50 MG	16	0	0	16	0.86512248
CPT	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	15	0	0	15	0.43497513
CPT	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	15	0	0	15	0.18986728
CPT	81519	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	13	0	2	15	0.150475
CPT	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	15	0	0	15	0.92103478
HCPCS	J1815	INJECTION, INSULIN, PER 5 UNITS	7	0	8	15	0.6114838
CPT	85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	11	3	0	14	1.01770089
CPT	97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	14	0	0	14	0.91925519
CPT	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES.	14	0	0	14	0.93590804
HCPCS	J0139	INJECTION, ADALIMUMAB, 1 MG	0	0	14	14	1.05021577
HCPCS	J9000	DOXORUBICIN HCL, 10 MG	14	0	0	14	0.93428496
HCPCS	Q5108	INJECTION, PEGFILGRASTIM-JMDB (FULPHILA), BIOSIMILAR, 0.5 MG	12	1	1	14	0.53266816
CPT	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 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12	0	1	13	0.42574317

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CPT	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	13	0	0	13	0.44145232
CPT	91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND REPORT	12	0	1	13	0.25343369
CPT	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	12	0	1	13	1.09572745
CPT	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	13	0	0	13	0.93513565
HCPCS	A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	13	0	0	13	0.28786622
HCPCS	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	10	0	3	13	1.40114316
HCPCS	J2469	INJECTION, PALONOSETRON HCL, 25 MCG	13	0	0	13	1.11456909
HCPCS	Q5141	INJECTION, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	11	0	2	13	0.90069965
HCPCS	Q9998	INJECTION, USTEKINUMAB-AEKN (SELARSDI), BIOSIMILAR, 1 MG	9	0	4	13	3.19191869
CPT	19303	MASTECTOMY, SIMPLE, COMPLETE	12	0	0	12	0.31468397
CPT	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	12	0	0	12	0.4255787
CPT	36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	12	0	0	12	0.1839655
CPT	77407	LEVEL 2INTERMEDIATE, SINGLE-ISOCENTER (EG, 3D OR IMRT), PHOTONS, INCLUDINGIMAGING GUIDANCE, WHEN PERFORMED	12	0	0	12	0.2407407
CPT	80053	COMPREHENSIVE METABOLIC PANELTHIS 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) POTASSIUM (84132) PROTEIN, TOTAL (84155) SODIUM (84295) TRANSFERASE, ALANINE AMINO (ALT) (SGPT) (84460) TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) (84450) UREA NITROGEN (BUN) (84520)	9	3	0	12	0.99938079
HCPCS	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	9	0	3	12	1.00985629
HCPCS	J9209	MESNA, 200 MG	12	0	0	12	0.45871914
CPT	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	11	0	0	11	0.23988215
CPT	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	11	0	0	11	0.41150042
CPT	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED	10	0	1	11	0.41182137
CPT	52000	CYSTOURETHROSCOPY; SEPARATE PROCEDURE	11	0	0	11	0.21538427

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CPT	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	11	0	0	11	0.3990404
CPT	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10	1	0	11	1.46453661
CPT	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	10	0	1	11	0.63193449
HCPCS	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G.LIQUID), 500 MG	9	0	2	11	1.14280303
HCPCS	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	10	0	1	11	0.39136679
HCPCS	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	11	0	0	11	0.78277487
HCPCS	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	11	0	0	11	0.82347964
CPT	00170	ANESTHESIA FOR INTRORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	10	0	0	10	0.7486415
CPT	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	9	0	1	10	0.35260417
HCPCS	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	8	0	2	10	0.74816088
HCPCS	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	10	0	0	10	0.79525467
HCPCS	J2941	INJECTION, SOMATROPIN, 1MG	10	0	0	10	0.98470139
HCPCS	J3357	INJECTION, USTEKINUMAB, 1 MG	2	0	8	10	0.85728918
HCPCS	J9190	FLUOROURACIL, 500 MG	10	0	0	10	1.2509258
HCPCS	J9208	INJECTION, IFOSFAMIDE, 1 GM	10	0	0	10	0.44117014
HCPCS	L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	10	0	0	10	0.23636921
CPT	64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; OTHER PERIPHERAL NERVE OR BRANCH	9	0	0	9	0.36622901
HCPCS	J1308	INJECTION, FAMOTIDINE, 0.25 MG	8	0	1	9	1.59841809
HCPCS	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	7	0	2	9	1.66313957
HCPCS	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	7	0	2	9	1.66313957
HCPCS	J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	7	0	2	9	1.66313957

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HCPCS	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	9	0	0	9	0.34363171
HCPCS	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	9	0	0	9	1.11677212
HCPCS	J9312	INJECTION, RITUXIMAB, 10 MG	6	0	3	9	0.95718236
HCPCS	S0109	METHADONE ORAL 5MG	7	0	2	9	0.23408951
CPT	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (E.G., RIBS SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	0	1	8	0.42554543
CPT	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; LUMBAR	8	0	0	8	0.62020071
CPT	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTERSPACE, LUMBAR	0	1	7	8	0.74519387
CPT	63052	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR; SINGLE VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	8	0	0	8	0.62020071
CPT	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	8	0	0	8	0.33005843
CPT	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, CONTINUING QUALITY ASSURANCE REPORTED PER WEEK OF THERAPY	8	0	0	8	0.33005843
CPT	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	8	0	0	8	0.23319934
CPT	81162	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	1	0	7	8	1.04893134
CPT	81229	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS, COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY ANALYSIS	6	0	2	8	0.55149525
CPT	82728	FERRITIN	7	1	0	8	0.98092448
CPT	83540	IRON	7	1	0	8	0.98092448
CPT	83550	IRON BINDING CAPACITY	7	1	0	8	0.98092448
CPT	88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE	6	1	1	8	1.83260358
HCPCS	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	8	0	0	8	0.4785158

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	8	0	0	8	0.51583189
HCPCS	J0169	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TOJ0165, 0.1 MG	7	0	1	8	1.72317116
HCPCS	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	7	0	1	8	1.7083983
HCPCS	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG	7	0	1	8	0.98497886
HCPCS	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	7	0	1	8	1.72317116
HCPCS	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	7	1	0	8	0.51133247
HCPCS	J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	8	0	0	8	0.88452546
HCPCS	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	6	0	2	8	1.05069645
HCPCS	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	7	0	1	8	1.72317116
HCPCS	J8522	CAPECITABINE, ORAL, 50 MG	8	0	0	8	0.38636574
HCPCS	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	8	0	0	8	0.68981192
CPT	19318	BREAST REDUCTION	6	0	1	7	0.84985182
CPT	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	0	0	7	0.84833499
CPT	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	7	0	0	7	0.52922198
CPT	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CRYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED	7	0	0	7	0.20698449
CPT	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	6	0	1	7	0.93254723
CPT	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	6	0	1	7	0.15457837
CPT	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	7	0	0	7	0.4533684
CPT	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	7	0	0	7	0.25902778
CPT	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)	7	0	0	7	0.362042

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	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, ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	7	0	0	7	0.36316799
CPT	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	7	0	0	7	0.36316799
CPT	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF GREATER THAN 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)	1	0	6	7	0.74261612
CPT	82746	FOLIC ACID; SERUM	7	0	0	7	1.00060351
CPT	97014	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED).	7	0	0	7	0.90512647
HCPCS	E0218	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE	0	2	5	7	0.58218795
HCPCS	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).	6	0	1	7	0.8692543
HCPCS	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	7	0	0	7	1.0392791
HCPCS	J1306	INJECTION, INCLISIRAN, 1 MG	2	0	5	7	0.75276339
HCPCS	J1439	INJECTION, FERRIC CARBOXYMALTOSIDE, 1MG	7	0	0	7	0.7633868
HCPCS	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	7	0	0	7	0.26271506
HCPCS	Q9998	INJECTION, USTEKINUMAB-AEKN (SELARSDI), 1 MG	3	0	4	7	5.42423776
HCPCS	S0117	TRETINOIN, TOPICAL, 5 GRAMS	6	0	1	7	1.75023331
CPT	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE, SUBACROMIAL BURSA); WITHOUT ULTRASOUND GUIDANCE	6	0	0	6	0.26173868
CPT	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	6	0	0	6	0.22786487
CPT	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	5	0	1	6	1.16502037
CPT	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	6	0	0	6	0.72231096
CPT	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	5	0	1	6	0.4657716
CPT	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	6	0	0	6	0.35808449
CPT	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	0	1	6	0.18618827
CPT	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	6	0	0	6	0.2885945

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	6	0	0	6	0.31401042
CPT	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	6	0	0	6	0.2885945
CPT	81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G GREATER THAN A VARIANT	0	1	5	6	1.31839206
CPT	81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	0	0	6	6	1.44949089
CPT	81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	4	1	1	6	0.93702261
CPT	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	0	1	5	6	1.22290002
CPT	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	1	1	4	6	1.2301589
CPT	88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; MANUAL	4	0	2	6	1.01478021
CPT	95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	6	0	0	6	0.4789001
CPT	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	6	0	0	6	0.76046251
CPT	97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	6	0	0	6	0.82638503
CPT	97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: -AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND -REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY	6	0	0	6	0.87244984
CPT	99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	6	0	0	6	1.48409509
CPT	99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	6	0	0	6	1.48409509
HCPCS	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	3	2	1	6	1.10727238
HCPCS	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	0	1	5	6	0.55812524
HCPCS	J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	0	0	6	6	1.30864198
HCPCS	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	6	0	0	6	1.8882232
HCPCS	J7040	INFUSION, NORMAL SALINE SOLUTION , 500 CC	6	0	0	6	1.8882232
HCPCS	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	6	0	0	6	1.8882232
HCPCS	J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJECTION, PER DOSE	6	0	0	6	0.7193336

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HCPCS	J9206	INJECTION, IRINOTECAN, 20 MG	6	0	0	6	1.15438251
HCPCS	J9370	VINCRIStINE SULFATE, 1 MG	6	0	0	6	0.4719348
HCPCS	Q5157	INJECTION, DENOSUMAB-BMWO (STOBOCLO/OSENVELT), BIOSIMILAR, 1 MG	5	0	1	6	1.43222669
HCPCS	S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	1	0	5	6	1.07766397
CPT	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID	5	0	0	5	0.41896313
CPT	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (E.G., HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS 1 INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	0	0	5	0.77997623
CPT	22860	TOTAL DISC ARTHROPLASTY ARTIFICIAL DISC ANTERIOR APPROACH INCLUDING DISCECTOMY TO PREPARE INTERSPACE OTHER THAN FOR DECOMPRESSION SECOND INTERSPACE LUMBAR LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	0	0	5	5	0.83499769
CPT	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	5	0	0	5	0.28332645
CPT	37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; VENOUS, OTHER THAN HEMORRHAGE (EG, CONGENITAL OR ACQUIRED VENOUS MALFORMATIONS, VENOUS AND CAPILLARY HEMANGIOMAS, VARICES, VARICOCELES)	3	0	2	5	0.53048148
CPT	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	4	0	1	5	1.18942167
CPT	69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	1	5	0.10771991
CPT	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	5	0	0	5	0.22713194
CPT	82172	APOLIPOPROTEIN, EACH	2	0	3	5	0.82899921
CPT	82607	CYANOCOBALAMIN (VITAMIN B-12);	5	0	0	5	0.68306713
CPT	83695	LIPOPROTEIN (A)	1	0	4	5	1.14706384
CPT	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	5	0	0	5	1.43170705
CPT	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	3	0	2	5	0.32344907
CPT	97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	5	0	0	5	0.81136456
CPT	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 FOR CODE SELECTION, 30 MINUTES MUST BE MET OR EXCEEDED.	4	0	1	5	1.67832772

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	3	2	0	5	1.26256481
HCPCS	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	5	0	0	5	0.50391299
HCPCS	E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	1	0	4	5	0.66933102
HCPCS	J0178	INJECTION, AFLIBERCEPT, 1 MG	4	0	1	5	0.1320625
HCPCS	J2329	INJECTION, UBLITUXIMAB-XIIV, 1MG	3	0	2	5	0.51295119
HCPCS	J2356	INJECTION, TEZEPelumab-EKKO, 1 MG	4	0	1	5	0.46244444
HCPCS	J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	5	0	0	5	0.44079167
HCPCS	J9173	INJECTION, DURVALUMAB, 10 MG	5	0	0	5	1.00263117
HCPCS	J9181	INJECTION, ETOPOSIDE, 10 MG	5	0	0	5	0.45477315
HCPCS	J9395	INJECTION, FULVESTRANT, 25 MG	5	0	0	5	1.12378581
HCPCS	K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	5	0	0	5	0.62610185
HCPCS	Q5099	INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG	5	0	0	5	1.57704398
HCPCS	Q5135	INJECTION, TOCILIZUMAB-AAZG (TYENNE), BIOSIMILAR, 1 MG	5	0	0	5	0.49090278
CPT	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	4	0	0	4	0.15115451
CPT	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)	4	0	0	4	0.15115451
CPT	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	3	0	1	4	0.1159838
CPT	22842	POSTERIOR SEGMENTAL INSTRUMENTATION (E.G., PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	0	0	4	0.33168692
CPT	29999	UNLISTED PROCEDURE, ARTHROSCOPY	4	0	0	4	0.10177373
CPT	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	4	0	0	4	0.39337095
CPT	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	4	0	0	4	0.48231992
CPT	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	4	0	0	4	0.15490451
CPT	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	4	0	0	4	0.32686343

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	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)	4	0	0	4	0.32686343
CPT	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	3	0	1	4	0.11357928
CPT	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	4	0	0	4	0.16547454
CPT	55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERIPROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED	4	0	0	4	0.54515625
CPT	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	4	0	0	4	1.14157407
CPT	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	4	0	0	4	0.2497338
CPT	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	2	0	2	4	0.30237558
CPT	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	4	0	0	4	0.23462963
CPT	78195	LYMPHATICS AND LYMPH NODES IMAGING	4	0	0	4	0.03904514
CPT	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)	3	1	0	4	1.42177465
CPT	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	0	1	3	4	1.5893645
CPT	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	1	0	3	4	0.60017446
CPT	81435	HEREDITARY COLON CANCER-RELATED DISORDERS (EG, LYNCH SYNDROME, PTENHAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS),GENOMIC SEQUENCE ANALYSIS PANEL, 5 OR MORE GENES, INTERROGATION FORSEQUENCE VARIANTS AND COPY NUMBER VARIANTS; GENOMIC SEQUENCE ANALYSISPANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC,BMPRIA, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, AND STK11	0	0	4	4	0.68040304
CPT	83921	ORGANIC ACID, SINGLE, QUANTITATIVE	4	0	0	4	0.84414641
CPT	88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	4	0	0	4	0.45402199
CPT	88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	4	0	0	4	0.45402199
CPT	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (I.E., FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT	4	0	0	4	0.47539352
CPT	95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	4	0	0	4	0.53094907
CPT	97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	4	0	0	4	1.11517444
HCPCS	A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	1	0	3	4	2.10373553

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HCPCS	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	4	0	0	4	0.72048322
HCPCS	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	4	0	0	4	0.40492766
HCPCS	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	2	2	0	4	1.55444444
HCPCS	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	3	0	1	4	0.17808738
HCPCS	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	4	0	0	4	0.28290509
HCPCS	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	4	0	0	4	0.13345486
HCPCS	J0517	INJECTION, BENRALIZUMAB, 1 MG	4	0	0	4	0.39973669
HCPCS	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	3	0	1	4	0.20056713
HCPCS	J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	4	0	0	4	0.48809606
HCPCS	J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	3	0	1	4	0.858125
HCPCS	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	4	0	0	4	0.7366956
HCPCS	J1930	INJECTION, LANREOTIDE, 1 MG	4	0	0	4	0.56845775
HCPCS	J2267	INJECTION, MIRIKIZUMAB MRKZ, 1 MG	4	0	0	4	0.59903935
HCPCS	J2323	INJECTION, NATALIZUMAB, 1 MG	4	0	0	4	1.22465752
HCPCS	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	2	0	2	4	1.01188093
HCPCS	J9073	INJECTION, CYCLOPHOSPHAMIDE (DR. REDDY'S), 5 MG	4	0	0	4	1.21268229
HCPCS	J9171	INJECTION, DOCETAXEL, 1 MG	4	0	0	4	0.77282407
HCPCS	J9263	INJECTION, OXALIPLATIN, 0.5 MG	4	0	0	4	1.41552083
HCPCS	K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	4	0	0	4	1.49987558
HCPCS	L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	2	0	2	4	0.15109587
HCPCS	Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG	4	0	0	4	0.49676498
HCPCS	Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	4	0	0	4	0.13699653
HCPCS	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	4	0	0	4	0.71162037
CPT	0540U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL-FREE DNAUSING NEXT-GENERATION SEQUENCING ANALYSIS OF PLASMA, REPORTED ASPERCENTAGE OF DONOR-DERIVED CELL-FREE DNA TO DETERMINE PROBABILITY OFREJECTION	0	0	3	3	0.73387731
CPT	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)	3	0	0	3	0.31930941

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CPT	19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	3	0	0	3	0.49856481
CPT	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	3	0	0	3	0.31930941
CPT	20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRACTURE)	3	0	0	3	0.09128086
CPT	20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	0	0	3	3	1.40067515
CPT	20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	0	0	3	3	1.40067515
CPT	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA); WITHOUT ULTRASOUND GUIDANCE	3	0	0	3	0.28892361
CPT	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	2	0	1	3	0.14385031
CPT	21235	GRAFT; EAR CARTILAGE, AUTOGRAFT, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	3	0	0	3	0.12597994
CPT	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	1	3	0.06996142
CPT	26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD	3	0	0	3	0.09128086
CPT	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (E.G., SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	3	0	0	3	0.12749228
CPT	31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	3	0	0	3	0.38939429
CPT	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	3	0	0	3	0.61645448
CPT	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-GUIDED NAVIGATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE(S))	3	0	0	3	0.11384645
CPT	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.57691744
CPT	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	3	0	0	3	0.16467978
CPT	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D AND C	3	0	0	3	0.35449541

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CPT	63053	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR; EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.36458719
CPT	64405	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GREATER OCCIPITAL NERVE	3	0	0	3	0.30982253
CPT	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	3	0	0	3	0.12038194
CPT	64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E.G., FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	3	0	0	3	0.1367091
CPT	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	3	0	0	3	0.13668596
CPT	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	3	0	0	3	0.55215278
CPT	77412	LEVEL 3COMPLEX, MULTIPLE ISOCENTERS WITH PHOTON THERAPY (EG, 2D, 3D, ORIMRT) OR A SINGLE-ISOCENTER PHOTON THERAPY (EG, 3D OR IMRT) WITH ACTIVEMOTION MANAGEMENT, OR TOTAL SKIN ELECTRONS, OR MIXED-ELECTRON/PHOTONFIELD(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	3	0	0	3	0.38046682
CPT	77525	PROTON TREATMENT DELIVERY; COMPLEX	3	0	0	3	0.10917438
CPT	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	1	0	2	3	0.5805517
CPT	78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS) OR ACQUISITION, SINGLE DAY IMAGING	2	0	1	3	0.51177083
CPT	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)	2	0	1	3	0.11956725
CPT	81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	3	0	0	3	0.33727623
CPT	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	3	0	0	3	0.33727623
CPT	81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	2	1	0	3	0.60078441
CPT	81243	FMRI (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG, FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	0	0	3	3	0.7054921
CPT	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, AND CONSTANT SPRING)	0	2	1	3	0.13437114

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CPT	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	0	2	1	3	0.13437114
CPT	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	0	0	3	3	1.00006944
CPT	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	0	1	2	3	0.70000386
CPT	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	2	3	0.75832675
CPT	82525	COPPER	3	0	0	3	0.27790509
CPT	82668	ERYTHROPOIETIN	3	0	0	3	1.96866127
CPT	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	2	0	1	3	0.10327932
CPT	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 TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT FOR CONNECTION AND PATIENT INSTRUCTIONS FOR USE, ATTENDED SURVEILLANCE, ANALYSIS AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	2	0	1	3	0.09810185
CPT	93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION, INCLUDING IMAGING SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.80343364
CPT	94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION FOR THERAPEUTIC PURPOSES AND/OR FOR DIAGNOSTIC PURPOSES SUCH AS SPUTUM INDUCTION WITH AN AEROSOL GENERATION, NEBULIZER, METERED DOES INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE	2	0	1	3	1.73614161
CPT	95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	3	0	0	3	0.65280478
CPT	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	0	0	3	0.31390046
CPT	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)	3	0	0	3	0.12928979

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CPT	95972	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 NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS, AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH COMPLEX SPINAL CORD OR PERIPHERAL NERVE (EG, SACRAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	3	0	0	3	0.09454475
CPT	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	0	1	3	1.55494562
CPT	97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	3	0	0	3	1.09209105
CPT	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) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIONS, AND NON-FACE-TO-FACE ANALYZING PAST DATA, SCORING/INTERPRETING THE ASSESSMENT, AND PREPARING THE REPORT/TREATMENT PLAN	3	0	0	3	1.88067683
CPT	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	3	0	0	3	1.88067683
CPT	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	3	0	0	3	1.88067683
CPT	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	3	0	0	3	1.88067683
CPT	97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	2	0	1	3	0.58462963
CPT	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO- FACE WITH THE PATIENT, EACH 15 MINUTES	2	0	1	3	0.58462963
HCPCS	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	2	0	1	3	0.8747608
HCPCS	A9592	COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MILLICURIE	3	0	0	3	0.57180941
HCPCS	A9608	FLOTUFOLASTAT F18, DIAGNOSTIC, 1 MILLICURIE	3	0	0	3	0.33503086
HCPCS	C1781	MESH (IMPLANTABLE)	3	0	0	3	0.12751929
HCPCS	E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	1	0	2	3	0.66390046
HCPCS	E0978	WHEELCHAIR ACCESSORY, POSITIONING/SAFETY BELT/PELVIC STRAP, EACH	3	0	0	3	0.3344213

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HCPCS	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	3	0	0	3	0.13418596
HCPCS	J0177	INJECTION, AFLIBERCEPT HD, 1 MG	3	0	0	3	0.42565201
HCPCS	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	3	0	0	3	1.71673225
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG" TO INSTEAD READ,"INJECTION, ARIPIPRAZOLE (ABILIFY MAINTENA), 1 MG	1	0	2	3	0.82302469
HCPCS	J0402	INJECTION, ARIPIPRAZOLE (ABILIFY ASIMTUFI), 1 MG	1	0	2	3	0.47175926
HCPCS	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	1	0	2	3	0.93675926
HCPCS	J1080	TESTOSTERONE CYPIONAT 200 MG	3	0	0	3	0.04166281
HCPCS	J1453	INJECTION, FOSAPREPITANT, 1 MG	3	0	0	3	0.39711806
HCPCS	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG	3	0	0	3	0.50145062
HCPCS	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	2	0	1	3	0.77063657
HCPCS	J1756	INJECTION, IRON SUCROSE, 1 MG	2	0	1	3	0.38225694
HCPCS	J2182	INJECTION, MEPOLIZUMAB, 1 MG	3	0	0	3	0.96272373
HCPCS	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	2	0	1	3	2.56988481
HCPCS	J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	1	0	2	3	0.97977238
HCPCS	J9070	CYCLOPHOSPHAMIDE, 100 MG	3	0	0	3	2.51679431
HCPCS	J9100	INJECTION, CYTARABINE, 100 MG.	3	0	0	3	0.36225309
HCPCS	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG.	3	0	0	3	1.20775041
HCPCS	J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 200 MG	3	0	0	3	0.35162809
HCPCS	J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	3	0	0	3	0.63131944
HCPCS	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	3	0	0	3	0.63847222
HCPCS	J9306	INJECTION, PERTUZUMAB, 1 MG	3	0	0	3	0.62005015
HCPCS	L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	1	1	3	0.52429947
HCPCS	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	1	0	2	3	0.19491898
HCPCS	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	2	0	1	3	0.12469907
HCPCS	Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	3	0	0	3	0.07946759
HCPCS	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	3	0	0	3	0.86686728
HCPCS	Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	3	0	0	3	0.18884315
HCPCS	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	2	0	1	3	0.45684028

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HCPCS	S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICE, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE WITH HYDRATION THERAPY CODES S9374-S9377 USING DAILY VOLUME SCALES)	3	0	0	3	0.78029321
HCPCS	S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES	2	0	1	3	0.64448688
CPT	0045U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	1	0	1	2	1.45592563
CPT	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	0	0	2	2	0.65285301
CPT	0493U	TRANSPLANTATION MEDICINE, QUANTIFICATION OF DONOR-DERIVED CELL FREE DNA(CFDNA) USING NEXT GENERATION SEQUENCING, PLASMA, REPORTED AS PERCENTAGEOF DONOR DERIVED CELL-FREE DN	0	0	2	2	1.13904514
CPT	11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSE WHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 OR LESS	2	0	0	2	0.12403935
CPT	11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM	2	0	0	2	0.12403935
CPT	12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	2	0	0	2	0.12403935
CPT	15770	GRAFT; DERMA-FAT-FASCIA	2	0	0	2	0.13342593
CPT	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	2	0	0	2	0.10601852
CPT	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; ARM	1	0	1	2	0.45590278
CPT	19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.04155093
CPT	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	2	0	0	2	0.20244213
CPT	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); WITH AXILLARY LYMPHADENECTOMY	2	0	0	2	0.20244213
CPT	19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	2	0	0	2	0.40333333
CPT	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	2	0	0	2	0.13342593
CPT	20912	CARTILAGE GRAFT; NASAL SEPTUM	2	0	0	2	0.13342593
CPT	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.19658565

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CPT	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; EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.46678819
CPT	22830	EXPLORATION OF SPINAL FUSION	1	0	1	2	0.06440972
CPT	22899	UNLISTED PROCEDURE, SPINE	1	0	1	2	0.44846065
CPT	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE(INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONEGRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXATION DEVICE; PLACEMENT OFTRANSARTICULAR DEVICE(S) AND/OR INTRA-ARTICULAR DEVICE(S) PIERCING THELATERAL OR MEDIAL CORTICES OF THE ILIUM AND THE LATERAL CORTEX OF THESACRUM	2	0	0	2	0.07460648
CPT	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	2	0	0	2	0.56225752
CPT	27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	1	1	0	2	0.44125
CPT	30117	EXCISION OR DESTRUCTION, (E.G., LASER), INTRANASAL LESION; INTERNAL APPROACH	1	1	0	2	0.78649884
CPT	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	1	0	1	2	0.17708333
CPT	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	2	0	0	2	0.54561921
CPT	30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); SUPERFICIAL.	0	1	1	2	0.78509838
CPT	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	2	0	0	2	0.2153694
CPT	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION); FRONTAL AND SPHENOID SINUS OSTIA	2	0	0	2	0.2153694
CPT	31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	2	0	0	2	0.07619792
CPT	31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL OR ENDOBRONCHIAL BIOPSY(S), SINGLE OR MULTIPLE SITES	2	0	0	2	0.13463542
CPT	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE OR MULTIPLE	2	0	0	2	0.13463542
CPT	31652	BRONCHOSCOPY, RIDGID OR FLEXIBLE, INCLUDING FLUOROSCPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND /OR TRANSBRONCIAL SAMPLING (EG, ASPIRATION[S]/BIOPSY [IES]), ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STATIONS OR STRUCTURES	2	0	0	2	0.13463542
CPT	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG	2	0	0	2	0.49724537
CPT	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	2	0	0	2	2.42978267
CPT	43202	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	2	0	0	2	0.09739583

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CPT	43239	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	2	0	0	2	0.10407407
CPT	43281	LAPAROSCOPIC, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	2	0	0	2	0.86167245
CPT	43282	LAPAROSCOPIC, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	2	0	0	2	0.86167245
CPT	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)	2	0	0	2	0.226875
CPT	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	2	0	0	2	0.10933449
CPT	49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	2	0	0	2	0.06416667
CPT	51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	2	0	0	2	0.11070023
CPT	58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	2	0	0	2	0.05306134
CPT	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	2	0	0	2	0.0833044
CPT	58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION, THERMOABLATION)	2	0	0	2	1.59550166
CPT	59000	AMNIOCENTESIS, DIAGNOSTIC	2	0	0	2	0.80423032
CPT	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMORDESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION),INCLUDING ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURALROAD MAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION,PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINALCORD)	2	0	0	2	0.14798092
CPT	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.20332755
CPT	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	2	0	0	2	0.12518519
CPT	64568	OPEN IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	2	0	0	2	0.66787616
CPT	64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	0	0	2	2	0.50712384
CPT	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	2	0	0	2	0.42210069
CPT	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	1	0	1	2	0.15717014

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CPT	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	2	0	0	2	0.44438079
CPT	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); UNILATERAL	2	0	0	2	0.03496528
CPT	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	2	0	0	2	0.07179398
CPT	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.15226465
CPT	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	2	0	0	2	0.45445023
CPT	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	2	0	0	2	0.07868858
CPT	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	2	0	0	2	0.45445023
CPT	81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	0	1	1	2	0.13851273
CPT	81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT	0	1	1	2	0.13851273
CPT	81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A GREATER THAN T)	0	1	1	2	0.13851273
CPT	81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84CG, L444P, IVS2+1G GREATER THAN A)	0	1	1	2	0.13851273
CPT	81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTA C, 1421+1G GREATER THAN C, G269S)	0	1	1	2	0.13851273
CPT	81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T GREATER THAN C, R696P)	0	1	1	2	0.13851273
CPT	81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS	2	0	0	2	0.60643275
CPT	81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/ DELETION VARIANTS	1	0	1	2	0.75707499
CPT	81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; VARIANTS IN EXON 2 (EG, CODONS 12 AND 13)	1	0	1	2	0.8650011
CPT	81276	KRAS (KIRSTEN RAT SAROMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; ADDIONAL VARIANT(S) (EG CODON 61, CODON 146)	1	0	1	2	0.8650011
CPT	81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3-2A GREATER THAN G, DEL6.4KB)	0	1	1	2	0.13851273
CPT	81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	2	2	0.17021991

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CPT	81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	0	0	2	2	0.17021991
CPT	81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS	0	1	1	2	0.9749537
CPT	81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARYNEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULLSEQUENCE ANALYSIS	0	1	1	2	0.9749537
CPT	81330	SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302P, FSP330)	0	1	1	2	0.13851273
CPT	81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE	0	1	1	2	0.9749537
CPT	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	1	1	0	2	0.37189236
CPT	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	2	2	0.17021991
CPT	81371	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1 (EG, VERIFICATION TYPING)	1	1	0	2	0.96701389
CPT	81378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A, -B, -C, AND -DRB1	1	1	0	2	0.96701389
CPT	81382	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH	1	1	0	2	0.96701389
CPT	81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK	0	1	1	2	3.03245289
CPT	81411	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFBR1, TGFBR2, MYH11, AND COL3A1	0	1	1	2	3.03245289
CPT	81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	1	0	1	2	1.93035301
CPT	81455	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	0	0	2	2	1.88063172

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CPT	81464	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (EG, PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS, MICROSATELLITE INSTABILITY, TUMOR MUTATION BURDEN, AND REARRANGEMENTS	0	0	2	2	0.6996385
CPT	81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	0	0	2	2	0.86555556
CPT	83090	HOMOCYSTEINE HOMOCYSTEINE	0	1	1	2	0.49026042
CPT	83615	LACTIC DEHYDROGENASE (LD), (LDH)	2	0	0	2	2.07123843
CPT	83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY), INCLUDES LIPOPROTEIN PARTICLE SUBCLASS(ES), WHEN PERFORMED	0	0	2	2	1.34594563
CPT	84238	RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	2	0	0	2	1.29081019
CPT	85097	BONE MARROW, SMEAR INTERPRETATION	2	0	0	2	2.42978267
CPT	85384	FIBRINOGEN; ACTIVITY	2	0	0	2	0.0488831
CPT	85610	PROTHROMBIN TIME;	1	1	0	2	0.49641204
CPT	85670	THROMBIN TIME; PLASMA	1	1	0	2	0.49641204
CPT	85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	1	1	0	2	0.49641204
CPT	86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN BLOT OR IMMUNOBLOT)	1	0	1	2	0.44854483
CPT	88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST MARKER)	2	0	0	2	0.12158565
CPT	88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	2	0	0	2	2.42978267
CPT	88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	2	0	0	2	0.80423032
CPT	88269	CHROMOSOME ANALYSIS; IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE WITH BANDING	2	0	0	2	0.80423032
CPT	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	2	0	0	2	0.10381366
CPT	88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)	2	0	0	2	2.42978267
CPT	88365	IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE	2	0	0	2	0.58459959
CPT	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	1	0	1	2	0.94500579
CPT	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	1	0	1	2	0.94500579

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	91040	ESOPHAGEAL BALLOON DISTENSION STUDY, DIAGNOSTIC, WITH PROVACATION WHEN PERFORMED	2	0	0	2	0.10407407
CPT	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER, SUBSEQUENT REPROGRAMMING	2	0	0	2	0.44478588
CPT	93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSPICAL PUNCTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.79416088
CPT	93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.79416088
CPT	93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION ANDREPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTEDINDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING, RIGHTVENTRICULAR PACING AND RECORDING, HIS RECORDING WITH INTRACARDIAC CATHETERABLATION OF ARRHYTHMOGENIC FOCUS; WITH TREATMENT OF VENTRICULARTACHYCARDIA OR FOCUS OF VENTRICULAR ECTOPY INCLUDING INTRACARDIAELECTROPHYSIOLOGIC 3D MAPPING, WHEN PERFORMED, AND LEFT VENTRICULAR PACINGAND RECORDING, WHEN PERFORMED	2	0	0	2	0.79416088
CPT	93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICHIS DISTINCT FROM THE PRIMARY ABLATED MECHANISM, INCLUDING REPEATDIAGNOSTIC MANEUVERS, TO TREAT A SPONTANEOUS OR INDUCED ARRHYTHMIA (LISTSEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.79416088
CPT	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	2	0	0	2	0.42232531
CPT	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	2	0	0	2	0.42232531
CPT	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 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	2	0	0	2	0.42232531
CPT	95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 61-119 MINUTES	2	0	0	2	0.1070081
CPT	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILE IN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.14985532
CPT	95970	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 NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS, AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH BRAIN, CRANIAL NERVE, SPINAL CORD, PERIPHERAL NERVE, OR SACRAL NERVE, NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITHOUT PROGRAMMING	2	0	0	2	0.89014498

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CPT	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	0	0	2	0.57326968
CPT	96574	DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE, TARGETED CURETTAGE, ABRASION) FOLLOWED WITH PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTSENSITIZING DRUG(S) PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER DAY	2	0	0	2	0.4530509
CPT	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	2	0	0	2	0.2250798
CPT	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 FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; - A CLINICAL PRESENTATION WITH STABLE AND/OR UNCOMPLICATED CHARACTERISTICS; AND -CLINICAL DECISION MAKING OF LOW COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY	2	0	0	2	0.84629344
CPT	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	2	0	0	2	0.25247685
CPT	99221	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND STRAIGHTFORWARD OR LOW LEVEL MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION, 40 MINUTES MUST BE MET OR EXCEEDED.	2	0	0	2	0.11314236
HCPCS	A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR. PER 50 STRIPS	0	0	2	2	0.44090278
HCPCS	A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED	2	0	0	2	1.06522796
HCPCS	A9584	IODINE I-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	1	0	1	2	0.70157986
HCPCS	A9596	GALLIUM GA-68 GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	2	0	0	2	0.47368056
HCPCS	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE (FOR FACILITY CLAIMS ONLY)	2	0	0	2	0.24735532
HCPCS	C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	2	0	0	2	0.24735532
HCPCS	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR (FOR FACILITY CLAIMS ONLY)	2	0	0	2	0.24735532
HCPCS	C7509	BRONCHOSCOPY, RIGID OR FLEXIBLE, DIAGNOSTIC WITH CELL WASHING(S) WHEN PERFORMED, WITH COMPUTER-ASSISTED IMAGE-GUIDED NAVIGATION, INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED	2	0	0	2	0.13463542
HCPCS	C7510	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH BRONCHIAL ALVEOLAR LAVAGE(S), WITH COMPUTER-ASSISTED IMAGE-GUIDED NAVIGATION, INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED	2	0	0	2	0.13463542

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HCPCS	C7511	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH SINGLE OR MULTIPLE BRONCHIAL OR ENDOBRONCHIAL BIOPSY(IES), SINGLE OR MULTIPLE SITES, WITH COMPUTER-ASSISTED IMAGE-GUIDED NAVIGATION, INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED	2	0	0	2	0.13463542
HCPCS	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	2	0	0	2	0.5904919
HCPCS	E0607	HOME BLOOD GLUCOSE MONITOR	1	0	1	2	0.41161458
HCPCS	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT, NON-CLINICAL MODEL	0	0	2	2	0.4753588
HCPCS	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	2	0	0	2	1.88349537
HCPCS	E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	1	0	1	2	0.18347222
HCPCS	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	2	0	0	2	0.42870949
HCPCS	E0986	MANUAL WHEELCHAIR ACCESSORY, POWER ASSIST SYSTEM	2	0	0	2	0.42589699
HCPCS	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	2	0	0	2	0.10722801
HCPCS	E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	2	0	0	2	1.13532986
HCPCS	E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	0	0	2	2	0.19884838
HCPCS	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	2	0	0	2	1.35527778
HCPCS	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	2	0	0	2	0.25247685
HCPCS	J0013	ESKETAMINE, NASAL SPRAY, 1 MG	2	0	0	2	0.53582176
HCPCS	J0225	INJECTION, VUTRISIRAN, 1 MG	1	0	1	2	2.84946759
HCPCS	J0401	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	0	0	2	2	0.59914931
HCPCS	J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	1	0	1	2	1.06786458
HCPCS	J0638	INJECTION, CANAKINUMAB, 1 MG	2	0	0	2	0.61251465
HCPCS	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	2	0	0	2	1.03356481
HCPCS	J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG	0	0	2	2	0.41519097
HCPCS	J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	0	0	2	2	0.84614583
HCPCS	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	2	0	0	2	0.54432292
HCPCS	J1434	INJECTION, FOSAPREPITANT (FOCINVEZ), 1 MG	2	0	0	2	0.33072338
HCPCS	J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG	2	0	0	2	0.58613426
HCPCS	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	2	0	0	2	0.9634375
HCPCS	J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	0	0	2	2	0.86842014

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HCPCS	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	2	0	0	2	1.44771412
HCPCS	J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	2	0	0	2	0.91116672
HCPCS	J3262	INJECTION, TOCILIZUMAB, 1 MG	1	0	1	2	0.96547454
HCPCS	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	2	0	0	2	0.12401169
HCPCS	J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	2	0	0	2	0.43177083
HCPCS	J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	2	0	0	2	0.69258102
HCPCS	J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	0	0	2	2	0.60594907
HCPCS	J7677	REVEFENACIN INH NON-COM 1MCG	2	0	0	2	0.02803819
HCPCS	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	2	0	0	2	0.23039931
HCPCS	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	2	0	0	2	1.52006366
HCPCS	J9035	INJECTION, BEVACIZUMAB 10 MG	2	0	0	2	1.52
HCPCS	J9041	INJECTION, BORTEZOMIB, 0.1 MG	2	0	0	2	2.5620081
HCPCS	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	2	0	0	2	0.19295718
HCPCS	J9155	INJECTION, DEGARELIX, 1 MG	2	0	0	2	0.58194627
HCPCS	J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	2	0	0	2	2.2076331
HCPCS	J9260	INJECTION, METHOTREXATE SODIUM, 50 MG	2	0	0	2	0.11914352
HCPCS	J9303	INJECTION, PANITUMUMAB, 10 MG	2	0	0	2	0.27186343
HCPCS	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	2	0	0	2	0.60895263
HCPCS	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG.	2	0	0	2	0.08453125
HCPCS	J9393	INJECTION, FULVESTRANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25MG	2	0	0	2	0.10275433
HCPCS	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	2	0	0	2	1.6608912
HCPCS	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	2	0	0	2	1.39688657
HCPCS	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	2	0	0	2	0.24735532
HCPCS	L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	2	0	0	2	0.24735532
HCPCS	Q4116	ALLODERM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	2	0	0	2	0.40333333
HCPCS	Q4186	EPIFIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TOPRIMARY PROCEDURE)	2	0	0	2	0.11699074
HCPCS	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLIXIS), 10 MG	2	0	0	2	0.5896412
HCPCS	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	2	0	0	2	0.18632523
HCPCS	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	2	0	0	2	0.1064674

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HCPCS	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	2	0	0	2	0.09872819
HCPCS	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	2	0	0	2	0.5771875
HCPCS	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG.	2	0	0	2	1.07891204
HCPCS	Q5136	INJECTION, DENOSUMAB-BBDZ (JUBBONTI WYOST), BIOSIMILAR, 1 MG	2	0	0	2	1.37927602
HCPCS	Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	2	0	0	2	0.09372391
HCPCS	S0090	SILDENAFIL CITRATE, 25 MG	0	0	2	2	1.38040509
HCPCS	S0160	DEXTROAMPHETAMINE SULFATE, 5 MG	1	0	1	2	1.45993056
HCPCS	S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY (E.G., INTRAVENOUS IMMUNOGLOBULIN, INTERFERON); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	2	0	0	2	2.72814755
HCPCS	S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	2	0	0	2	1.97828125
HCPCS	S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	2	0	0	2	0.72353009
CPT	00811	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED DISTAL TO DUODENUM; NOT OTHERWISE SPECIFIED	1	0	0	1	0.10258102
CPT	0108U	GASTROENTEROLOGY (BARRETT'S ESOPHAGUS), WHOLE SLIDE-DIGITAL IMAGING, INCLUDING MORPHOMETRIC ANALYSIS, COMPUTER-ASSISTED QUANTITATIVE IMMUNOLABELING OF 9 PROTEIN BIOMARKERS (P16, AMACR, P53, CD68, COX-2, CD45RO, HIF1A, HER-2, K20) AND MORPHOLOGY, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF PROGRESSION TO HIGH-GRADE DYSPLASIA OR CANCER	0	0	1	1	0.84130293
CPT	0326U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 83 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	0	0	1	1	3.9078111
CPT	0329U	ONCOLOGY (NEOPLASIA), EXOME AND TRANSCRIPTOME SEQUENCE ANALYSIS FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS AND DELETIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN UTILIZING DNA AND RNA FROM TUMOR WITH DNA FROM NORMAL BLOOD OR SALIVA FOR SUBTRACTION, REPORT OF CLINICALLY SIGNIFICANT MUTATION(S) WITH THERAPY ASSOCIATIONS	0	0	1	1	0.09869213

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CPT	0376U	ONCOLOGY (PROSTATE CANCER), IMAGE ANALYSIS OF AT LEAST 128 HISTOLOGIC FEATURES AND CLINICAL FACTORS, PROGNOSTIC ALGORITHM DETERMINING THE RISK OF DISTANT METASTASES, AND PROSTATE CANCER SPECIFIC MORTALITY, INCLUDES PREDICTIVE ALGORITHM TO ANDROGEN DEPRIVATION THERAPY RESPONSE, IF APPROPRIATE	0	0	1	1	2.80935185
CPT	0430U	GASTROENTEROLOGY, MALABSORPTION EVALUATION OF ALPHA-1-ANTITRYPSIN, CALPROTECTIN, PANCREATIC ELASTASE AND REDUCING SUBSTANCES, FECES, QUANTITATIVE	0	0	1	1	0.89898409
CPT	0479T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; FIRST 100 CM2 OR PART THEREOF, OR 1% OF BODY SURFACE AREA OF INFANTS AND CHILDREN	1	0	0	1	0.80079861
CPT	0480T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; EACH ADDITIONAL 100 CM2, OR EACH ADDITIONAL 1% OF BODY SURFACE AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.80079861
CPT	0569U	ONCOLOGY (SOLID TUMOR) NEXT-GENERATION SEQUENCING ANALYSIS OF TUMORMETHYLATION MARKERS (GREATER THAN 20,000 DIFFERENTIALLY METHYLATEDREGIONS) PRESENT IN CELL-FREE CIRCULATING TUMOR DNA (CTDNA), WHOLE BLOOD,ALGORITHM REPORTED AS PRESENCE OR ABSENCE OF CTDNA WITH TUMOR FRACTION, IFAPPROPRIATE	0	0	1	1	0.20168186
CPT	0936T	PHOTOBIOMODULATION THERAPY OF RETINA, SINGLE SESSION	1	0	0	1	0.17773148
CPT	10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE	1	0	0	1	0.11358796
CPT	1011T	PHOTOBIOMODULATION (PBM) THERAPY OF ORAL CAVITY, INCLUDING PLACEMENT OF ANORAL DEVICE, MONITORING OF PATIENT TOLERANCE TO TREATMENT, AND REMOVAL OFTHE ORAL DEVICE	1	0	0	1	0.17773148
CPT	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBRO CUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	1	0	0	1	0.16368056
CPT	11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	1	0	0	1	0.17322917
CPT	11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM	1	0	0	1	0.17322917
CPT	11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM	1	0	0	1	0.17322917
CPT	11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	1	0	0	1	0.17322917
CPT	11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS	1	0	0	1	0.03309028
CPT	11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.6 TO 1.0 CM	1	0	0	1	0.03309028
CPT	11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 1.1 TO 2.0 CM	1	0	0	1	0.03309028

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CPT	11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM	1	0	0	1	0.03309028
CPT	11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 3.1 TO 4.0 CM	1	0	0	1	0.03309028
CPT	11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER OVER 4.0 CM	1	0	0	1	0.03309028
CPT	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM	0	0	1	1	0.13966435
CPT	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	0.13966435
CPT	11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)	1	0	0	1	0.07974537
CPT	11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	1	0	0	1	0.23409722
CPT	12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	1	0	0	1	0.17322917
CPT	12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	1	0	0	1	0.03309028
CPT	12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	1	0	0	1	0.03309028
CPT	13120	REPAIR COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	1	0	0	1	0.17322917
CPT	13121	REPAIR COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	1	0	0	1	0.17322917
CPT	13131	REPAIR COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 1.1 CM TO 2.5 CM	1	0	0	1	0.03309028
CPT	13132	REPAIR COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 2.6 CM TO 7.5 CM	1	0	0	1	0.03309028
CPT	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	1	0	0	1	0.07484954
CPT	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	1	0	0	1	0.17769676
CPT	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	1	0	0	1	0.64556713
CPT	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	1	0	0	1	0.37706019
CPT	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	0	0	1	0.37706019

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CPT	15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP)	1	0	0	1	0.11108796
CPT	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	1	0	0	1	0.62361111
CPT	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; 25 CC OR LESS INJECTATE	1	0	0	1	0.64556713
CPT	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.12577546
CPT	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	1	0	0	1	1.06182264
CPT	19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	1	0	0	1	0.22829861
CPT	19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING MAMMOGRAPHIC GUIDANCE	1	0	0	1	0.05543981
CPT	19300	MASTECTOMY FOR GYNECOMASTIA	0	0	1	1	1.03068287
CPT	19316	MASTOPEXY	1	0	0	1	0.03383102
CPT	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	1	0	0	1	0.07434028
CPT	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	1	0	0	1	0.01726852
CPT	19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	1	0	0	1	0.03383102
CPT	20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	1	0	0	1	0.12409935
CPT	20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	1	0	0	1	0.10912037
CPT	20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN 1 PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	1	0	0	1	0.17769676
CPT	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.86846065
CPT	20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	0	0	1	1	0.10137731
CPT	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	1	0	0	1	0.22570602
CPT	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	1	0	0	1	0.25381944
CPT	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	1	0	0	1	0.22570602

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CPT	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	1	0	0	1	0.11564815
CPT	21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	1	0	0	1	0.17769676
CPT	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	0	0	1	1	0.09019676
CPT	21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1	0	0	1	0.13940972
CPT	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	1	0	0	1	0.13940972
CPT	21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	1	0	0	1	0.11108796
CPT	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	1	0	0	1	0.11108796
CPT	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	1	0	0	1	0.13940972
CPT	21320	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITH STABILIZATION	1	0	0	1	0.04314815
CPT	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	1	0	0	1	0.09553241
CPT	21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	1	0	0	1	0.04314815
CPT	21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	1	0	0	1	0.04314815
CPT	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; THORACIC	1	0	0	1	0.03239583
CPT	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBAR	1	0	0	1	0.21847222
CPT	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY 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	0	0	1	0.25405093
CPT	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; CERVICAL BELOW C2 SEGMENT	1	0	0	1	0.23298611
CPT	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE INTERSPACE; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	1	0	0	1	0.06672454
CPT	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.25405093

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CPT	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.89296296
CPT	22849	REINSERTION OF SPINAL FIXATION DEVICE	1	0	0	1	0.0346875
CPT	22855	REMOVAL OF ANTERIOR INSTRUMENTATION	1	0	0	1	0.08965278
CPT	23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	1	0	0	1	0.03405093
CPT	25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR GREATER	1	0	0	1	0.17322917
CPT	25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS THAN 3 CM	1	0	0	1	0.17322917
CPT	26989	UNLISTED PROCEDURE, HANDS OR FINGERS	1	0	0	1	0.84833333
CPT	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1	0	0	1	0.08130787
CPT	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	1	0	0	1	0.01572917
CPT	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	1	0	0	1	0.12971065
CPT	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	1	0	0	1	0.12971065
CPT	28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	0	0	1	1	0.10137731
CPT	28725	ARTHRODESIS; SUBTALAR	0	0	1	1	0.10137731
CPT	28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	1	0	0	1	0.03542824
CPT	28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	1	0	0	1	0.03542824
CPT	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1	0	0	1	0.04640046
CPT	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS WITH OR WITHOUT MANIPULATION	1	0	0	1	0.03405093
CPT	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	0	1	0	1	0.75278935
CPT	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	0	1	0	1	0.75278935
CPT	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	1	0	0	1	0.09642361
CPT	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	1	0	0	1	0.09642361
CPT	30150	RHINECTOMY; PARTIAL	1	0	0	1	0.11108796
CPT	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	1	0	0	1	0.11108796
CPT	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	1	0	0	1	0.11108796

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CPT	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	1	0	0	1	0.82018519
CPT	30999	UNLISTED PROCEDURE, NOSE	1	0	0	1	0.62361111
CPT	31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	1	0	0	1	0.11108796
CPT	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	1	0	0	1	0.05488426
CPT	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	1	0	0	1	0.02341435
CPT	31242	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DESTRUCTION BY RADIOFREQUENCY ABLATION, POSTERIOR NASAL NERVE	0	1	0	1	1.32711806
CPT	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	1	0	0	1	0.12961806
CPT	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.16806713
CPT	31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER THERAPY, CRYOTHERAPY)	1	0	0	1	0.03538194
CPT	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1	0	0	1	0.16806713
CPT	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	1	0	0	1	0.16806713
CPT	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.16806713
CPT	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	1	0	0	1	0.81846065
CPT	33289	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING, INCLUDING DEPLOYMENT AND CALIBRATION OF THE SENSOR, RIGHT HEART CATHETERIZATION, SELECTIVE PULMONARY CATHETERIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND PULMONARY ARTERY ANGIOGRAPHY, WHEN PERFORMED	0	0	1	1	0.79216435
CPT	33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (LEG, MUSTARD OR STENNING TYPE) WITH CARDIOPULMONARY BYPASS; WITH CLOSURE OF VENTRICULAR SEPTAL DEFECT	1	0	0	1	0.26185442
CPT	36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	1	0	0	1	0.05497685
CPT	36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	0.16945602
CPT	36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	0.16945602

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CPT	36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	0.16945602
CPT	36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	1	0	0	1	0.16945602
CPT	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.14069444
CPT	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.14069444
CPT	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	1	0	0	1	0.14069444
CPT	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)	1	0	0	1	0.14069444
CPT	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN), SAME LEG	1	0	0	1	0.0553125
CPT	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.19565972
CPT	36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CRYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.09480324
CPT	37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS AND FLUOROSCOPIC GUIDANCE	1	0	0	1	0.05497685
CPT	37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INITIAL TREATMENT DAY	1	0	0	1	0.05497685

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	37214	TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, CONTINUED TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY, INCLUDING FOLLOW-UP CATHETER CONTRAST INJECTION, POSITION CHANGE, OR EXCHANGE, WHEN PERFORMED; CESSATION OF THROMBOLYSIS INCLUDING REMOVAL OF CATHETER AND VESSEL CLOSURE BY ANY METHOD	1	0	0	1	0.05497685
CPT	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	0	0	1	0.05497685
CPT	37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.05497685
CPT	37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE OR TUMOR (EG, CONGENITAL OR ACQUIRED ARTERIAL MALFORMATIONS, ARTERIOVENOUS MALFORMATIONS, ARTERIOVENOUS FISTULAS, ANEURYSMS, PSEUDOANEURYSMS)	1	0	0	1	0.14069444
CPT	37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; FOR TUMORS, ORGAN ISCHEMIA, OR INFARCTION	1	0	0	1	0.14069444
CPT	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; INITIAL VEIN	1	0	0	1	0.05497685
CPT	37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.05497685
CPT	38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	0	1	0	1	1.07488426
CPT	38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	1	0	0	1	4.75188015
CPT	38221	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	1	0	0	1	4.75188015
CPT	38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	1	0	0	1	0.90815972
CPT	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	1	0	0	1	0.15126157
CPT	38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	1	0	0	1	0.13940972
CPT	38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	1	0	0	1	0.15126157

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (E.G., PRIMARY SUTURE)	1	0	0	1	0.16806713
CPT	39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL MUSCLE FLAP)	1	0	0	1	0.16806713
CPT	41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, 1 OR MORE SITES, PER SESSION.	1	0	0	1	0.18856481
CPT	41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	1	0	0	1	0.35186343
CPT	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	0	0	1	1	0.2087963
CPT	42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	1	0	0	1	0.11732639
CPT	42440	EXCISION SUBMANDIBULAR (SUBMAXILLARY) GLAND	1	0	0	1	0.13940972
CPT	42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	1	0	0	1	0.11732639
CPT	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	1	0	0	1	0.01634259
CPT	43200	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.11726852
CPT	43247	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)	1	0	0	1	0.11726852
CPT	43251	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	1	0	0	1	0.11726852
CPT	43266	ESOPHAGOGASTRODUODENSOCOPY, FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)	1	0	0	1	0.45343082
CPT	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	0	0	1	1	0.14689815
CPT	43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	1	0	0	1	0.01056713
CPT	44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	1	0	0	1	0.01877315
CPT	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	1	0	0	1	0.87346065
CPT	45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1	0	0	1	0.10258102
CPT	45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	1	0	0	1	0.10258102
CPT	45385	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	1	0	0	1	0.10258102
CPT	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	1	0	0	1	0.86086806
CPT	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	1	0	0	1	0.86086806
CPT	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	1	0	0	1	0.12144676

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS	1	0	0	1	0.86086806
CPT	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIAS 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 DEFECTS LESS THAN 3 CM REDUCIBLE	1	0	0	1	0.12577546
CPT	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIAS 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 DEFECTS 3 CM TO 10 CM INCARCERATED OR STRANGULATED	1	0	0	1	0.24075231
CPT	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	1	0	0	1	0.08099537
CPT	49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	1	0	0	1	0.75679398
CPT	50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT AND PREPARATION OF URETER(S), RENAL VEIN(S), AND RENAL ARTERY(S), LIGATING BRANCHES, AS NECESSARY	1	0	0	1	0.03059028
CPT	51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING	1	0	0	1	0.03922454
CPT	52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)	1	0	0	1	0.19737269
CPT	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	1	0	0	1	0.68802083
CPT	52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	1	0	0	1	0.81155093
CPT	52597	TRANSURETHRAL ROBOTIC-ASSISTED WATERJET RESECTION OF PROSTATE, INCLUDING INTRAOPERATIVE PLANNING, ULTRASOUND GUIDANCE, CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE, INCLUDING VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY, WHEN PERFORMED	0	0	1	1	0.2352662
CPT	53854	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY GENERATED WATER VAPOR THERMOTHERAPY	0	0	1	1	2.73780093
CPT	55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	1	0	0	1	0.06181713
CPT	55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	1	0	0	1	0.78119213
CPT	55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	1	0	0	1	0.03922454
CPT	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	1	0	0	1	0.0603588
CPT	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	1	0	0	1	0.0603588
CPT	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	1	0	0	1	0.02027778

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	0	1	0	1	0.06947917
CPT	58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	0	1	0	1	0.06947917
CPT	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	1	0	0	1	0.0603588
CPT	58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	1	0	0	1	0.13104167
CPT	58600	LIGATION OF TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH UNILATERAL OR BILATERAL	1	0	0	1	0.01940972
CPT	58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)	1	0	0	1	0.04096065
CPT	58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	1	0	0	1	0.09902778
CPT	58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)	1	0	0	1	0.09902778
CPT	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING;	1	0	0	1	1.08032407
CPT	58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY (SECOND LOOK), WITH OR WITHOUT OMENTECTOMY, PERITONEAL WASHING, BIOPSY OF ABDOMINAL AND PELVIC PERITONEUM, DIAPHRAGMATIC ASSESSMENT WITH PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY	1	0	0	1	0.86459491
CPT	59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE	1	0	0	1	0.12474537
CPT	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.62361111
CPT	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), WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY	0	0	1	1	0.84569444
CPT	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), WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; EACH ADDITIONAL ARRAY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	0	0	1	1	0.84569444
CPT	61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY	1	0	0	1	0.0271875
CPT	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	1	0	0	1	0.62361111
CPT	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)	1	0	0	1	0.62361111

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS	1	0	0	1	0.14766204
CPT	63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; CERVICAL	1	0	0	1	0.23298611
CPT	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	0	1	0	1	0.69141204
CPT	63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL	1	0	0	1	0.23298611
CPT	63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; THORACIC	1	0	0	1	0.06672454
CPT	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; LUMBAR	1	0	0	1	0.16018519
CPT	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT, CERVICAL, THORACIC, OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.23298611
CPT	63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE	1	0	0	1	0.10912037
CPT	63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.10912037
CPT	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	1	0	0	1	0.05609954
CPT	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	1	0	0	1	0.05609954
CPT	64400	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRIGEMINAL NERVE, EACH BRANCH (IE, OPHTHALMIC, MAXILLARY, MANDIBULAR)	1	0	0	1	0.13645833
CPT	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	1	0	0	1	0.05958333
CPT	64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	0	0	1	1	0.04226852

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; EACH ADDITIONAL VERTEBRAL BODY, LUMBAR OR SACRAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.78055556
CPT	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	1	0	0	1	0.79633102
CPT	64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	1	0	0	1	0.62766204
CPT	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	1	0	0	1	0.13940972
CPT	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	1	0	0	1	0.70479167
CPT	64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	1	0	0	1	0.13940972
CPT	64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	1	0	0	1	0.13940972
CPT	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	1	0	0	1	0.13940972
CPT	65435	REMOVAL CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	1	0	0	1	0.04091435
CPT	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE; WITHOUT SUTURES	1	0	0	1	0.04091435
CPT	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	1	0	0	1	0.03549769
CPT	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	1	0	0	1	0.03549769
CPT	67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (E.G., CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSION)	1	0	0	1	0.99143519
CPT	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	1	0	0	1	0.05310185
CPT	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	1	0	0	1	0.25622685
CPT	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)	1	0	0	1	0.25622685
CPT	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	1	0	0	1	0.25622685
CPT	67999	UNLISTED PROCEDURE, EYELIDS	1	0	0	1	0.16847222
CPT	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); BILATERAL	1	0	0	1	0.24587963

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	1	0	0	1	0.08274306
CPT	69716	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, WITHIN THE MASTOID AND/OR RESULTING IN REMOVAL OF LESS THAN 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX).	0	0	1	1	0.13380787
CPT	69719	REVISION OR REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, WITHIN THE MASTOID AND/OR INVOLVING A BONY DEFECT LESS THAN 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	1	0	0	1	0.1575463
CPT	70491	COMPUTERIZED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	1	0	0	1	0.06587963
CPT	70543	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	1	0	0	1	0.83482639
CPT	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	1	0	0	1	-0.31385417
CPT	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	1	0	0	1	0.60905093
CPT	71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	1	0	0	1	0.75063657
CPT	71250	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.77758102
CPT	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.01284722
CPT	73221	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	1	0	0	1	0.06304398
CPT	73721	MAGNETIC RESONANCE (E.G., PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	0	0	1	1	0.09847222
CPT	74170	COMPUTERIZED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	1	0	0	1	0.04984954
CPT	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	1	0	0	1	0.03743056
CPT	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	1	0	0	1	0.77758102
CPT	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	1	0	0	1	0.10540509
CPT	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.14069444

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CPT	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.14069444
CPT	75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	1	1	0.74303241
CPT	75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1	0	0	1	0.16945602
CPT	75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION, OTHER THAN FOR THROMBOLYSIS	1	0	0	1	0.16945602
CPT	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (E.G., DIAGNOSTIC, INTERVENTIONAL)	1	0	0	1	0.14428241
CPT	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	1	0	0	1	0.86086806
CPT	76830	ULTRASOUND, TRANSVAGINAL	0	1	0	1	0.06947917
CPT	76857	ULTRASOUND, PELVIC (NON-OBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)	0	1	0	1	0.06947917
CPT	76872	ULTRASOUND, TRANSRECTAL	1	0	0	1	0.03922454
CPT	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA (EG, ORGAN)	1	0	0	1	0.10947917
CPT	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL	1	0	0	1	0.01112269
CPT	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.03543981
CPT	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	1	0	0	1	0.05908565
CPT	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	1	0	0	1	0.05908565
CPT	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	1	0	0	1	0.65811343
CPT	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	1	0	0	1	0.19635417
CPT	77402	RADIATION TREATMENT DELIVERY, GREATER THAN OR EQUAL TO 1 MEV; SIMPLE (EG,SINGLE-ELECTRON FIELD, MULTIPLE-ELECTRON FIELDS, OR 2D PHOTONS), INCLUDINGIMAGING GUIDANCE, WHEN PERFORMED	1	0	0	1	0.84981481
CPT	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	1	0	0	1	0.84981481
CPT	77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; 2-12 CHANNELS	1	0	0	1	2.80167824
CPT	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	1	0	0	1	2.80167824

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CPT	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PERFORMED	1	0	0	1	0.14069444
CPT	78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE, WHEN PERFORMED)	1	0	0	1	0.0533912
CPT	78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)	1	0	0	1	0.86876157
CPT	78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION	1	0	0	1	0.73655093
CPT	78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G., CHEST,HEAD/ NECK)	1	0	0	1	0.07418981
CPT	78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	1	0	0	1	0.83482639
CPT	78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW, LOCALIZATION AND DETERMINATION/DETECTION OF PATHOLOGY, SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS) OR ACQUISITION, SINGLE DAY IMAGING	1	0	0	1	0.14069444
CPT	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	1	0	0	1	1.00912037
CPT	79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	1	0	0	1	0.14069444
CPT	80197	TACROLIMUS	1	0	0	1	0.86947917
CPT	80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	1	0	0	1	0.71090278
CPT	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	0	0	1	1	0.19033565
CPT	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSIN KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), GENEN ANALYSIS, VARIANTS IN THE KINASE DOMAIN	1	0	0	1	0.7984838
CPT	81194	NTRK (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	1	0	0	1	0.88756944
CPT	81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.15010417
CPT	81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	1	1	0.15010417
CPT	81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	1	0	0	1	0.7984838
CPT	81216	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.19033565

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CPT	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE ANALYSIS, COMMON VARIANTS (EG, EXON 19 LREA DELETION, L858R, T790M, G719A, G719S, L861Q)	1	0	0	1	0.88756944
CPT	81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE	0	0	1	1	0.76344397
CPT	81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (EG, PRE-TRANSPLANT RECIPIENT AND DONOR GERMLINE TESTING, POST-TRANSPLANT NON-HEMATOPOIETIC RECIPIENT GERMLINE [EG, BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE] AND DONOR TESTING, TWIN ZYGOSITY TESTING, OR MATERNAL CELL CONTAMINATION OF FETAL CELLS)	1	0	0	1	0.85775463
CPT	81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITH CELL SELECTION (EG, CD3, CD33), EACH CELL TYPE	1	0	0	1	0.10768519
CPT	81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.15010417
CPT	81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	1	1	0.15010417
CPT	81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.15010417
CPT	81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	1	1	0.15010417
CPT	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.15010417
CPT	81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	1	1	0.15010417
CPT	81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.30482639
CPT	81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	0	0	1	1	0.15010417
CPT	81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	0	0	1	1	0.15010417
CPT	81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	0	1	0	1	0.19590278
CPT	81374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT (EG, B*27), EACH	1	0	0	1	0.75210648

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CPT	81376	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH	1	0	0	1	0.85914352
CPT	81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS, FAMILIAL DYSAUTONOMIA, FANCONI ANEMIA GROUP C, GAUCHER DISEASE, TAY-SACHS DISEASE), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCEING OF AT LEAST 9 GENES, INCLUDING ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, AND SMPD1	0	0	1	1	0.12744213
CPT	81418	DRUG METABOLISM EG PHARMACOGENOMICS GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE TESTING OF AT LEAST 6 GENES INCLUDING CYP2C19 CYP2D6 AND CYP2D6 DUPLICATION DELETION ANALYSIS	0	0	1	1	0.21323829
CPT	81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	0	1	0	1	0.12608796
CPT	81426	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.18599537
CPT	81439	HEREDITARY CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY) GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 GENES, INCLUDING DSG2, MYBPC3, MYH7, PKP2, AND TTN	1	0	0	1	0.25669392
CPT	81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, RADIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD SYNDROME, NOONAN-LIKE SYNDROME), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 12 GENES, INCLUDING BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, AND SOS1	0	0	1	1	0.30482639
CPT	81445	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS	1	0	0	1	2.98399484
CPT	81456	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS	0	0	1	1	2.23531652
CPT	81457	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS, MICROSATELLITE INSTABILITY	0	0	1	1	1.00244213
CPT	81470	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMRI, HUWE1, IL1RAPL, KDM5C, LICAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2	1	0	0	1	0.13128472

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CPT	81515	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS AND VAGINITIS, REAL TIME PCRAMPLIFICATION OF DNA MARKERS FOR ATOPOBIUM SPECIES. MEGASPHAERA TYPE 1,AND BACTERIAL VAGINOSIS ASSOCIATED BACTERIA-2 (BVAB-2), UTILIZINGVAGINAL-FLUID SPECIMENS, ALGORITHM REPORTED AS POSITIVE OR NEGATIVE FORHIGH LIKELIHOOD OF BACTERIAL VAGINOSIS, INCLUDES SEPARATE DETECTION OFTRICHOMONAS VAGINALIS AND CANDIDA SPECIES (C. ALBICANS, C. TROPICALIS, C.PARAPSILOSIS, C. DUBLINIENSIS), CANDIDA GLABRATA/CANDIDA KRUSEI, WHENREPORTED	0	0	1	1	0.0452662
CPT	81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS	0	0	1	1	0.10828704
CPT	81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE CANCER DETECTION ON REPEAT BIOPSY	0	0	1	1	0.22841473
CPT	81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	0	0	1	1	0.10828704
CPT	83010	HAPTOGLOBIN; QUANTITATIVE	1	0	0	1	1.95174769
CPT	83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (EG, A2, S, C, AND/OR F)	1	0	0	1	0.69168981
CPT	83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR F)	1	0	0	1	0.69168981
CPT	83521	IMMUNOGLOBULIN LIGHT CHAINS (IE, KAPPA, LAMBDA), FREE, EACH	1	0	0	1	1.95174769
CPT	83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION	0	0	1	1	0.26789352
CPT	83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OFLIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG,ELECTROPHORESIS, ULTRACENTRIFUGATION)	0	0	1	1	0.26789352
CPT	83735	MAGNESIUM	1	0	0	1	0.89421296
CPT	83993	CALPROTECTIN, FECAL	1	0	0	1	0.32480324
CPT	84155	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	1	0	0	1	1.95174769
CPT	84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	1	0	0	1	1.95174769
CPT	84550	URIC ACID; BLOOD	1	0	0	1	2.19072917
CPT	85045	BLOOD COUNT; RETICULOCYTE, AUTOMATED	1	0	0	1	1.95174769
CPT	85240	CLOTTING; FACTOR VIII (AHG), 1-STAGE	1	0	0	1	0.02827546
CPT	85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	1	0	0	1	0.02827546
CPT	85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	1	0	0	1	0.02827546
CPT	85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	1	0	0	1	0.02827546
CPT	85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III ANTIGEN ASSAY	0	1	0	1	0.96454861
CPT	85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	0	1	0	1	0.96454861

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CPT	85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	0	1	0	1	0.96454861
CPT	85520	HEPARIN ASSAY	0	1	0	1	0.96454861
CPT	85525	HEPARIN NEUTRALIZATION	0	1	0	1	0.96454861
CPT	85576	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	1	0	0	1	0.02827546
CPT	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	0	1	0	1	0.96454861
CPT	85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	1	0	0	1	0.02827546
CPT	85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	0	1	0	1	0.96454861
CPT	85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	0	1	0	1	0.67429398
CPT	85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	1	0	0	1	0.69168981
CPT	85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIONS, EACH	1	0	0	1	0.02827546
CPT	86038	ANTINUCLEAR ANTIBODIES (ANA);	1	0	0	1	0.06949074
CPT	86039	ANTINUCLEAR ANTIBODIES (AMA); TITER	1	0	0	1	0.06949074
CPT	86140	C-REACTIVE PROTEIN;	1	0	0	1	0.06949074
CPT	86146	BETA 2 GLYCOPROTEIN 1 ANTIBODY, EACH	0	1	0	1	0.96454861
CPT	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	0	1	0	1	0.96454861
CPT	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	1	0	0	1	0.06949074
CPT	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SCI70, J01), EACH ANTIBODY	1	0	0	1	0.06949074
CPT	86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY	1	0	0	1	0.06949074
CPT	86334	IMMUNOFIXATION ELECTROPHORESIS; SERUM	1	0	0	1	1.95174769
CPT	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (E.G., FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN	0	1	0	1	0.96454861
CPT	86431	RHEUMATOID FACTOR; QUANTITATIVE	1	0	0	1	0.06949074
CPT	86803	HEPATITIS C ANTIBODY;	1	0	0	1	0.03875
CPT	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	1	0	0	1	1.95174769
CPT	87506	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 TECHNIQUE MULTIPLE TYPES OR SUBTYPES, 6-11 TARGET	0	0	1	1	1.6831713
CPT	87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, QUANTIFICATION, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED	1	0	0	1	0.03875
CPT	87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIFIED PROBE TECHNIQUE, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED	1	0	0	1	0.03875
CPT	87538	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, AMPLIFIED PROBE TECHNIQUE, INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED	1	0	0	1	0.03875

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	1	0	0	1	0.10768519
CPT	88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	1	0	0	1	0.10865741
CPT	88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	0	1	0	1	3.27956943
CPT	88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE);GROUP II, ALL OTHER, (EG, IRON, TRICHROME), EXCEPT IMMUNOCYTOCHEMISTRY ANDIMMUNOPEROXIDASE STAINS, EACH	1	0	0	1	0.10768519
CPT	89261	SPERM ISOLATION; COMPLEX PREP (EG, PER COL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	0	1	0	1	0.06947917
CPT	90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1	0	0	1	0.98380787
CPT	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATIONLS) WITH OR WITHOUT SUBSTANIAL REVISION OF DIALYSIS PRESCRIPTION	1	0	0	1	0.98380787
CPT	90999	UNLISTED DIALYSIS PROCEDURE, IN HOSPITALIZED OR OUT PATIENT	1	0	0	1	0.98380787
CPT	91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION	1	0	0	1	0.09087963
CPT	91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRETATION AND REPORT	0	0	1	1	0.99576389
CPT	91113	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), COLON, WITH INTERPRETATION AND REPORT	0	0	1	1	0.99576389
CPT	91124	RECTAL SENSATION, TONE, AND COMPLIANCE STUDY (EG, BAROSTAT)	1	0	0	1	0.69626157
CPT	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	1	0	0	1	0.86990741
CPT	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	0	0	1	1	1.01527979
CPT	92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	0	0	1	1	1.01527979
CPT	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	0	0	1	1	1.01527979
CPT	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING	1	0	0	1	0.12300926
CPT	92609	THERAPEUTIC SERVICES FOR USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION	0	0	1	1	1.01527979
CPT	92626	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); FIRST HOUR	1	0	0	1	0.7665625

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	92627	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.7665625
CPT	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	1	0	0	1	0.75063657
CPT	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	1	0	0	1	0.1059838
CPT	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	1	0	0	1	0.75063657
CPT	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	1	0	0	1	0.75063657
CPT	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL(S) STRUCTURAL INTERVENTION(S) (EG,TAVR, TRANSCATHETER PULMONARY VALVE REPLACEMENT, MITRAL VALVE REPAIR, PARAVALVULAR REGURGITATION REPAIR, LEFT ATRIAL APPENDAGE OCCLUSION/CLOSURE, VENTRICULAR SEPTAL DEFECT CLOSURE) (PERI- AND INTRA-PROCEDURAL), REAL-TIME IMAGE ACQUISITION AND DOCUMENTATION, GUIDANCE WITH QUANTITATIVE MEASUREMENTS, PROBE MANIPULATION, INTERPRETATION, AND REPORT, INCLUDING DIAGNOSTIC TRANSESOPHAGEAL ECHOCARDIOGRAPHY AND, WHEN PERFORMED, ADMINISTRATION OF ULTRASOUND CONTRAST, DOPPLER, COLOR FLOW, AND 3D	1	0	0	1	0.75063657
CPT	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	1	0	0	1	0.82197917
CPT	93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.83758102
CPT	93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA; WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING	1	0	0	1	0.83758102
CPT	93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA; WITH LEFT ATRIAL PACING AND RECORDING FROM CORONARY SINUS OR LEFT ATRIUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.83758102
CPT	93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA; WITH LEFT VENTRICULAR PACING AND RECORDING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.83758102

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	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, HIS RECORDING WITH INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; WITH TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAY, ACCESSORY ATRIOVENTRICULAR CONNECTION, CAVO-TRICUSPID ISTHMUS OR OTHER SINGLE ATRIAL FOCUS OR SOURCE OF ATRIAL RE-ENTRY	1	0	0	1	0.83758102
CPT	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	0	0	1	1	0.8359838
CPT	95251	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, PATIENT TRAINING, REMOVAL OF SENSOR, AND PRINTOUT OF RECORDING, INTERPRETATION AND REPORT	0	0	1	1	0.04702731
CPT	95706	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1	0	0	1	0.69988426
CPT	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1	0	0	1	0.69988426
CPT	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1	0	0	1	0.69988426
CPT	95718	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; WITH VIDEO (VEEG)	1	0	0	1	0.14476637
CPT	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, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITHOUT VIDEO	1	0	0	1	0.69988426
CPT	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, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (VEEG)	1	0	0	1	0.69988426
CPT	95721	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 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITHOUT VIDEO	1	0	0	1	0.69988426

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	95722	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 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITH VIDEO (VEEG)	1	0	0	1	0.69988426
CPT	95723	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 HOURS OF EEG RECORDING, WITHOUT VIDEO	1	0	0	1	0.69988426
CPT	95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	1	0	0	1	0.08815872
CPT	95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN 1EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED MUSCLES, OR SPHINCTERS	1	0	0	1	0.03922454
CPT	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	1	0	0	1	0.08815872
CPT	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	1	0	0	1	0.08815872
CPT	95977	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 NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS, AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1	0	0	1	0.0271875
CPT	96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCTIONAL BRAIN MAPPING, WITH TEST ADMINISTERED ENTIRELY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (IE, PSYCHOLOGIST), WITH REVIEW OF TEST RESULTS AND REPORT	1	0	0	1	0.60905093
CPT	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	1	0	0	1	2.75239473
CPT	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	2.75239473
CPT	96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION OF A NEW DRUG/ SUBSTANCE, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	2.75239473
CPT	96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	2.75239473
CPT	96375	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	1	1	1.7374537

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	1	0	0	1	0.71857639
CPT	96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	1	0	0	1	0.0575
CPT	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE	1	0	0	1	0.07025463
CPT	96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTSENSITIVE DRUG(S); FIRST 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR ENDOSCOPY OR BRONCHOSCOPY PROCEDURES OF LUNG AND ESOPHAGUS)	1	0	0	1	0.03538194
CPT	96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTSENSITIVE DRUG(S); EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR ENDOSCOPY OR BRONCHOSCOPY PROCEDURES OF LUNG AND ESOPHAGUS)	1	0	0	1	0.03538194
CPT	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTSENSITIZING DRUG(S) PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER DAY	1	0	0	1	0.03538194
CPT	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	1	0	0	1	1.01599537
CPT	97032	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	1	0	0	1	0.94594907
CPT	97152	BEHAVIOR IDENTIFICATION-SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	1	0	0	1	1.84755586
CPT	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 ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS, ACTIVITY LIMITATIONS, AND/OR PARTICIPATION RESTRICTIONS; -AN EVOLVING CLINICAL PRESENTATION WITH CHANGING CHARACTERISTICS; AND -CLINICAL DECISION MAKING OF MODERATE COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	1	0	0	1	0.90148735
CPT	99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; INITIAL 15 MINUTES OF INTRASERVICE TIME, PATIENT AGE 5 YEARS OR OLDER	1	0	0	1	0.10768519

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
CPT	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 SELECTION, 15 MINUTES MUST BE MET OR EXCEEDED.	0	0	1	1	0.87414352
CPT	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 SELECTION, 60 MINUTES MUST BE MET OR EXCEEDED.	0	0	1	1	1.18517361
CPT	99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (E.G., AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES	0	0	1	1	0.993125
HCPCS	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	0	0	1	1	0.8859706
HCPCS	A2015	PHOENIX WOUND MATRIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1	0	0	1	0.1358912
HCPCS	A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	1	0	0	1	2.83576389
HCPCS	A4259	LANCETS, PER BOX OF 100	0	0	1	1	0.01184028
HCPCS	A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, OR SILICONE ELASTOMER, ETC.), EACH	0	1	0	1	0.06947917
HCPCS	A4544	ELECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME	0	0	1	1	0.4778125
HCPCS	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	2.03290962
HCPCS	A4649	SURGICAL SUPPLY; MISCELLANEOUS	1	0	0	1	0.01930556
HCPCS	A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	1	0	0	1	2.03290962
HCPCS	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	1	0	0	1	2.03290962
HCPCS	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	2.03290962
HCPCS	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	2.03290962
HCPCS	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	1	0	0	1	2.03290962
HCPCS	A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	1	0	0	1	0.73655093
HCPCS	A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	1	0	0	1	0.09420139
HCPCS	A9593	GALLIUM GA-68 PSMA-11, DIAGNOSTIC, (UCSF), 1 MILLICURIE	1	0	0	1	2.64195602
HCPCS	A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN, THERAPEUTIC, 1 MILLICURIE	1	0	0	1	1.00912037
HCPCS	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	1	0	0	1	0.30690972
HCPCS	B4185	PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS	0	0	1	1	0.01479167

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	C1789	PROSTHESIS, BREAST (IMPLANTABLE) (FOR FACILITY CLAIMS ONLY)	1	0	0	1	0.15126157
HCPCS	C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	1	0	0	1	0.82197917
HCPCS	C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	1	0	0	1	0.45343082
HCPCS	C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	1	0	0	1	4.28034722
HCPCS	C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90	1	0	0	1	0.14069444
HCPCS	C2624	IMPLANTABLE WIRELESS PULMONARY ARTERY PRESSURE SENSOR WITH DELIVERY CATHETER, INCLUDING ALL SYSTEM COMPONENTS	0	0	1	1	0.79216435
HCPCS	C9257	INJECTION, BEVACIZUMAB, 0.25 MG	1	0	0	1	1.91721065
HCPCS	D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	1	0	0	1	3.75251157
HCPCS	D9947	CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT	0	0	1	1	1.16740554
HCPCS	E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	1	0	0	1	0.08686343
HCPCS	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	0	0	1	2.03290962
HCPCS	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	1	0	0	1	2.03290962
HCPCS	E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	0	0	1	1	0.08952546
HCPCS	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED D GRADIENTPRESSURE	1	0	0	1	0.0950463
HCPCS	E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	1	0	0	1	0.11768519
HCPCS	E0743	EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME, EACH	0	0	1	1	0.4778125
HCPCS	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	1	0	0	1	0.09697917
HCPCS	E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	2.06471065
HCPCS	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	1	0	0	1	2.06471065
HCPCS	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	2.06471065
HCPCS	E1023	WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS ANDACCESSORIES	1	0	0	1	0.7290625
HCPCS	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE, OTHER	1	0	0	1	2.06471065
HCPCS	E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTINGHARDWARE FOR HEADREST, CUSHIONED, ANY TYPE	1	0	0	1	2.06471065
HCPCS	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1	0	0	1	0.04869213

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HCPCS	E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	1	0	0	1	0.08686343
HCPCS	E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION AND FLEXION DEVICE, INCLUDES SOFTINTERFACE MATERIAL	0	0	1	1	0.1396412
HCPCS	E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION AND FLEXION DEVICE, INCLUDES SOFTINTERFACE MATERIAL	0	0	1	1	0.08387731
HCPCS	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	1	0	0	1	0.7290625
HCPCS	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	1	0	0	1	0.7290625
HCPCS	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	1	0	0	1	2.68240741
HCPCS	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	1	0	0	1	0.13126157
HCPCS	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	1	0	0	1	0.13126157
HCPCS	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	0.03236111
HCPCS	E2361	POWER WHEELCHAIR ACCESSORY 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)	1	0	0	1	2.06471065
HCPCS	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	1	0	0	1	0.34761574
HCPCS	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1	0	0	1	0.7290625
HCPCS	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1	0	0	1	2.59271991
HCPCS	E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1	0	0	1	0.64584491
HCPCS	E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTHLESS THAN 22 INCHES, ANY DEPTH	1	0	0	1	2.06471065
HCPCS	G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS, FOR INDICATIONS(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	0	0	1	1	1.99527778
HCPCS	G2083	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT REQUIRES THE SUPERVISION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AND PROVISION OF GREATER THAN 56 MG ESKETAMINE NASAL SELF-ADMINISTRATION, INCLUDES 2 HOURS POST-ADMINISTRATION OBSERVATION	0	0	1	1	1.68107639
HCPCS	J0165	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG	0	0	1	1	0.87262731
HCPCS	J0185	INJECTION, APREPITANT, 1 MG	1	0	0	1	3.15740741
HCPCS	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	1	0	0	1	0.27693287
HCPCS	J0490	INJECTION, BELIMUMAB, 10 MG	0	0	1	1	0.95040509

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HCPCS	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG	1	0	0	1	0.13388889
HCPCS	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1	0	0	1	0.80184028
HCPCS	J0605	SUCROFERRIC OXYHYDROXIDE, ORAL, 5 MG (FOR ESRD ON DIALYSIS)	1	0	0	1	2.99690972
HCPCS	J0834	INJECTION, COSYNTROPIN, 0.25 MG	1	0	0	1	0.71090278
HCPCS	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	1	0	0	1	0.05166359
HCPCS	J0894	INJECTION, DECITABINE, 1 MG	1	0	0	1	0.17162037
HCPCS	J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	1	0	0	1	0.23835648
HCPCS	J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0	0	1	1	0.75082176
HCPCS	J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	1	0	0	1	0.36371528
HCPCS	J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	0	0	1	1	0.01334491
HCPCS	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	1	0	0	1	0.08113426
HCPCS	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG.	1	0	0	1	0.97427083
HCPCS	J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	0	0	1	1	0.07013889
HCPCS	J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	1	0	0	1	0.86603009
HCPCS	J1652	FONDAPARINUX SODIUM	1	0	0	1	1.90894676
HCPCS	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	1	0	0	1	0.94106481
HCPCS	J1943	INJ., ARISTADA INITIO, 1 MG	0	0	1	1	0.92638889
HCPCS	J1944	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	0	0	1	1	0.0816088
HCPCS	J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG	1	0	0	1	1.00001157
HCPCS	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	1	0	0	1	0.71857639
HCPCS	J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	1	0	0	1	0.11105324
HCPCS	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	1	0	0	1	1.82501157
HCPCS	J2403	CHLOROPROCAINE HCL OPHTHALMIC, 3% GEL, 1 MG	1	0	0	1	0.99288194
HCPCS	J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	1	0	0	1	0.75760417
HCPCS	J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA SUSTENNA), 1 MG	1	0	0	1	0.1519213
HCPCS	J2468	EQUIVALENT TO J2469, 25 MICROGRAMS INJECTION, PALONOSETRON HYDROCHLORIDE (POSFREA), 25 MICROGRAMS	1	0	0	1	0.04072917
HCPCS	J2507	INJECTION, PEGLOTICASE, 1 MG	1	0	0	1	0.83947917
HCPCS	J2516	INJECTION, PENTAMIDINE ISETHIONATE, 1 MG	1	0	0	1	1.12861111
HCPCS	J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	1	0	0	1	0.04699074
HCPCS	J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, 5 MG	0	0	1	1	1.7374537

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HCPCS	J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 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	0	0	1	0.16777778
HCPCS	J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	0	0	1	1	0.14436343
HCPCS	J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	1	0	0	1	0.83118056
HCPCS	J3247	INJECTION, SECUKINUMAB, INTRAVENOUS, 1 MG	1	0	0	1	0.17498843
HCPCS	J3304	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	1	0	0	1	1.93259259
HCPCS	J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	1	0	0	1	0.0215625
HCPCS	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	1	0	0	1	3.82618056
HCPCS	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	0	0	1	1	0.56405093
HCPCS	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	1	0	0	1	0.23409722
HCPCS	J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (ILUVIEN), 0.01 MG	0	0	1	1	1.95611111
HCPCS	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	1	0	0	1	0.19540894
HCPCS	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	0	0	1	1	0.19931713
HCPCS	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	1	0	0	1	0.26315972
HCPCS	J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	0	0	1	1	0.02592593
HCPCS	J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	1	0	0	1	0.87071986
HCPCS	J7527	EVEROLIMUS, ORAL, 0. 25 MG	1	0	0	1	0.89488426
HCPCS	J7601	ENSIFENTRINE INH 3 MG	1	0	0	1	0.58961806
HCPCS	J7606	FORMOTEROL FUMARATE, INH	1	0	0	1	0.72917824
HCPCS	J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1	0	0	1	1.95506944
HCPCS	J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	1	0	0	1	1.07012731
HCPCS	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	1	0	0	1	1.1268287
HCPCS	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	1	0	0	1	0.2253588
HCPCS	J8670	ROLAPITANT, ORAL, 1 MG	1	0	0	1	0.17167824
HCPCS	J8700	TEMOZOLMIDE, ORAL, 5 MG	1	0	0	1	0.8603588
HCPCS	J9023	INJECTION, AVELUMAB, 10 MG	1	0	0	1	0.22488426
HCPCS	J9025	INJECTION, AZACITIDINE, 1 MG	1	0	0	1	0.07025463
HCPCS	J9026	INJECTION, TARLATAMAB-DLLE, 1 MG	1	0	0	1	0.08321759

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HCPCS	J9047	INJECTION, CARFILZOMIB, 1 MG	1	0	0	1	0.09290509
HCPCS	J9055	INJECTION, CETUXIMAB, 10 MG	1	0	0	1	2.75800926
HCPCS	J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	1	0	0	1	0.23694444
HCPCS	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	1	0	0	1	0.75605324
HCPCS	J9255	INJECTION, METHOTREXATE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9250 OR J9260, 50 MG	1	0	0	1	0.07025463
HCPCS	J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	1	0	0	1	0.99729167
HCPCS	J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	1	0	0	1	0.64103009
HCPCS	J9280	INJECTION, MITOMYCIN, 5 MG	1	0	0	1	0.97373843
HCPCS	J9301	INJECTION, OBINUTUZUMAB, 10 MG	1	0	0	1	0.12635417
HCPCS	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	1	0	0	1	0.33456019
HCPCS	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	1	0	0	1	0.07774306
HCPCS	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	1	0	0	1	2.68365741
HCPCS	J9334	INJECTION, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	1	0	0	1	0.0375
HCPCS	J9600	INJECTION, PORFIMER SODIUM, 75 MG	1	0	0	1	0.08737269
HCPCS	K0019	ARM PAD, EACH	1	0	0	1	0.03236111
HCPCS	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	1	0	0	1	0.13126157
HCPCS	K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	1	0	0	1	0.04869213
HCPCS	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	1	0	0	1	0.1422358
HCPCS	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1	0	0	1	2.06471065
HCPCS	L0488	TLISO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	1.05395833
HCPCS	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1	0	0	1	0.84648148

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HCPCS	L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	1	0	0	1	0.26076389
HCPCS	L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	1	0	0	1	0.72435868
HCPCS	L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	1	0	0	1	0.08234954
HCPCS	L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	1	0	0	1	0.11358796
HCPCS	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	1	0	0	1	0.75417824
HCPCS	L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	1	0	0	1	2.7746412
HCPCS	L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1	0	0	1	2.7746412
HCPCS	L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	0	0	1	1	1.03961806
HCPCS	L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	1	0	0	1	0.07434028
HCPCS	L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1	0	0	1	0.03310185
HCPCS	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	1	0	0	1	0.90534722
HCPCS	L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	1	0	0	1	0.1575463
HCPCS	L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	1	0	0	1	0.1575463
HCPCS	L8720	EXTERNAL LOWER EXTREMITY SENSORY PROSTHETIC DEVICE, CUTANEOUS STIMULATION OF MECHANORECEPTORS PROXIMAL TO THE ANKLE, PER LEG	0	0	1	1	0.13894676
HCPCS	M1193	SURGICAL PATHOLOGY REPORTS THAT CONTAIN IMPRESSION OR CONCLUSION OF OR RECOMMENDATION FOR TESTING OF MMR BY IMMUNOHISTOCHEMISTRY, MSI BY DNA-BASED TESTING STATUS, OR BOTH	1	0	0	1	0.30152174
HCPCS	Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	1	0	0	1	0.84013889
HCPCS	Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UNDER MEDICARE PART A	1	0	0	1	0.84013889
HCPCS	Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	1	0	0	1	1.12861111
HCPCS	Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	1	0	0	1	0.14069444

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	0	0	1	1	0.89912037
HCPCS	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	1	0	0	1	0.98380787
HCPCS	Q4122	DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQUARE CENTIMETER(ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1	0	0	1	0.15126157
HCPCS	Q4128	FLEX HD, OR ALLOPATCH HD, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1	0	0	1	0.15126157
HCPCS	Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	0	0	1	1	1.01020833
HCPCS	Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10MG	1	0	0	1	0.89438657
HCPCS	Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	1	0	0	1	0.20723159
HCPCS	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG.	1	0	0	1	0.13591435
HCPCS	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	1	0	0	1	2.68365741
HCPCS	Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	1	0	0	1	2.01650463
HCPCS	Q5140	INJECTION, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	1	0	0	1	0.11125
HCPCS	Q5143	INJECTION, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	0	0	1	1	0.99041226
HCPCS	Q9996	USTEKINUMAB- TTWE SUB CU INJ	0	0	1	1	2.02853009
HCPCS	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	1	0	0	1	0.06046296
HCPCS	S0106	BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	1	0	0	1	0.01758102
HCPCS	S0179	MEGESTROL ACETATE, ORAL 20MG	0	0	1	1	0.5750463
HCPCS	S0189	TESTOSTERONE PELLETT, 75MG	1	0	0	1	0.07974537
HCPCS	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	0	0	1	1	4.97119213
HCPCS	S1091	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)	0	0	1	1	3.11979167
HCPCS	S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS, ANY METHOD, USING YTTRIUM-90 MICROSPHERES	1	0	0	1	0.14069444
HCPCS	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	0	0	1	0.03059028
HCPCS	S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES; PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9330 OR S9331)	1	0	0	1	0.84847222
HCPCS	S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.84847222
HCPCS	S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G., INFLIXIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.90337963

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Modified Count	Denied Count	Total Count	Average Days for Processing
HCPCS	S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.86014616
HCPCS	S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1	0	0	1	0.86725694
HCPCS	D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	0	1	0	1	1.00000
HCPCS	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	1	1	0	2	2.50000
Overall - Total			6,123	125	2,349	8,597	

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
Investigative	214	206	8	
Medical Necessity	163	75	88	377

Healthcare Provider Specialty
Data by healthcare provider specialty is available by request. Requests shall be sent to: Lendi Bushong Name Lendi Bushong Address PO Box 2266, Cheyenne WY 82001 Email Lendi.Bushong@bcbswy.com The above to be completed by Health Insurers or Utilization Review Entities. Upon receipt of all required information, insurer will provide the report within 30 calendar days to the requesting entity.

Term/Heading	Explanation
Approved	Prior Auth request was initially or ultimately approved by insurer.
Denied	Prior Auth request was initially or ultimately denied by insurer.
Total Count	Total sum of prior authorization requests by procedure type, provider specialty or adverse determination reason.
Procedure Code Type	Specific type of procedure code being used such as CPT or HCPCS.
Procedure Code	Specific CPT or HCPCS number or code for procedure or service being requested.
Procedure Description	Brief description of requested procedure.
Average Processing Days	Time between initial prior authorization request and the approval or initial adverse determination.
Sent to Appeal	Number of initial prior authorizations requests resulting in an adverse determination, requiring any level of additional appeal/review. This count will also be included in the 'Approved' or 'Denied' column as well depending on the outcome.
Reason for Adverse Determination	Reason for prior authorization request denial.
Appeal Count	Number of initial prior authorization requests sent to any level of appeal.
Upheld Count	Number of prior authorization requests sent to appeal that were ultimately upheld or denied.
Reversed Count	Number of prior authorization requests sent to appeal that were ultimately reversed or approved.
Modified Count*	Prior Authorization where there is both an approval and a denial. (Example: Originally requested dosage was denied but an alternative was approved)
*	* If your company does not partially approve services, they would not be required to record anything in the modified column. The prior auths will only be documented in approved and denied. If a prior auth is both approved and denied, it should be recorded in the modified column.