

PREAUTHORIZATION STATISTICS BY PROVIDER TYPE AND SPECIALTY

PURSUANT TO TX. S.B. 1472

PROVIDER TYPE/SPECIALTY	INDICATION OFFERED (DX)	Approval	Denial	REASON FOR DENIAL	APPEAL OVERTURNED	DENIAL OVERTURNED BY IRO
CARDIOLOGY	Hypertension	1	0	N/A	0	0
CARDIOLOGY	Heart transplant status	1	2	MEDICAL DIRECTOR DECISION	0	0
CARDIOLOGY	Congenital malformation of heart	1	0	N/A	0	0
CARDIOLOGY	Shortness of breath	0	1	NOT MEDICALLY NECESSARY	0	0
DERMATOLOGY	Pilonidal cyst with abscess	2	0	N/A	0	0
DERMATOLOGY	Primary focal hyperhidrosis, axilla	0	1	MEDICAL DIRECTOR DECISION	0	0
EMERGENCY MEDICINE	Unspecified acute appendicitis	1	0	N/A	0	0
ENDOCRINOLOGY	Type 1 diabetes mellitus with hyperglycemia	0	1	MEDICAL DIRECTOR DECISION	0	0
FAMILY MEDICINE	Scrotal varices	1	0	N/A	0	0
FAMILY MEDICINE	Plagiocephaly	1	0	N/A	0	0
GASTROENTEROLOGY	Crohn's disease	1	0	N/A	0	0
INTERNAL MEDICINE	Dehydration	1	0	N/A	0	0
INTERNAL MEDICINE	Other seizures	1	0	N/A	0	0
INTERNAL MEDICINE	Crohn's disease	1	0	N/A	0	0
INTERNAL MEDICINE	Spasmodic torticollis	0	1	MEDICAL DIRECTOR DECISION	0	0
IP DERMATOLOGY	Pneumothorax	1	0	N/A	0	0
IP ENDOCRINOLOGY	Type 2 diabetes mellitus	2	0	N/A	0	0
IP FAMILY MEDICINE	Pneumothorax	1	0	N/A	0	0
IP FAMILY MEDICINE	Motor-vehicle accident, traffic	1	0	N/A	0	0
IP GASTROENTEROLOGY	Acute appendicitis with generalized peritonitis	2	0	N/A	0	0
IP GASTROENTEROLOGY	Acute pancreatitis without necrosis or infection	2	0	N/A	0	0



IP GASTROENTEROLOGY	Gastrointestinal hemorrhage	1	0	N/A	0	0
IP GASTROENTEROLOGY	Hepatic encephalopathy	2	0	N/A	0	0
IP GASTROENTEROLOGY	Unspecified acute	1	0	N/A	0	0
IP GENERAL MEDICINE	appendicitis Chest pain, unspecified	1	0	N/A	0	0
IP GENERAL MEDICINE	Fever	ı	U	MEDICAL	0	U
III GENERALE MILBIGINE		3	1	DIRECTOR DECISION	0	0
IP GENERAL MEDICINE	Syncope and collapse	2	0	N/A	0	0
IP GENERAL MEDICINE	Unspecified convulsions	3	0	N/A	0	0
IP GENERAL MEDICINE	Infection following a procedure, other surgical site	0	1	MEDICAL DIRECTOR DECISION	0	0
IP GENERAL MEDICINE	Unspecified complication of procedure	0	1	MEDICAL DIRECTOR DECISION	0	0
IP HEMATOLOGY	Benign neoplasm of peripheral nerves and autonomic nervous system	1	0	N/A	0	0
IP HEMATOLOGY	Anemia	0	1	INFORMATION NOT RECEIVED	0	0
IP HEMATOLOGY	Anemia	0	1	MEDICAL DIRECTOR DECISION	0	0
IP INTERNAL MEDICINE	Pneumothorax	1	0	N/A	0	0
IP MENTAL HEALTH	Unspecified psychosis	3	0	N/A	0	0
IP MENTAL HEALTH	Bipolar disorder, severe	3	0	N/A	0	0
IP MENTAL HEALTH	Major depressive disorder w/ psychotic symptoms	1	0	N/A	0	0
IP MENTAL HEALTH	Major depressive disorder w/o psychotic symptoms	3	0	N/A	0	0
IP MENTAL HEALTH	Anorexia nervosa, restricting type	3	0	N/A	0	0
IP NEUROLOGY	Other seizures	1	0	N/A	0	0
ip obstetrician	Pre-existing hypertension complicating pregnancy	1	0	N/A	0	0
ip obstetrician	Preterm newborn, gestational age 34 completed wks	3	0	N/A	0	0



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IP ONCOLOGY	Neoplasm of uncertain behavior of other specified digestive organs	1	0	N/A	0	0
IP ORTHOPAEDIC	Myalgia, unspecified site	1	0	N/A	0	0
IP PSYCHOLOGY	Hypoxic ischemic encephalopathy [HIE]	3	0	N/A	0	0
IP PULMONOLOGY	Other pneumothorax	1	0	N/A	0	0
IP PULMONOLOGY	Pneumothorax, unspecified	3	1	MEDICAL DIRECTOR DECISION	0	0
IP REHABILITATION	Motor-vehicle accident	1	0	N/A	0	0
IP RESIDENTIAL MENTAL HEALTH	Bipolar disorder, moderate	4	0	N/A	0	0
IP RESIDENTIAL MENTAL HEALTH	Avoidant/restrictive food intake disorder	10	0	N/A	0	0
IP SURGERY	Neoplasm of uncertain behavior of other specified digestive organs	2	0	N/A	0	0
IP SURGERY	Unstable burst fracture of second lumbar vertebra	2	0	N/A	0	0
IP UROLOGY	Tubulo-interstitial nephritis	1	0	N/A	0	0
IP VASCULAR	Pulmonary hypertension	0	1	MEDICAL DIRECTOR DECISION	0	0
IP VASCULAR	Paroxysmal atrial fibrillation	0	1	MEDICAL DIRECTOR DECISION	0	0
IP VASCULAR	Portal vein thrombosis	2	1	MEDICAL DIRECTOR DECISION	0	0
NEUROLOGY	Spondylosis without myelopathy or radiculopathy, lumbar region	2	0	N/A	0	0
NEUROLOGY	Heart transplant status	0	1	MEDICAL DIRECTOR DECISION	0	0
NEUROLOGY	Unspecified convulsions	1	0	N/A	0	0
ONCOLOGY	Nonfamilial hypogammaglobulinemia	1	0	N/A	0	0
OPTHALMOLOGY	Retinal neovascularization, unspecified, right eye	1	0	N/A	0	0



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ORTHOPAEDIC	Chondromalacia patellae, right knee	0	1	MEDICAL DIRECTOR DECISION	0	0
OTOLARYNGOLOGY	Unspecified cholesteatoma, right ear	1	0	N/A	0	0
PAIN MANAGEMENT	Spondylosis without myelopathy or radiculopathy, lumbar region	0	2	MEDICAL DIRECTOR DECISION	0	0
PEDIATRICS	Iron deficiency	1	0	N/A	0	0
PEDIATRICS	Spasmodic torticollis	0	1	MEDICAL DIRECTOR DECISION	0	0
PEDIATRICS	Heart transplant status	0	1	MEDICAL DIRECTOR DECISION	0	0
PHYSICAL MEDICINE & REHABILITATION	Cervicalgia	1	0	N/A	0	0
PHYSICAL MEDICINE & REHABILITATION	Chondromalacia patellae, right knee	1	3	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Chondromalacia patellae, right knee	0	1	ADMINISTRATIVE	0	0
PHYSICAL MEDICINE & REHABILITATION	Concussion without loss of consciousness	1	0	N/A	0	0
PHYSICAL MEDICINE & REHABILITATION	Difficulty in walking	0	2	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Displaced fracture of proximal phalanx of left index finger	0	2	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Encounter for other orthopedic aftercare	0	1	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Low back pain	1	2	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Medial epicondylitis, left elbow	1	2	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Other fracture of upper end of left tibia	0	1	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Other osteonecrosis, left femur	1	0	N/A	0	0
PHYSICAL MEDICINE & REHABILITATION	Other osteonecrosis, right femur	1	0	N/A	0	0



RADIOLOGY	Chest pain on breathing	1	0	N/A	0	0
RADIOLOGY	Cervicalgia	2	3	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Calculus of kidney	1	0	N/A	0	0
RADIOLOGY	Bilateral temporomandibular joint disorder, unspecified	0	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Benign neoplasm of peripheral nerves and autonomic nervous system	5	0	N/A	0	0
RADIATION ONCOLOGY	Iron deficiency anemia secondary to blood loss (chronic)	0	1	MEDICAL DIRECTOR DECISION	0	0
PSYCHIATRY	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	1	0	N/A	0	0
PROCTOLOGY	Other ischiorectal abscess	0	1	MEDICAL DIRECTOR DECISION	0	0
PHYSICAL MEDICINE & REHABILITATION	Sprain of other ligament of right ankle	1	1	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Sprain of anterior cruciate ligament of right knee	0	1	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Sprain of anterior cruciate ligament of left knee	1	1	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Radiculopathy, lumbosacral region	0	1	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Pain in right wrist	1	2	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Pain in right shoulder	0	1	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Pain in right knee	2	0	N/A	0	0
PHYSICAL MEDICINE & REHABILITATION	Pain in right arm	0	1	NOT MEDICALLY NECESSARY	0	0
PHYSICAL MEDICINE & REHABILITATION	Other specified congenital deformities of hip	1	2	NOT MEDICALLY NECESSARY	0	0



RADIOLOGY	Chondromalacia patellae, right knee	1	0	N/A	0	0
RADIOLOGY	Chronic pain	0	3	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Chronic pain syndrome	4	0	N/A	0	0
RADIOLOGY	Chronic pansinusitis	1	0	N/A	0	0
RADIOLOGY	Complex tear of medial meniscus, left knee	1	0	N/A	0	0
RADIOLOGY	Disorder of bone	1	0	N/A	0	0
RADIOLOGY	Dizziness and giddiness	1	0	N/A	0	0
RADIOLOGY	Dorsalgia, unspecified	2	0	N/A	0	0
RADIOLOGY	Dyspnea	1	0	N/A	0	0
RADIOLOGY	Epidural hemorrhage without loss of consciousness	1	0	N/A	0	0
RADIOLOGY	Epigastric pain	1	0	N/A	0	0
RADIOLOGY	Generalized abdominal pain	1	0	N/A	0	0
RADIOLOGY	Headache	1	0	N/A	0	0
RADIOLOGY	Hepatomegaly	1	0	N/A	0	0
RADIOLOGY	Hyperprolactinemia	1	0	N/A	0	0
RADIOLOGY	Idiopathic aseptic necrosis of right humerus	1	0	N/A	0	0
RADIOLOGY	Joint derangement	1	0	N/A	0	0
RADIOLOGY	Left lower quadrant pain	1	0	N/A	0	0
RADIOLOGY	Localized swelling, mass and lump, right upper limb	1	0	N/A	0	0
RADIOLOGY	Low back pain, unspecified	2	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Lower abdominal pain, unspecified	0	2	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Lumbago with sciatica, right side	1	0	N/A	0	0
RADIOLOGY	Malignant neoplasm of spinal cord	1	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Migraine without aura, intractable, without status migrainosus	1	0	N/A	0	0
RADIOLOGY	Multiple sclerosis	3	0	N/A	0	0
RADIOLOGY	Myasthenia gravis NOS	1	0	N/A	0	0
RADIOLOGY	Nasal polyp	1	0	N/A	0	0



RADIOLOGY	Neoplasm of uncertain behavior of other specified digestive organs	1	0	N/A	0	0
RADIOLOGY	Other cervical disc displacement	1	0	N/A	0	0
RADIOLOGY	Other congenital malformations of lower limb(s), including pelvic girdle	1	0	N/A	0	0
RADIOLOGY	Other dislocation of left knee	2	0	N/A	0	0
RADIOLOGY	Other disorders of optic nerve, not elsewhere classified, right eye	0	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Other enthesopathies	1	0	N/A	0	0
RADIOLOGY	Other fracture of shaft of right ulna	1	0	N/A	0	0
RADIOLOGY	Other headache syndrome	4	0	N/A	0	0
RADIOLOGY	Other injury of other muscle(s) and tendon(s) at lower leg level, right leg	2	0	N/A	0	0
RADIOLOGY	Other instability, left shoulder	2	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Other instability, right shoulder	2	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Other instability, unspecified ankle	0	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Other intervertebral disc displacement, lumbar region	1	0	N/A	0	0
RADIOLOGY	Other specified abdominal hernia without obstruction or gangrene	0	2	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Other specified joint disorders, right wrist	2	0	N/A	0	0
RADIOLOGY	Other specified sprain of left wrist	1	0	N/A	0	0
RADIOLOGY	Other tear of lateral meniscus, left knee	1	0	N/A	0	0
RADIOLOGY	Other tear of lateral meniscus, right knee	2	0	N/A	0	0



RADIOLOGY	Other tear of medial					
	meniscus, right knee	1	0	N/A	0	0
RADIOLOGY	Pain in left ankle and joints of left foot	2	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Pain in left knee	2	0	N/A	0	0
RADIOLOGY	Pain in left leg	0	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Pain in left shoulder	1	0	N/A	0	0
RADIOLOGY	Pain in left toe(s)	1	0	N/A	0	0
RADIOLOGY	Pain in right foot	2	0	N/A	0	0
RADIOLOGY	Pain in right knee	3	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Pain in right shoulder	2	2	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Pain in unspecified knee	1	0	N/A	0	0
RADIOLOGY	Personal history of other diseases of the circulatory system	2	0	N/A	0	0
RADIOLOGY	Pulsatile tinnitus, left ear	2	0	N/A	0	0
RADIOLOGY	Radiculopathy, lumbar region	3	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Radiculopathy, sacral and sacrococcygeal region	1	0	N/A	0	0
RADIOLOGY	Rheumatoid arthritis	1	0	N/A	0	0
RADIOLOGY	Right upper quadrant pain	0	2	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Spontaneous rupture of flexor tendons, unspecified lower leg	1	0	N/A	0	0
RADIOLOGY	Sprain of anterior cruciate ligament of left knee	1	0	N/A	0	0
RADIOLOGY	Sprain of medial collateral ligament of right knee	1	0	N/A	0	0
RADIOLOGY	Sprain of other specified parts of right knee	0	1	NOT MEDICALLY NECESSARY	0	0



RADIOLOGY	Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder	1	0	N/A	0	0
RADIOLOGY	Stress fracture, left foot	0	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Stress fracture, pelvis, initial encounter	1	0	N/A	0	0
RADIOLOGY	Stress fracture, pelvis, subsequent encounter for fracture with delayed healing	0	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Stress fracture, right fibula	2	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Superior glenoid labrum lesion of left shoulder	2	0	N/A	0	0
RADIOLOGY	Superior glenoid labrum lesion of right shoulder	7	3	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Superior glenoid labrum lesion of unspecified shoulder	1	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Tinnitus, bilateral	1	0	N/A	0	0
RADIOLOGY	Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent	1	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Unspecified abdominal pain	0	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Unspecified dislocation of right patella	1	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Unspecified Eustachian tube disorder, left ear	0	1	NOT MEDICALLY NECESSARY	0	0
RADIOLOGY	Unspecified fracture of navicular [scaphoid] bone of left wrist	2	0	N/A	0	0
RADIOLOGY	Unspecified injury of face	1	0	N/A	0	0
RADIOLOGY	Unspecified internal derangement of left knee	1	0	N/A	0	0
RADIOLOGY	Unspecified internal derangement of right knee	2	0	N/A	0	0



RADIOLOGY	Venous insufficiency (chronic) (peripheral)	1	0	N/A	0	0
RADIOLOGY	Vertebrogenic low back pain	2	0	N/A	0	0
UROLOGY	Phimosis	1	0	N/A	0	0
	TOTALS:	225	84		0	0

SERVICE TYPE(Procedure Code)	APPOVALS	DENIALS
CARDIAC MRI W/O CONTRAST FOLLOWED BY W/ CONTRAST	1	0
CARDIOLOGY (HEART TRANSPLANT)	1	2
CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY	0	1
CIRCUMCISION	1	0
Cranial remolding orthosis	1	0
CT - ABDOMEN AND PELVIS W/ CONTRAST	1	0
CT - ABDOMEN AND PELVIS W/O CONTRAST FOLLOW BY W/ CONTRAST	2	0
CT - ABDOMEN AND PELVIS, W/O CONTRAST	1	2
CT - ABDOMEN, W/O CONTRAST FOLLOWED BY W/ CONTRAST	2	1
CT - ABDOMENT, W/O CONTRAST	0	1
CT - CERVICAL SPINE	1	1
CT - LOWER EXTREMITY W/O CONTRAST	1	0
CT - MAXILLOFACIAL AREA	2	2
CT - ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR NNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	0	1
CT - PELVIS	1	0
CT - THORAX	2	0
CT - UPPER EXTREMITY	4	0
CT ANGIOGRAPHY - HEAD	1	0
CT ANGIOGRAPHY - NECK	1	0
DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL	2	1
DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL(USE WITH 64636)	0	1
ECHOCARDIOGRAPHY, TRANSTHORACIC	1	1
GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR	1	0
HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED	1	0
NITIAL HOSPITAL INPATIENT OR OBSERVATION CARE	4	0
ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE	1	0



INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY	0	1
INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-	1	0
INJECTION, ONABOTULINUMTOXINA, 1 UNIT	0	1
INJECTION, RANIBIZUMAB, 0.1 MG	1	0
INJECTION, TEPROTUMUMAB-TRBW, 10 MG	1	0
INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	2	0
IP DERMATOLOGY	1	0
IP ENDOCRINOLOGY	2	0
IP FAMILY MEDICINE	2	0
IP GASTROENTEROLOGY	8	0
IP GENERAL MEDICINE	9	3
IP HEMATOLOGY	1	2
IP INTERNAL MEDICINE	1	0
IP MENTAL HEALTH	13	0
IP NEUROLOGY	1	0
IP OBSTETRICIAN	4	0
IP ONCOLOGY	1	0
IP ORTHOPAEDIC	1	0
IP PSYCHOLOGY	3	0
IP PULMONOLOGY	4	1
IP REHABILITATION	1	0
IP RESIDENTIAL MENTAL HEALTH	14	0
IP SURGERY	4	0
IP UROLOGY	1	0
IP VASCULAR	2	3
MRA - CHEST	1	0
MRA - HEAD	3	0
MRA - NECK	2	0
MRI - ABDOMEN W/O CONTRAST	0	1
MRI - ANY JOINT OF LOWER EXTREMITY, W/O CONTRAST	10	5
MRI - ANY JOINT OF UPPER EXTREMITY, W/ CONTRAST	10	4
MRI - ANY JOINT OF UPPER EXTREMITY, W/O CONTRAST	6	1
MRI - ANY JOINT OF UPPER EXTREMITY, W/O CONTRAST FOLLOWED BY W/ CONTRAST	2	0
MRI - BRAIN	4	0
MRI - BRAIN AND BRAIN STEM	3	0
MRI - LOWER EXTREMITY OTHER THAN JOINT, W/O CONTRAST	6	3
MRI - PELVIS	1	3
MRI - SPINAL CANAL AND CONTENTS, CERVICAL, W/ CONTRAST	1	0
MRI - SPINAL CANAL AND CONTENTS, CERVICAL, W/O CONTRAST	1	0
MRI - SPINAL CANAL AND CONTENTS, CERVICAL, W/O CONTRAST	0	0
FOLLOWED BY CONTRAST	2	0
MRI - SPINAL CANAL AND CONTENTS, LUMBAR, W/O CONTRAST	6	3
MRI - SPINAL CANAL AND CONTENTS, THORACIC, W/O CONTRAST	1	0
MRI - TEMPOROMANDIBULAR JOINT	1	0



MRI -ABDOMEN W/O CONTRAST	0	1
MRI -SPINAL CANAL AND CONTRAST THORACIC, W/O CONTRAST	1	0
FOLLOWED BY W/ CONTRAST	ı	U
OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	0	1
OSTEOGENESIS STIMULATOR	0	1
REPAIR OF ANORECTAL FISTULA WITH PLUG	0	1
SENSOR; INVASIVE, CONTINUOUS GLUCOSE MONITOR	0	1
SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	1	0
THERAPUTIC EXERCISE	50	32
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	0	1
UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND	1	1
SUBCUTANEOUS TISSUE	1	I
VASCULAR EMBOLIZATION OR OCCLUSION	1	0
TOTOAL PREAUTHORIZATIONS:	225	84