

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
HC	J0491	INJ ANIFROLUMAB-FNIA 1MG	0	1	N/A	1	2
HC	J3380	INJ VEDOLIZUMAB IV 1 MG	1	0	N/A	1	1
CP	33285	INSJ SUBQ CAR RHYTHM MNTR	1	0	N/A	1	1
CP	41899	UNLISTED PX DENTALVLR STRUX	0	1	N/A	1	3
CP	43845	GASTROPLASTY DUODENAL SWITCH	1	0	N/A	1	6
CP	27899	UNLISTED PX LEG/ANKLE	0	1	N/A	1	8
CP	64615	CHEMODENERV MUSC MIGRAINE	1	0	N/A	1	6
HC	J0178	AFLIBERCEPT INJECTION	1	0	N/A	1	0
CP	44620	REPAIR BOWEL OPENING	1	0	N/A	1	1
CP	30520	REPAIR OF NASAL SEPTUM	3	0	N/A	3	1
CP	27702	RECONSTRUCT ANKLE JOINT	1	0	N/A	1	8
CP	15777	ACELLULAR DERM MATRIX IMPLT	1	0	N/A	1	0
CP	42975	DISE EVAL SLP DO BRTH FLX DX	1	0	N/A	1	1
HC	Q5111	INJECTION, UDENYCA 0.5 MG	2	0	N/A	2	0
HC	L8686	IMPLT NROSTM PLS GEN SNG NON	0	1	N/A	1	1
HC	J1561	GAMUNEX-C/GAMMAKED	0	1	N/A	1	24
HC	J0585	INJECTION,ONABOTULINUMTOXINA	1	0	N/A	1	6
CP	19342	INSJ/RPLCMT BRST IMPLT SEP D	1	0	N/A	1	0
CP	44625	REPAIR BOWEL OPENING	2	0	N/A	2	1
HC	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial	0	1	N/A	1	30
HC	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	0	1	N/A	1	30
HC	19318	REDUCTION MAMMAPLASTY	0	1	N/A	1	30
HC	56620	PARTIAL, SIMPLE VULVECTOMY	0	1	N/A	1	30
HC	64628	THERMAL DESTRUCTION OF THE INTRAOSSEOUS BASIVERTEBRAL NERVE (BVN)	1	3	N/A	4	39
HC	J0585	BOTOX	2	0	N/A	2	3
HC	J1561	GAMUNEX-C 1 GRAM/10 ML VIAL	1	0	N/A	1	2
HC	Q5103	INFLECTRA	2	0	N/A	2	39
HC	Q5147	PAVBLUE	1	0	N/A	1	35
RX		MOUNJARO	1	0	N/A	1	29
RX		HYDROCODONE-ACETAMINOP 5 MG-325MG TABLET	1	0	N/A	1	6
RX		DEXTROAMPHETAMINE-AMPH 30 MG CAP.SR 24H	1	0	N/A	1	0
RX		MYFORTIC 360 MG TABLET DR	1	0	N/A	1	1
RX		TRETINOIN 0.1 % CREAM(GM)	1	0	N/A	1	0
RX		RECOMBINATE 1000 (+/-) VIAL	1	0	N/A	1	0
RX		RECOMBINATE 2000 (+/-) VIAL	1	0	N/A	1	0
RX		RECOMBINATE 1500 (+/-) VIAL	1	0	N/A	1	0
RX		DAPAGLIFLOZIN 5 MG TABLET	0	1	N/A	1	0
RX		BELSOMRA 10 MG TABLET	0	1	N/A	1	5
RX		LISDEXAMFETAMINE DIMES 10 MG CAPSULE	1	0	N/A	1	4
RX		REXULTI 1 MG TABLET	1	0	N/A	1	2
RX		EMGALITY PEN 120 MG/ML PEN INJCTR	1	1	N/A	2	0
RX		BENLYSTA 200 MG/ML AUTO INJCT	1	0	N/A	1	0
RX		JORNAY PM 100 MG CPDR ER SP	0	1	N/A	1	4
RX		ZOLMITRIPTAN 5 MG TABLET	0	1	N/A	1	0
RX		NAYZILAM 5 MG/SPRAY SPRAY	1	0	N/A	1	0
RX		UBRELVY 100 MG TABLET	2	0	N/A	2	0
RX		NURTEC ODT 75 MG TAB RAPDIS	1	0	N/A	1	0
RX		AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT	1	1	N/A	2	5
RX		OZEMPIC 1/0.75 (3) PEN INJCTR	1	0	N/A	1	5
RX		AZSTARYS 39.2-7.8MG CAPSULE	0	2	N/A	2	5
RX		QULIPTA 30 MG TABLET	1	0	N/A	1	0
RX		QULIPTA 60 MG TABLET	1	0	N/A	1	0
RX		MOUNJARO 15MG/0.5ML PEN INJCTR	3	0	N/A	3	5
RX		MOUNJARO 2.5 MG/0.5 PEN INJCTR	3	1	N/A	4	5
RX		MOUNJARO 7.5 MG/0.5 PEN INJCTR	1	1	N/A	2	2
RX		OZEMPIC .25 OR 0.5 PEN INJCTR	1	1	N/A	2	4
RX		DEXTROAMPHETAMINE-AMPH 5 MG TABLET	1	0	N/A	1	0
RX		WEGOVY 4 MG TABLET	0	1	N/A	1	5
RX		OMEPRAZOLE 40 MG CAPSULE DR	1	0	N/A	1	0
RX		DEXCOM G6 SENSOR EACH	1	0	N/A	1	0
RX		DEXCOM G6 TRANSMITTER EACH	1	0	N/A	1	0
RX		LISDEXAMFETAMINE DIMES 30 MG CAPSULE	1	0	N/A	1	0