

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 0003U | Oncology ovarian 5 proteins ser alg scor           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0003U | Oncology ovarian 5 proteins ser alg scor           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0005F | Osteoarthritis Composite                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0012F | Cap Bacterial Assess                               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0014F | Comprehensive Preoperative Assessment Performed Fo | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0015F | Melanoma Follow Up Completed (includes Assessment  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0054T | Bone Surgery Using Computer                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0055T | Bone Surgery Using Computer                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0062T | Rep Intradisc Annulus;1 Lev                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0063T | Rep Intradisc Annulus;>1lev                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0066T | Ct Colonography;screen                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0098T | Rev Artific Disc Addl                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0165T | Revise Lumb Artif Disc Addl                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0174T | Cad Cxr With Interp                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0175T | Cad Cxr Remote                                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0213T | Us facet jt inj cerv/t 1 lev                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0214T | Us facet jt inj cerv/t 2 lev                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0215T | Us facet jt inj cerv/t 3 lev                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0216T | Us facet jt inj ls 1 level                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0217T | Us facet jt inj ls 2 level                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0218T | Us facet jt inj ls 3 level                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| 0443T | R-T spectral analysis prostate tissue              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0444T | 1st placement drug-eluting ocular insert           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0445T | Subsequent placement drug-eluting ocular insert    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0450T | Insj aqueous drain dev each                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0469T | RTA polarize scan ocular screening bilateral       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0474T | Insertion aqueous drainage device IO RSVR          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0481T | Njx autol wbc concentrate                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0500F | Initial Prenatal Care Visit                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0501F | Prenatal Flow Sheet                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0502F | Subsequent Prenatal Care                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0503F | Postpartum Care Visit                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0505F | Hemodialysis Plan Doc'd                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0507F | Periton Dialysis Plan Doc'd                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0509F | Urin Incon Plan Doc'd                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0513F | Elevated Blood Pressure Plan Of Care Documented (c | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0514F | Plan Of Care For Elevated Hemoglobin Level Documen | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0515T | Insj wcs lv compl sys                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0516F | Anemia Plan Of Care Documented (esrd)1             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0516T | Insj wcs lv eltrd only                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0517F | Glaucoma Plan Of Care Documented (ec)5             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0517T | Insj wcs lv pg compnt                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| 0518F | Falls Plan Of Care Documented (ger)5               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0518T | Rmvl pg compnt wcs                                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0519F | Planned Chemotherapy Regimen, Including At A Minim | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0519T | Rmvl & rplcmt pg compnt wcs                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0520F | Normal Tissue Dose Constraints Established Within  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0520T | Rmvl&rplcmt pg wcs new eltrd                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0521F | Plan Of Care To Address Pain Documented (onc)1     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0521T | Interrog dev eval wcs ip                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0522T | Pgrmg dev eval wcs ip                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0525F | Initial Visit For Episode (bkp)2                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0526F | Subsequent Visit For Episode (bkp)2                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0528F | Rcmnd Flw-up 10 Yrs Docd                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0529F | Intrvl 3+ysr Pts Clnscp Docd                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0535F | Dyspnea Mngmnt Plan Docd                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0540F | Glucu Mngmnt Plan Docd                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0543T | Ta mv rpr w/artif chord tend                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0544T | Tcat mv annulus rcnstj                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0545F | Follow up care plan mdd docd                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0545T | Tcat tv annulus rcnstj                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0547T | B1 matrl qual tst mcrind tib                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0550F | Cytopathology report non-gyn specimen              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| 0551F | Cytopathology report non-routine | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0555F | Symptom mgmnt plan care docd     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0556F | Plan care lipid control docd     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0557F | Plan caremng angnl symptdocd     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0559T | Antmc mdl 3d print 1st cmpnt     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0560T | Antmc mdl 3d print ea addl       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0561T | Antmc guide 3d print 1st gd      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0562T | Antmc guide 3d print ea addl     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0569T | Ttvr perq appr 1st prosth        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0570T | Ttvr perq ea addl prosth         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0571T | Insj/rplcmt icds ss eltrd        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0572T | Insertion ss dfb electrode       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0573T | Removal ss dfb electrode         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0574T | Repos prev ss impl dfb eltrd     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0575F | Hiv Rna Plan Care Documented     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0575T | Pgrmg dev eval icds ss ip        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0576T | Interrog dev eval icds ss ip     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0577T | Ephys eval icds ss               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0578T | Rem interrog dev icds phys       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0579T | Rem interrog dev icds tech       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0580F | Multidisciplinary care plan      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| 0581F | Pt transferred from anesth to cc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0582F | Not transferred from anesth to cc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0582T | Trurl abltj mal prst8 tiss        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0583F | Transfer care checklist used      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0584F | No transfer care checklist used   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0602T | Transdermal GFR measurements      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0603T | Transdermal GFR monitoring        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0604T | Rem OCT rta dev setup & educaj    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0605T | Rem OCT rta techl sprt min 8      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0606T | Rem OCT rta phys/qhp ea 30d       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0613T | Perq tcatt intratr septl sht      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0614T | Rmvl & rplcmt ss impl dfb pg      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0951T | Tot Impl Amei 1St Plmt            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0953T | Tot Impl Amei Rev/Rplc W/O        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0954T | Tot Impl Amei Rplc Snd Proc       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 0955T | Tot Impl Amei Removal             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1000F | Tobacco Use, Smoking, Assess      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1002F | Assess Anginal Symptom/level      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1003F | Level Of Activity Assess          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1004F | Clin Symp Vol Ovrid Assess        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1005F | Asthma Symptoms Evaluate          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| 1006F | Osteoarthritis Assess        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1007F | Anti-inflm/anlgsc Otc Assess | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1008F | Gi/renal Risk Assess         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1010F | Severity angina by actvty    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1011F | Angina present               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1012F | Angina absent                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1015F | Copd Symptoms Assess         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1018F | Assess Dyspnea Not Present   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1019F | Assess Dyspnea Present       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1022F | Pneumo Imm Status Assess     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1026F | Co-morbid Condition Assess   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1030F | Influenza Imm Status Assess  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1031F | Smoking & 2nd hand assessed  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1032F | Smoker/exposed 2nd hnd smoke | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1033F | Tobacco nonsmoker nor 2ndhnd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1034F | Current Tobacco Smoker       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1035F | Smokeless Tobacco User       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1036F | Tobacco Non-user             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1038F | Persistent Asthma            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1039F | Intermittent Asthma          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1040F | Dsm-ivtm Info Mdd Doc'd      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| 1050F | History Of Mole Changes                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1052F | Type location activityassess                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1055F | Visual Funct Status Assess                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1060F | Doc Per/cont/parox Atr.fib                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1061F | Doc Lack Perm+cont+parox Fib                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1065F | Ischm Stroke Symp <3 Hrs B/4                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1066F | Ischm Stroke Symp >3 Hrs B/4                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1070F | Alarm Symp Assessed-absent                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1071F | Alarm Symp Assessed-1 + Prsnt                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1090F | Pres/absn Urin Incon Assess                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1091F | Urine Incon Characterized                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1100F | Pt Falls Assess-doc'd>2+/yr                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1101F | Pt Falls Assessed-doc'd<1/yr                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1110F | Pt Lft Inpt Fac W/in 60 Days                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1111F | Dschrg Med/current Med Merge                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1116F | Auric/peri Pain Assessed                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1118F | Gerd Symptoms Assessed After 12 Months Of Therapy  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1119F | Initial Evaluation For Condition (hep C)1          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1121F | Subsequent Evaluation For Condition (hep C)1       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1123F | Advance Care Planning Discussed And Documented; Ad | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1124F | Advance Care Planning Discussed And Documented In  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| 1125F | Pain Severity Quantified; Pain Present (onc)1      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1126F | Pain Severity Quantified; No Pain Present (onc)1   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1127F | New episode for condtion                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1128F | Subsequent episode for condtion                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1130F | Back Pain And Function Assessed, Including All Of  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1134F | Episode Of Back Pain Lasting Six Weeks Or Less (bk | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1135F | Episode Of Back Pain Lasting Longer Than Six Weeks | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1136F | Episode Of Back Pain Lasting 12 Weeks Or Less (bkp | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1137F | Episode Of Back Pain Lasting Longer Than 12 Weeks  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1150F | Doc Pt Rsk Death W/in 1yr                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1151F | Doc No Pt Rsk Death W/in 1yr                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1152F | Doc Advncd Dis Comfort 1st                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1153F | Doc Advncd Dis Cmfrt Not 1st                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1157F | Advnc Care Plan In Rcrd                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1158F | Advnc Care Plan Tlk Docd                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1159F | Med List Docd In Rcrd                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1160F | Rvw Meds By Rx/dr In Rcrd                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1170F | Fxnl Status Assessed                               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1175F | Function stat assessed rwd                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1180F | Thromboemb Risk Assessed                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1181F | Neuropsychia sympts assessed                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



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| 1182F | Neuropsychi sympt 1+present              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1183F | Neuropsychiatric symp absent             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1200F | Seizure type(s)+ frq docd                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1205F | Epi etiol synd rvwd and docd             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1220F | Patient Screened For Depression          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1400F | Parkinson's Disease diagnosis reviewed   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1450F | Symptoms improved/consist                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1451F | Sympt show clin import drop              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1460F | Qual card diag prior 12 mons             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1461F | No qual card diag prior12mon             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1490F | Dem severity classified mild             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1491F | Dem severity classified mod              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1493F | Dem severity class severe                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1494F | Cognit assessed and reviewed             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1500F | Symptom and sign symm polyneuro          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1501F | Not initial eval for condition           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1502F | Pt queried pain function with instrument | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1503F | Pt queried symptoms resp insuff          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1504F | Pt has respiratory insufficiency         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 1505F | Pt has no respiratory insufficiency      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2000F | Blood Pressure Measure                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| 2001F | Weight Record                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2002F | Clin Sign Vol Ovrlld Assess  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2004F | Initial Exam Involved Joints | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2010F | Vital Signs Recorded         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2014F | Mental Status Assess         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2015F | Asthma impairment assessed   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2016F | Asthma risk assessed         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2018F | Hydration Status Assess      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2019F | Dilated Macul Exam Done      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2020F | Dilated Fundus Eval Done     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2021F | Dilated Macul+exam Done      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2022F | Dil Retina Exam Interp Rev   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2023F | Dilat rta xm w/o rtnophy     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2024F | 7 Field Photo Interp Doc Rev | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2025F | 7 fld rta photo w/o rtnophy  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2026F | Eye Image Valid To Dx Rev    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2027F | Optic Nerve Head Eval Done   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2028F | Foot Exam Performed          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2029F | Complete Phys Skin Exam Done | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2030F | H2O Stat Doc'd Normal        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2031F | H2O Stat Doc'd Dehydrated    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 2033F | Eye img valid w/o rtnophy                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2035F | Tymp Memb/motion Exam'd                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2040F | Physical Examination On The Date Of The Initial Vi | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2044F | Documentation Of Mental Health Assessment Prior To | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2050F | Wound Char Size Etc Docd                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 2060F | Pt talk eval hlthwkr re mdd                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 20930 | Spinal Bone Allograft                              | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 20936 | Spinal Bone Autograft                              | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 22526 | Idet, Single Level                                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 22527 | Idet, 1 Or More Levels                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 22841 | Insert Spine Fixation Device                       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 22857 | Lumbar Artif Disectomy                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 22862 | Revise Lumbar Artif Disc                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 27215 | Treat Pelvic Fracture(s)                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 27216 | Treat Pelvic Ring Fracture                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 27217 | Treat Pelvic Ring Fracture                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 27218 | Treat Pelvic Ring Fracture                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 27412 | Autochondrocyte Implant Knee                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3006F | Cxr Doc Rev  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3008F | Body mass index docd                               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3011F | Lipid Panel Doc Rev                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 3014F | Sceen Mammo Doc Rev          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3015F | Cerv cancer screen docd      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3016F | Pt Scrnd Unhlthy Oh Use      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3017F | Colorectal Ca Screen Doc Rev | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3018F | Pre-prxd Rsk Et Al Docd      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3019F | Lvef assess planpost dschrge | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3020F | Lvf Assess                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3021F | Lvef Mod/sever Depres Syst   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3022F | Lvef >40% Systolic           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3023F | Spirom Doc Rev               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3025F | Spirom Fev/fvc <70% W Copd   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3027F | Spirom Fev/fvc >70% W/o Copd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3028F | O2 Saturation Doc Rev        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3035F | O2 Saturation <88% /pao<55%  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3037F | O2 Saturation >88% /pao>55   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3038F | Pulm fx w/in 12 mon b/4 surg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3040F | Fev <40% Predicted Value     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3042F | Fev >40% Predicted Value     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3044F | Hg A1c Level <7.0%           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3045F | Hg A1c Level 7.0 - 9.0%      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3046F | Hemoglobin A1c Level > 9.0%  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 3048F | Ldl-c < 100 Mg/dl            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3049F | Ldl-c 100-129 Mg/dl          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3050F | Ldl-c = 130 Mg/dl            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3051F | Hg a1c>equal 7.0%<8.0%       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3052F | Hg a1c>equal 8.0%<equal 9.0% | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3055F | Lvef less than/equal to 35%  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3056F | Lvef greater than 35%        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3060F | Pos Microalbuminuria Rev     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3061F | Neg Microalbuminuria Rev     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3062F | Pos Macroalbuminura Rev      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3066F | Nephropathy Doc Tx           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3072F | Low Risk For Retinopathy     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3073F | Pre-surg Eye Measures Doc'd  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3074F | Sust Bp < 130 MmHg           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3075F | Syst Bp >130 - 139 MmHg      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3077F | Syst Bp = 140 Mm Hg          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3078F | Diast Bp < 80 Mm Hg          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3079F | Diast Bp 80-89 Mm Hg         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3080F | Diast Bp = 90 Mm Hg          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3082F | Kt/v <1.2                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3083F | Kt/v >= 1.2 And < 1.7        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                        | Edit Type                 | Comment  |
|-------|------------------------------------|---------------------------|--|
| 3084F | Kt/v > 1.7                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3085F | Suicide Risk Assessed              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3088F | Mdd Mild                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3089F | Mdd Moderate                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3090F | Mdd Severe; W/o Psych              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3091F | Mdd Severe; W/psych                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3092F | Mdd In Remission                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3093F | Doc New Diag 1st/addl. Mdd         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3095F | Central Dexa Results Doc'd         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3096F | Central Dexa Ordered               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3100F | Carot Blk Doc'd W/carot Ref        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3110F | Pres/absn Hmrhg/lesion Doc'd       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3111F | Ct/mri Brain Done W/in 24 Hrs      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3112F | Ct/mri Brain Done > 24 Hrs         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3115F | Quant results activity +symp       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3117F | Hf assessment tool completed       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3118F | Ny heart assoc class doc'd         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3119F | No eval activity clin symp         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3120F | 12-lead Ecg Performed              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3126F | Esophageal biopsy report/dysplasia | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3130F | Upper Gi Endoscopy Performed       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 3132F | Doc Ref. Upper Gi Endoscopy                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3140F | Forceps Esoph Biopsy Done                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3141F | Upper Gi Endo Shows Barrrt's                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3142F | Upper Gi Endo Not Barrrt's                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3150F | Forceps Esoph Biopsy Done                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3155F | Cytogen Test Marrow B/4 Tx                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3160F | Doc Fe+ Stores B/4 Epo Tx                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3170F | Flow Cyto Done B/4 Tx                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3200F | Barium Swallow Test Not Req                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3210F | Grp A Strep Test Performed                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3215F | Pt Immunity To Hep A Doc'd                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3216F | Pt Immunity To Hep B Doc'd                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3218F | Rna Testing For Hepatitis C Documented As Performe | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3220F | Hep C Quant Rna Tstng Doc'd                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3230F | Note Hring Tst W/in 6 Mon                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3250F | Noprim Loc Anat Bx Site Tumor                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3260F | Pt Cat/pn Cat/hist Grd Doc'd                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3265F | Ribonucleic Acid (rna) Testing For Hepatitis C Vir | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3266F | Hepatitis C Genotype Testing Documented As Perform | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3267F | Path report w/PT PN CAT ET AL                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3268F | Prostate-specific Antigen (psa), And Primary Tumor | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 3269F | Bone Scan Performed Prior To Initiation Of Treatme | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3270F | Bone Scan Not Performed Prior To Initiation Of Tre | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3271F | Low Risk Of Recurrence, Prostate Cancer (prca)1    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3272F | Intermediate Risk Of Recurrence, Prostate Cancer   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3273F | High Risk Of Recurrence, Prostate Cancer (prca)1   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3274F | Prostate Cancer Risk Of Recurrence Not Determined  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3278F | Serum Levels Of Calcium, Phosphorus, Intact Parath | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3279F | Hemoglobin Level Greater Than Or Equal To 13 G/dl  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3280F | Hemoglobin Level 11 G/dl To 12.9 G/dl (ckd, Esrd)1 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3281F | Hemoglobin Level Less Than 11 G/dl (ckd, Esrd)1    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3284F | Intraocular Pressure (iop) Reduced By A Value Of G | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3285F | Intraocular Pressure (iop) Reduced By A Value Less | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3288F | Falls Risk Assessment Documented (ger)5            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3290F | Patient Is D (rh) Negative And Unsensitized (prena | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3291F | Patient Is D (rh) Positive Or Sensitized (prenatal | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3292F | Hiv Testing Ordered Or Documented And Reviewed Dur | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3293F | Abo rh blood typing docd                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3294F | Grp b strep screening docd                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3300F | American Joint Committee On Cancer (ajcc) Stage Do | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3301F | Cancer Stage Documented In Medical Record As Metas | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3315F | Estrogen Receptor (er) Or Progesterone Receptor (p | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



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**Non-Reimbursable Services Edits**  
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| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 3316F | Estrogen Receptor (er) And Progesterone Receptor ( | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3317F | Pathology Report Confirming Malignancy Documented  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3318F | Pathology Report Confirming Malignancy Documented  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3319F | One Of The Following Diagnostic Imaging Studies Or | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3320F | None Of The Following Diagnostic Imaging Studies O | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3321F | Ajcc Cncr O/ia Mela Documented                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3322F | Melanoma >ajcc Stage 0 Or Ia                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3323F | Clin node stgng docdb/4 surg                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3324F | Mri ct scan ord rvwd rqstd                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3325F | Preoperative Assessment Of Functional Or Medical I | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3328F | Prfrmnc docd 2 wks b/4 surg                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3330F | Imaging Study Ordered (bkp)2                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3331F | Imaging Study Not Ordered (bkp)2                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3340F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3341F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3342F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3343F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3344F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3345F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3350F | Mammo Bx Proven Malig Docd                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3351F | Neg Screen Dep Symp By Dep Tool                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                     | Edit Type                 | Comment  |
|-------|---|---------------------------|--|
| 3352F | No Sig Dep Symp By Dep Tool                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3353F | Mild-mod Dep Symp By Dep Tool                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3354F | Clin Sig Dep Symp By Dep Tool                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3370F | Ajcc Breast Cancer Stage 0 Documented           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3372F | Ajcc Breast Cancer Stage1 + Documented          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3374F | Ajcc Brst Cancer Tumor Size >1cm To 2cm Stage 1 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3376F | Ajcc Breast Cancer Stage 2 Documented           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3378F | AJCC Breast Cancer Stage III, documented (ONC)1 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3380F | Ajcc Breast Cancer Stage 4 Documented           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3382F | Ajcc Colon Cancer Stage 0 Documented            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3384F | Ajcc Colon Cancer Stage 1 Documented            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3386F | Ajcc Colon Cancer Stage 2 Documented            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3388F | Ajcc Colon Cancer Stage 3 Documented            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3390F | Ajcc Colon Cancer Stage 4 Documented            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3394F | Quant HER2 IHC eval breast cancer               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3395F | Quant HER2 IHC eval breast cancer               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3450F | Dyspnea Scrnd, No-mild Dysp                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3451F | Dyspnea Scrnd Mod-high Dysp                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3452F | Dyspnea Not Screened                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3455F | Tb Scrng Done-interpd 6mon                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3470F | Ra Disease Activity, Low                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                              | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 3471F | Ra Disease Activity, Mod                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3472F | Ra Disease Activity, High                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3475F | Disease Progn Ra Poor Docd               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3476F | Disease Progn Ra Good Docd               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 34839 | Plinning pt spec fenest graft            | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 34848 | Visc & infraren abd 4+ prost             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3490F | History - Aids-defining Cond             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3491F | Hiv Unsure Baby Of Hiv+moms              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3492F | History Cd4+ Cell Count <350             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3493F | No Hist Cd4+cell Cnt<350                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3494F | Cd4+cell Count <200cells/mm3             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3495F | Cd4+cell Cnt 200-499 Cells               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3496F | Cd4+ Cell Count =500 Cells               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3497F | Cd4+ Cell Percentage <15%                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3498F | Cd4+ Cell Percentage =15%                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3500F | Cd4 +cell Count% Documented As Done      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3502F | Hiv Rna Vrl Load <Imts Quantif           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3503F | Hiv Rna Vrl Load Below Limits Of Quantif | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3510F | Doc Tb Screening Results Interpreted     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3511F | Chlamydia And Gonorrhea Documented Done  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3512F | Syphilis Screening Documented As Done    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                   | Edit Type                 | Comment  |
|-------|---|---------------------------|--|
| 3513F | Hepatitis Screening Documented As Done        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3514F | Hepatitis C Screening Documented As Done      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3515F | Patient Has Documented Immunity To Hep C      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3517F | Hbv assess&results intrp 1yr                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3520F | Cdifficile testing performed                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3550F | Low Risk Thromboembolism                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3551F | Intermediate Risk Thromboembolism             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3552F | High Risk For Thromboembolism                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3555F | Patient Inr Measurement Preformed             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3570F | Report Scint X-ref With X-ray                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3572F | Patient Considered Poss Risk Fx               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3573F | Patient Not Considered Poss Risk Fx           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 36000 | Place Needle In Vein                          | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 36416 | Capillary Blood Draw                          | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 3650F | EEG ordered rvwd reqstd                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3700F | Psychiatric disorder or disturbances assessed | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3720F | Cognitive impairment or dysfunction assessed  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 37216 | Transcath Stent, Cca W/o Eps                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3725F | Screen depression performed                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3750F | Ptnotrcvngsteroid>=/=10mg/day                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3751F | Electrodiag polyneuro 6 months                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                     | Edit Type                 | Comment  |
|-------|---|---------------------------|--|
| 3752F | No electrodiag polyneuro 6 months               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3753F | Pt has symp and signs neuropathy                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3754F | Screeing tests dm done                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3755F | Cognitive and behav impairment scrng            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3756F | Pt with pseudobulb affect ALS                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3757F | Pt with no pseudobulb affect ALS                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3758F | Pt referred pulmon fx test / peak flow          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3759F | Pt screened dysphag/wt loss/nutr                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3760F | Pt w/ dysphag/wt loss/nutr                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3761F | Pt w/o dysphag/wt loss/nutr                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3762F | Patient is dysarthric                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3763F | Patient is not dysarthric                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3775F | Adenoma(s)/neoplasm detected during colonoscopy | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 3776F | Adeonom(s)/neoplasm not detected in colonoscopy | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38204 | Bl Donor Search Management                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38207 | Cryopreserve Stem Cells                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38208 | Thaw Preserved Stem Cells                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38209 | Wash Harvest Stem Cells                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38210 | T-cell Depletion Of Harvest                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38211 | Tumor Cell Deplete Of Harvst                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38212 | Rbc Depletion Of Harvest                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 38213 | Platelet Deplete Of Harvest  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38214 | Volume Deplete Of Harvest    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38215 | Harvest Stem Cell Concentrte | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 38225 | Car-t hrv bld-drv t lymphcyt | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 38226 | Car-t prep t lymphcyt f/trns | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 38227 | Car-t receipt&prepj admn     | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 4000F | Tobacco Use Txmnt Counseling | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4001F | Tobacco Use Txmnt, Pharmacol | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4003F | Pt Ed Write/oral, Pts W/ Hf  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4004F | Pt tobacco use done rcvd tlk | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4005F | Pharm Thx For Op Rx'd        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4008F | Beta-blocker therapy rxd/tkn | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4010F | Ace/arb therapy rxd/taken    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4011F | Oral Antiplatelet Therapy Rx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4012F | Warfarin Therapy Rx          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4013F | Statin therapy/currently tkn | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4014F | Written Discharge Instr Prvd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4015F | Persist Asthma Medicine Ctrl | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4016F | Anti-inflm/anlgsc Agent Rx   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4017F | Gi Prophylaxis For Nsaid Rx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4018F | Therapy Exercise Joint Rx    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 4019F | Doc Recpt Counsl Vit/calc+   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4025F | Inhaled Bronchodilator Rx    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4030F | Oxygen Therapy Rx            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4033F | Pulmonary Rehab Rec          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4035F | Influenza Imm Rec            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4037F | Influenza Imm Order/admin    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4040F | Pneumo Imm Order/admin       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4041F | Doc Order Cefazolin/cerfurox | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4042F | Doc Antibio Not Given        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4043F | Doc Order Given Stop Antibio | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4044F | Doc Order Given Vte Prophylx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4045F | Empiric Antibiotic Rx        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4046F | Doc Antibio Given B/4 Surg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4047F | Doc Antibio Given B/4 Surg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4048F | Doc Antibio Given B/4 Surg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4049F | Doc Order Given Stop Antibio | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4050F | Ht Care Plan Doc             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4051F | Referred For An Av Fistula   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4052F | Hemodialysis Via Av Fistula  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4053F | Hemodialysis Via Av Graft    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4054F | Hemodialysis Via Catheter    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 4055F | Pt. Rcvng Perton Dialysis    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4056F | Approp. Oral Rehyd Recomm'd  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4058F | Ped Gastro Ed Given Caregvr  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4060F | Psych Svcs Provided          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4062F | Pt Referral Psych Doc'd      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4063F | Antidepres rxthxpy not rxd   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4064F | Antidepressant Rx            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4065F | Antipsychotic Rx             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4066F | Ect Provided                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4067F | Pt Referral For Ect Doc'd    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4069F | Vte prophylaxis rcvd         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4070F | Dvt Prophylx Recv'd Day 2    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4073F | Oral Antiplat Thx Rx Dischrg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4075F | Anticoag Thx Rx At Dischrg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4077F | Doc T-pa Adm Considered      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4079F | Doc Rehab Svcs Considered    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4084F | Aspirin Recv'd W/in 24 Hrs   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4086F | Aspirin/clopidogrel rxd      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4090F | Pt Recvng Epo Thxpy          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4095F | Pt Not Rcvng Epo Thxpy       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4100F | Biphos Thxpy Vein Ord/rec'vd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| 4110F | Int Mam Art Used For Cabg           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4115F | Beta Blckr Admin W/in 24 Hrs        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4120F | Antibiot Rx'd/given                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4124F | Antibiot Not Rx'd/given             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4130F | Topical Prep Rx, Aoe                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4131F | Syst Antimicrobial Thx Rx           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4132F | No Syst Antimicrobial Thx Rx        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4133F | Antihist/decong Rx/recom            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4134F | No Antihist/decong Rx/recom         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4135F | Systemic Corticosteroids            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4136F | Syst Corticosteroids Not Rx         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4140F | Inhaled corticosteroids rxd         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4142F | Corticoster sparing txmnt rxd       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4144F | Alt long-term cntrl med rxd         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4145F | 2+ anti-hyprtnsv agents tkn         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4148F | Hep A Vaccine Injection Admin/recvd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4149F | Hep B Vaccine Injection Admin/recvd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4150F | Pt Recvng Antivir Txmnt Hepc        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4151F | Pt Not Recvng Antiv Hep C           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4153F | Combo Pegintf/rib Rx                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4155F | Hep A Vac Series Prev Recvd         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 4157F | Hep B Vac Series Prev Recvd                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4158F | Pt Consld About Risk Of Alcoho                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4159F | Contrcp Talk B/4 Antiv Txmnt                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4163F | Patient Counseling At A Minimum On All Of The Foll | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4164F | Adjuvant (ie, In Combination With External Beam Ra | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4165F | Three-dimensional Conformal Radiotherapy (3d-crt)  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4167F | Head Of Bed Elevation (30-45 Degrees) On First Ven | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4168F | Patient Receiving Care In The Intensive Care Unit  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4169F | Patient Either Not Receiving Care In The Intensive | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4171F | Patient Receiving Erythropoiesis-stimulating Agent | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4172F | Patient Not Receiving Erythropoiesis-stimulating A | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4174F | Counseling About The Potential Impact Of Glaucoma  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4175F | Best-corrected Visual Acuity Of 20/40 Or Better (d | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4176F | Counseling About Value Of Protection From Uv Light | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4177F | Counseling About The Benefits And/or Risks Of The  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4178F | Anti-d Immune Globulin Received Between 26 And 30  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4179F | Tamoxifen Or Aromatase Inhibitor (ai) Prescribed ( | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4180F | Adjuvant Chemotherapy Prescribed Or Previously Rec | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4181F | Conformal Radiation Therapy Received (onc)1        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4182F | Conformal Radiation Therapy Not Received (onc)1    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4185F | Continuous (12-months) Therapy With Proton Pump In | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 4186F | No Continuous (12-months) Therapy With Either Prot | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4187F | Disease Modifying Anti-rheumatic Drug Therapy Pres | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4188F | Appropriate Angiotensin Converting Enzyme (ace)/an | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4189F | Appropriate Digoxin Therapeutic Monitoring Test Or | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4190F | Appropriate Diuretic Therapeutic Monitoring Test O | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4191F | Appropriate Anticonvulsant Therapeutic Monitoring  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4192F | Pt Not Rcvng Glucoco Thxpy                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4193F | Pt Rcvng<10mg Daily Predniso                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4194F | Pt Rcvng>10mg Daily Predniso                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4195F | Pt Rcvng Anti-rheum Thxpy Ra                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4196F | Ptnot Rcvng Anti-rhm Thxpyra                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4200F | External Beam Radiotherapy To Prostate W/wo (prca) | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4201F | External Beam Radiotherapy For Prostate Cancer To  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4210F | Angiotensin Converting Enzyme (ace) Or Angiotensin | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4220F | Digoxin Medication Therapy For 6 Months Or More (m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4221F | Diuretic Medication Therapy For 6 Months Or More ( | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4230F | Anticonvulsant Medication Therapy For 6 Months Or  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4240F | Instruction In Therapeutic Exercise With Follow-up | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4242F | Counseling For Supervised Exercise Program Provide | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4245F | Patient Counseled During The Initial Visit To Main | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4248F | Patient Counseled During The Initial Visit For An  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 4250F | Active Warming Used Intraoperatively For The Purpo | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4255F | Anesth >= 60 min as docd                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4256F | Anesth < 60 min as docd                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4260F | Wound Srfc Culturetech Used                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4261F | Tech Other Than Surf Cult                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4265F | Wet-dry Dressings Rx-recmd                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4266F | No Wet-dry Drssings Rx-recmd                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4267F | Comprssion Thxpy Prescribed                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4268F | Pt Ed Re Comp Thxpy Rcvd                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4269F | Appropos Mthd Offloading Rxd                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4270F | Patient Receiving Anti R-viral Therapy             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4271F | Patient Receiving Anti R-viral Therapy             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4274F | Flu Immunization Administered Received             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4276F | Potent antivir thxpy rxd                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4279F | Pcp Prophylaxis Rxd                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4280F | Pcp Prophylax Rxd 3mon Low %                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4290F | Patient Screen For Injection Drug Use (hiv) 5      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4293F | Patient Screened High-risk Sexual Behavior         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4300F | Patient Receiving Warfin Therapy                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4301F | Patient Not Receiving Warfin Therapy               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4305F | Pt Ed Re Ft Care Inspct Rcvd                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                       | Edit Type                 | Comment  |
|-------|---|---------------------------|--|
| 4306F | Pt Tlk Psych & Rx Opd Addic                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4320F | Patient Talk Psychsoc And Treatment Oh Dpnd       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4322F | Crgvr prov w/ ed addl rsrcls                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4324F | Patient queried Parkinson's Disease Complications | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4325F | Med and surgical treatment options reviewed w/ pt | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4326F | Patient asked regarding symptoms auto dysfxn      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4328F | Patient asked regarding sleep disturbances        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4330F | Cnslng epi spec sfty issues                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4340F | Cnslng chldbrng+ women epi                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4350F | Cnslng provided symp mngmnt                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 43842 | V-band Gastroplasty                               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4400F | Rehab therapy options with patient                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4450F | Self-care ed provided to pt                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 44705 | Prepare fecal microbiota                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4470F | Icd counseling provided                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4480F | Pt rcvng ace/arb b-blockertx                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4481F | Pt rcvng ace/arb blker<3mons                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4500F | Ref to outpt card rehab prog                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4510F | Prev cardrehab qualcardevent                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4525F | Neuropsychia interven order                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4526F | Neuropsychia interven rcvd                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 4540F | Disease modifying pharmacothpy                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4541F | Pt offered tx for pseudobulb                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4550F | Noninvas resp support talk                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4551F | Nutritional support offered                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4552F | Pt ref for speech lang path                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4553F | Pt asst in planning for end of liffe issues        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4554F | Pt receieved inhalation anesthetic                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4555F | Pt received no inhalation anesthetic               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4556F | Pt w/3 or more post op nausea and vomiting         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4557F | Pt w/o 3 or more post op nausea and vomiting       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4558F | Pt received 2 rx anti-emetic agents                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4559F | 1 body temp >=35.5 cw/in 30 min                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4560F | Anesth w/o gen/neuraxial anesth                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4561F | Pt w/ coronary artery stent                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4562F | Pt w/o coronary artery stent                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 4563F | Pt received aspirin within 24 hrs                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 5010F | Macul+fndngs To Dr Mng Dm                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 5015F | Doc Fx & Test/txmnt For Op                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 5020F | Treatment Summary Report Communicated To Physician | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 5050F | Treatment Plan Communicated To Provider(s) Managin | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 5060F | Findings From Diagnostic Mammogram Communicated To | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 5062F | Documentation Of Direct Communication Of Diagnosti | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 5100F | Rsk Fx Ref W/n 24 Hrs X-ray                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 5200F | Eval appros surg thxpy epi                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 5250F | Asthma discharge plan presnt                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 57465 | Cam cervix uteri drg colp                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6005F | Care Level Rationale Doc                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6010F | Dysphag Test Done B/4 Eating                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6015F | Pt Recvng/ok For Eatng/swallowing                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6020F | Npo (nothing-mouth) Ordered                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6030F | All Elements Of Maximal Sterile Barrier Technique  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6040F | Use Of Appropriate Radiation Dose Reduction Device | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6045F | Radiation Exposure Or Exposure Time In Final Repor | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6070F | Pt asked/cnsld aed effects                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6080F | Patient/Caregive queried about falls               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6090F | Patient/Caregive counseled about safety issues     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6100F | Verify pt site procedure documented                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6101F | Safety counseling dementia                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6102F | Safety counseling dem order                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6110F | Counsel prov driving risks                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 6150F | Pt notrcvng1st antitnf txmnt                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 61630 | Intracranial Angioplasty                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 61640 | Dilate Ic Vasospasm, Init                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 61641 | Dilate Ic Vasospasm Add-on                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 61642 | Dilate Ic Vasospasm Add-on                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 69090 | Pierce Earlobes                                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 7010F | Patient Information Entered Into A Recall System W | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 7020F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 7025F | Patient Information Entered Into A Reminder System | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 76140 | X-ray Consultation                                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 77061 | Breast tomosynthesis uni                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 77062 | Breast tomosynthesis bi                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 77385 | Brachytx isodose complex                           | Non-Reimbursable Services | Not considered a payable Professional service and/or reimbursed separately. |
| 77386 | Ntsty modul rad tx dlvr cplx                       | Non-Reimbursable Services | Not considered a payable Professional service and/or reimbursed separately. |
| 77387 | Guidance for radiaj tx dlvr                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 77402 | Radiation Treatment Delivery                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 77407 | Radiation Treatment Delivery                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 77412 | Radiation Treatment Delivery                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 78350 | Bone Mineral, Single Photon                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 78351 | Bone Mineral, Dual Photon                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 78609 | Brain Imaging (pet)                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 80050 | General Health Panel                               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| 80055 | Obstetric Panel                                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 80320 | Drug screen quantalcohols    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80321 | Alcohols biomarkers 1or 2    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80322 | Alcohols biomarkers 3/more   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80323 | Alkaloids nos                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80324 | Drug screen amphetamines 1/2 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80325 | Amphetamines 3or 4           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80326 | Amphetamines 5 or more       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80327 | Anabolic steroid 1 or 2      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80328 | Anabolic steroid 3 or more   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80329 | Analgesics non-opioid 1 or 2 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80330 | Analgesics non-opioid 3-5    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80331 | Analgesics non-opioid 6/more | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80332 | Antidepressants class 1 or 2 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80333 | Antidepressants class 3-5    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80334 | Antidepressants class 6/more | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80335 | Antidepressant tricyclic 1/2 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80336 | Antidepressant tricyclic 3-5 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80337 | Tricyclic & cyclical 6/more  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80338 | Antidepressant not specified | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80339 | Antiepileptics nos 1-3       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80340 | Antiepileptics nos 4-6       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 80341 | Antiepileptics nos 7/more    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80342 | Antipsychotics nos 1-3       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80343 | Antipsychotics nos 4-6       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80344 | Antipsychotics nos 7/more    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80345 | Drug screening barbiturates  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80346 | Benzodiazepines1-12          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80347 | Benzodiazepines 13 or more   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80348 | Drug screening buprenorphine | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80349 | Cannabinoids natural         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80350 | Cannabinoids synthetic 1-3   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80351 | Cannabinoids synthetic 4-6   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80352 | Cannabinoid synthetic 7/more | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80353 | Drug screening cocaine       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80354 | Drug screening fentanyl      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80355 | Gabapentin non-blood         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80356 | Heroin metabolite            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80357 | Ketamine and norketamine     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80358 | Drug screening methadone     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80359 | Methylenedioxymphetamines    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80360 | Methylphenidate              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80361 | Opiates 1 or more            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                   | Edit Type                 | Comment  |
|-------|-------------------------------|---------------------------|--|
| 80362 | Opioids & opiate analogs 1/2  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80363 | Opioids & opiate analogs 3/4  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80364 | Opioid & opiate analog 5/more | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80365 | Drug screening oxycodone      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80366 | Drug screening pregabalin     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80367 | Drug screening propoxyphene   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80368 | Sedative hypnotics            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80369 | Skeletal muscle relaxant 1/2  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80370 | Skel musc relaxant 3 or more  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80371 | Stimulants synthetic          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80372 | Drug screening tapentadol     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80373 | Drug screening tramadol       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80374 | Stereoisomer analysis         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80375 | Drug/substance nos 1-3        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80376 | Drug/substance nos 4-6        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 80377 | Drug/substance nos 7/more     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 82075 | Assay Of Breath Ethanol       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 83992 | Assay For Phencyclidine       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 86152 | Cell enumeration & id         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 86153 | Cell enumeration phys interp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 87913 | Nfct Agt Gntyp Alys Sarscov2  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 88000 | Autopsy (necropsy), Gross    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88005 | Autopsy (necropsy), Gross    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88007 | Autopsy (necropsy), Gross    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88012 | Autopsy (necropsy), Gross    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88014 | Autopsy (necropsy), Gross    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88016 | Autopsy (necropsy), Gross    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88020 | Autopsy (necropsy), Complete | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88025 | Autopsy (necropsy), Complete | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88027 | Autopsy (necropsy), Complete | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88028 | Autopsy (necropsy), Complete | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88029 | Autopsy (necropsy), Complete | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88036 | Limited Autopsy              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88037 | Limited Autopsy              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88040 | Forensic Autopsy (necropsy)  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88045 | Coroner's Autopsy (necropsy) | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 88099 | Necropsy (autopsy) Procedure | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 9001F | Aortic aneurysm<5cm diam ct  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 9002F | Aortic aneurysm 5-5.4cm diam | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 9003F | Aortic anrysm5.5-5.4cm diam  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 9004F | Aortic anrysm 6/grtr cm diam | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 9005F | Asympt carot/vrtbrbas sten   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 9006F | Sympt sten-tia/strk<120days  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 9007F | Other carot sten120days/grtr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90393 | Vaccina Ig, Im               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90476 | Adenovirus Vaccine, Type 4   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90477 | Adenovirus Vaccine, Type 7   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90593 | CHIKUNGUNYA VACC RECOMB IM   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90634 | Hep A Vacc, Ped/adol, 3 Dose | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90655 | Flu Vaccine No Preserv 6-35m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90676 | Rabies Vaccine, Id           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90863 | Pharmacologic mgmt w/psytx   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90882 | Environmental Manipulation   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 90885 | Psy Evaluation Of Records    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 90887 | Consultation With Family     | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 90889 | Preparation Of Report        | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92352 | Special Spectacles Fitting   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92353 | Special Spectacles Fitting   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92354 | Special Spectacles Fitting   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92355 | Special Spectacles Fitting   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92358 | Eye Prosthesis Service       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92371 | Repair & Adjust Spectacles   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92531 | Spontaneous Nystagmus Study  | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 92532 | Positional Nystagmus Test    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92533 | Caloric Vestibular Test      | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92534 | Optokinetic Nystagmus Test   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92551 | Pure Tone Hearing Test, Air  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 92605 | Eval For Nonspeech Device Rx | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92606 | Non-speech Device Service    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92618 | Ex for nonspeech dev rx addl | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92630 | Aud Rehab Pre-ling Hear Loss | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 92633 | Aud Rehab Postling Hear Loss | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 92921 | Prq cardiac angio addl art   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92925 | Prq card angio/athrect addl  | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92929 | Prq card stent w/angio addl  | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92934 | Prq card stent/ath/angio     | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92938 | Prq revasc byp graft addl    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 92944 | Prq card revasc chronic addl | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 93050 | Art pressure waveform analys | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 93356 | Myocrd strain img spckl trck | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 93740 | Temperature Gradient Studies | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 93770 | Measure Venous Pressure      | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 94005 | Home Vent Mgmt Supervision   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 94150 | Vital Capacity Test          | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 95120 | Immunotherapy, One Injection | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 95125 | Immunotherapy, Many Antigens | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 95130 | Immunotherapy, Insect Venom  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 95131 | Immunotherapy, Insect Venoms | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 95132 | Immunotherapy, Insect Venoms | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 95133 | Immunotherapy, Insect Venoms | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 95134 | Immunotherapy, Insect Venoms | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 95941 | Ionm remote/>1 pt or per hr  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 96041 | Genetic counseling svc ea 30 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 96110 | Developmental Test, Lim      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 96155 | Interv Hlth/behav Fam No Pt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 96902 | Trichogram                   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 96904 | Whole Body Photography       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 97010 | Hot Or Cold Packs Therapy    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 97014 | Electric Stimulation Therapy | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 97602 | Wound(s) Care Non-selective  | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 98000 | Synch audio-video new sf 15  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98001 | Synch audio-video new low 30 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98002 | Synch audio-video new mod 45 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98003 | Synch audio-video new hi 60  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98004 | Synch audio-video est sf 10  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 98005 | Synch audio-video est low 20 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98006 | Synch audio-video est mod 30 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98007 | Synch audio-video est hi 40  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98008 | Synch audio-only new sf 15   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98009 | Synch audio-only new low 30  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98010 | Synch audio-only new mod 45  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98011 | Synch audio-only new high 60 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98012 | Synch audio-only est sf 10   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98013 | Synch audio-only est low 20  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98014 | Synch audio-only est mod 30  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98015 | Synch audio-only est high 40 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98960 | Self-mgmt Educ & Train, 1 Pt | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 98961 | Self-mgmt Educ/train, 2-4 Pt | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 98962 | Self-mgmt Educ/train, 5-8 Pt | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 98970 | Qnhp ol dig e/m svc 5-10min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98971 | Qnhp ol dig em svc 11-20min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98972 | Qnhp ol dig e/m svc 21+ min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98975 | Rem Ther Mntr 1St Setup&Edu  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98976 | Rem Ther Mntr Dev Sply Resp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98977 | Rem Ther Mntr Dv Sply Mscskl | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 98980 | Rem Ther Mntr 1St 20 Min     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| 98981 | Rem Ther Mntr Ea Addl 20 Min        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99000 | Specimen Handling                   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99001 | Specimen Handling                   | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99002 | Device Handling                     | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99024 | Postop Follow-up Visit              | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99026 | In-hospital On Call Service         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99027 | Out-of-hosp On Call Service         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99050 | Medical Services After Hrs          | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99051 | Med Serv, Eve/wkend/holiday         | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99053 | Med Serv 10pm-8am, 24 Hr Fac        | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99054 | Srvs Req Sun/holiday Add Basic Serv | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99056 | Med Service Out Of Office           | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99058 | Office Emergency Care               | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99060 | Out Of Office Emerg Med Serv        | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99070 | Special Supplies                    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99071 | Patient Education Materials         | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99072 | Addl supl matrl&staf tm phe         | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99078 | Group Health Education              | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99080 | Special Reports Or Forms            | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99100 | Special Anesthesia Service          | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99116 | Anesthesia With Hypothermia         | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 99135 | Special Anesthesia Procedure                       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99140 | Emergency Anesthesia                               | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99172 | Ocular Function Screen                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99173 | Visual Acuity Screen                               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99174 | Instrument based eye screening of both eyes        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99190 | Special Pump Services                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99191 | Special Pump Services                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99192 | Special Pump Services                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99242 | Office Consultation                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99243 | Office Consultation                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99244 | Office Consultation                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99245 | Office Consultation                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99252 | Initial Inpatient Consult                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99253 | Initial Inpatient Consult                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99254 | Initial Inpatient Consult                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99255 | Initial Inpatient Consult                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99288 | Direct Advanced Life Support                       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99360 | Physician Standby Services                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99366 | Medical Team Conference With Interdisciplinary Tea | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99367 | Medical Team Conference With Interdisciplinary Tea | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99368 | Medical Team Conference With Interdisciplinary Tea | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 99374 | Home Health Care Supervision                       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99375 | Home Health Care Supervision                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99377 | Hospice Care Supervision                           | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99378 | Hospice Care Supervision                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99379 | Nursing Fac Care Supervision                       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99380 | Nursing Fac Care Supervision                       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99408 | Alcohol And/or Substance (other Than Tobacco) Abus | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99409 | Alcohol And/or Substance (other Than Tobacco) Abus | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99411 | Preventive Counseling, Group                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99412 | Preventive Counseling, Group                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99429 | Unlisted Preventive Service                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| 99485 | Suprv interfacilty transport                       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| 99486 | Suprv interfac trnsport addl                       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| A0021 | Amb Srvc Otsd State-mile Transport                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0140 | Nonemerg Trnsprt & Air Travel                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0380 | Bls Mileage  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0382 | Bls Routine Disposable Supplies                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0384 | Bls Splclized Srvc Dispbl Spl; Defib               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0390 | Als Mileage  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0392 | Als Splclized Srvc Dispbl Spl; Defib               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0394 | Als Splclized Srvc Dispbl Spl; Iv Rx               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| A0396 | Als Splcizd Srvc Dispbl Spl;intubat | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0398 | Als Routine Disposable Supplies     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0420 | Amb Waiting Time 1/2 Hr Increments  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A0422 | Amb Oxygen&o2 Spl Life Sustaining   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4226 | Weekly supply maint cgs pump        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4230 | Infus Set Ext Insulin Pump Nonndle  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4231 | Infus Set Ext Insulin Pump Needle   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4232 | Syringe Ndle Ext Insulin Pump Sterl | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4257 | Repl Lens Shield Cartridge Lasr Skn | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4262 | Temp Absorb Lac Duct Implant Ea     | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| A4263 | Perm Nondissolv Lac Duct Impl Ea    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| A4270 | Disposable Endoscope Sheath Each    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| A4300 | Impl Accs Catheter External Access  | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| A4305 | Dispbl Rx Del Sys Rate 50 MI/>-hr   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4306 | Dispbl Rx Del Sys Rate 5 MI/<-hr    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4337 | Incontinent rectal insert           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4400 | Ostomy Irrigation Set               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4465 | Nonelastic Binder For Extremity     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4467 | Belt strap sleeve grmnt cover       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4480 | Vabra Aspirator                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4550 | Surgical Trays                      | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                      | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| A4555 | Ca tx e-stim electr/transduc                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4570 | Splints  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4575 | Topical Hyprbr Oxygen Chamb Dispbl               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4580 | Cast Supplies                                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4590 | Special Casting Material                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4606 | O2 Probe W/oximeter Device Replcmt               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4611 | Battry Hevy Duty; Repl Pt-ownd Vent              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4627 | Spacr Bag/resrvor Metrd Dose Inhal               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4639 | Repl Pad Infrard Heating Pad Sys Ea              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4890 | Contracts Repr&maint Hemodial Eqp                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4927 | Gloves Non-sterile Per 100                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A4930 | Gloves Sterile Per Pair                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A6000 | Non-cntc Wnd Warming Covr W/devc                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A6025 | Gel Sheet Dermal/epidrmal Applic Ea              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A6250 | Skn Sealnt Protct Moisturzr Ointmnt              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A6260 | Wound Cleansers Any Type Any Size                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A6413 | Adhesive Bandage, First Aid Type, Any Size, Each | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A7008 | Lg Vol Nebulizr Dispbl Prfil Compr               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A7009 | Resrvor Bottle Lg Vol Us Nebulizr                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A7047 | Resp suction oral interface                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| A9154 | Artificial saliva, 1 ml                          | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| A9272 | Disposable mech wound suct                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9273 | Hot/cold h2obot/cap/col/wrap                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9274 | Ext Amb Insulin Del Sys Disposble Ea               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9275 | Home Glu Dispbl Mon W/test Strips                  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9276 | Sensor; Invsr Intrstl Glu Mon Sys                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9277 | Transmit; Ext Intrstl Cont Glu On                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9278 | Receiver Mon; Ext Intrstl Glu Mon                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9279 | Monitoring feature/deviceNOC                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9284 | Spirometer, Non-electronic, Includes All Accessori | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9286 | Any hygienic item, device                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9900 | Dme Sup/access/srv-compon/oth Hcpcs                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| A9901 | Dme Del Set&/dspns Srv Anoth Hcpcs                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| B4100 | Food Thickener Admined Orally-ounce                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| B4102 | Enteral F Adlt Repl Fl&lytes 500 MI                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| B4103 | Enteral F Ped Repl Fl&lytes 500 MI                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| B4104 | Additive For Enteral Formula                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| C1748 | Endoscope, single, ugi                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| C1824 | Generator, ccm, implant                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| C1890 | No device w/dev-intensive px                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| C9760 | Non-blind interatrial shunt                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |
| E0117 | Crtch Underarm Artic Sprng Asstd Ea                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.       |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| E0118 | Crutch Substitute Lw Leg Platform   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0144 | Walker Enclos 4 Side Whl Post Seat  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0175 | Foot Rest Use W/commode Chair Each  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0215 | Electric Heat Pad Moist             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0217 | Water Circulating Heat Pad W/pump   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0218 | Water Circulating Cold Pad W/pump   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0221 | Infrared Heating Pad System         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0225 | Hydrocollator Unit Includes Pads    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0231 | Non-cntc Wnd Warm Devc W/card&covr  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0232 | Wound Warming Wound Cover           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0236 | Pump For Water Circulating Pad      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0239 | Hydrocollator Unit Portable         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0249 | Pad For Water Circulating Heat Unit | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0265 | Hos Bed Tot Elec W/rail W/mattrss   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0266 | Hos Bed Tot Elec W/rail W/o Mattrss | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0270 | Hosp Bed Inst Type: W/mattrss       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0296 | Hos Bed Tot Elec W/o Rail W/mattrss | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0297 | Hos Bed Tot Elec W/o Rail/mattrss   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0350 | Cntrl U Elec Bowel Irrig/evac Sys   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0352 | Dispbl Pack W/elec Bowel Irrig/evac | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0425 | Station Compr Gas Sys Purchase;     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| E0430 | Prtble Gaseous O2 Sys Purchase;                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0435 | Prtble Liquid O2 Sys Purchase;                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0440 | Station Liquid O2 Sys Purchase;                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0445 | Oximeter Msr Bld O2 Levl Non-invasv                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0446 | Topical Ox Deliver sys, nos                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0487 | Spirometer, Electronic, Includes All Accessories   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0575 | Nebulizer Ultrasonic Large Volume                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0620 | Skn Pierc Devc Clct Caplry Bld Lasr                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0675 | Pneumat Comprs Devc Hi Press Rapid                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0676 | Inter Limb Compress Dev Nos                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0700 | Safety Equipment                                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0787 | Cgs dose adj insulin inf pmp                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0840 | Traction Frame Headboard Cerv Tract                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0850 | Tract Stand Freestand Cerv Tract                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0856 | Cervical Traction Device, Cervical Collar With Inf | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0936 | Cpm Device, Other Than Knee                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0968 | Commode Seat Wheelchair                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0969 | Narrowing Device Wheelchair                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0970 | No 2 Footplates Except Elev Legrest                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0980 | Safety Vest Wheelchair                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0983 | Mnl Wc Acss Pwr Add-on Cnvrt Mnl Wc                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| E0984 | Mnl Wc Acss Pwr Add-on Cnvrt Mnl Wc                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E0994 | Armrest Each                                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1022 | Wheelchr transport secur                           | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| E1023 | Wheelchr transit securement                        | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| E1085 | Hemi-whlchair;fix Arm Dtach Footrst                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1086 | Hemi-whlchair; Dtachbl Arms Footrst                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1089 | Hi-strgth Whlchair; Fix Arm Footrst                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1090 | Hi-strgth Whlchar;dtach Arm Footrst                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1130 | Std Whlchair; Fix Arm Dtach Footrst                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1140 | Whlchair; Dtachble Arms Footrests                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1227 | Special Height Arms For Wheelchair                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1228 | Special Back Height For Wheelchair                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1250 | Lghtwt Whlchr;fix Arm Dtach Footrst                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1260 | Lghtwt Whlchair; Dtach Arms Footrst                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1285 | Hevy-duty Whlchr;fix Arm Dtach Foot                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1290 | Hevy-duty Whlchr; Dtach Arm Footrst                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1296 | Special Wheelchair Seat Ht From Flr                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1297 | Special Whlchair Seat Depth Uphlstr                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1298 | Spcl Whlchair Seat Dpth&/wdth Cnstr                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E1358 | Oxygen Accessory, Dc Power Adapter For Portable Co | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2230 | Manual Wheelchair Accessory, Manual Standing Syste | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| E2301 | Pwr Whlchair Acss Pwr Standing Sys  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2310 | Pwr Wc Acss Elec Cnct Betwn Wc Cntr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2340 | Pwr Wc Acss Nonstd Seat W 20-23 In  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2341 | Pwr Wc Acss Nonstd Seat W 24-27 In  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2342 | Pwr Wc Nonstd Seat Depth 20/21 In   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2343 | Pwr Wc Nonstd Seat Depth 22-25 In   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2358 | Gr 34 nonsealed leadacid            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2360 | Pwr Wc Acss 22 Nf Non-sealed Battry | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2362 | Pwr Wc Acss Grp 24 Non-sealed Batt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2364 | Pwr Wc Acss U-1 Non-sealed Battry   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2367 | Pwr Wc Acss Battry Charger Dul Mode | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2372 | Pwr Wc Grp 27 Nonseal Led Acid Batt | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E2610 | Wheelchair Seat Cushion Powered     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E8000 | Gait Trainer Ped Sz Post Supp       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E8001 | Gait Trainer Ped Sz Upright Supp    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| E8002 | Gait Trainer Ped Sz Ant Supp        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0029 | No Tob Scr/Cess Int                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0030 | Pt Scr Tob & Cess Int               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0031 | Pall Serv During Meas               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0032 | 2+ Antipsy Schiz                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0033 | 2+ Benzo Seiz                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| G0034 | Pall Serv During Meas       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0035 | Pt Ed Pos 23                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0036 | Pt/Ptn Decln Assess         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0037 | Pt Not Able To Participate  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0038 | Clin Pt No Ref              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0039 | Pt No Ref, Rn Spec          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0040 | Pt Phys/Occ Therapy         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0041 | Pt/Ptn Decln Referral       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0042 | Ref To Therapy              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0043 | Pt Mech Pros Ht Valv        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0044 | Pt Mitral Stenosis          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0045 | Mrs 90 Days Post Stk        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0046 | No Mrs 90 Days Post Stk     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0047 | Ped Blunt Hd Traum          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0048 | Pall Serv During Meas       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0049 | Main Hemo In-Cntr           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0050 | Pt W/ Lmtd Life Expec       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0051 | Pt Hospice Mnth             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0052 | Pt Peri Dialysis Dur Mo     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0053 | Adv Rheum Pt Care Mvp       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0054 | Strk Cr Prev Pos Outcme Mvp | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G0055 | Adv Care Heart Dx Mvp        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0057 | Best Pct Pt Safety Em Mvp    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0058 | Imprv Care Le Jnt Repr Mvp   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0059 | Pt Sfty Pos Exp W Aneth Mvp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0060 | Allergy/Immunology Ss        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0061 | Anesthesiology Ss            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0062 | Audiology Ss                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0063 | Cardiology Ss                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0064 | Cert Nurse Midwife Ss        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0065 | Chiropractic Ss              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0066 | Clinical Social Work Ss      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0067 | Dentistry Ss                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0076 | Care manag h vst new pt 20 m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0077 | Care manag h vst new pt 30 m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0078 | Care manag h vst new pt 45 m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0079 | Care manag h vst new pt 60 m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0080 | Care manag h vst new pt 75 m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0081 | Care man h v ext pt 20 mi    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0082 | Care man h v ext pt 30 m     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0083 | Care man h v ext pt 45 m     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0084 | Care man h v ext pt 60 m     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                          | Edit Type                 | Comment   |
|-------|--------------------------------------|---------------------------|---|
| G0085 | Care man h v ext pt 75 m             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0086 | Care man home care plan 30 m         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0087 | Care man home care plan 60 m         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0235 | Pet Imaging Any Site Nos             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0252 | Pet Imag Dx Brest Ca&/surg Plan      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0255 | Cpt/snct Per Limb Any Nerve          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0269 | Plcmt Occl Devc Post Surg/intrvnl    | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                                    |
| G0282 | E-stim 1/> Areas Wnd Care Not G0281  | Non-Reimbursable Services | Not considered a payable Professional service and/or reimbursed separately. |
| G0293 | Noncovr Surg Sedat Anes-mcr Qual     | Non-Reimbursable Services | Not considered a payable Professional service and/or reimbursed separately. |
| G0294 | Noncovr Proc No Anes/loc-mcr Qual    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0295 | Electmagnet Tx 1/>area Not G0329/oth | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0310 | Immunize counsel 5-15 min            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0311 | Immunize counsel 16-30 mins          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0312 | Immunize couns < 21yr 5-15 m         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0313 | Immunize couns < 21yr 6-30 m         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0314 | Counsel immune <21 16-30 m           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0315 | Counsel immune <21 5-15 m            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0463 | Hospital outpt clinic visit          | Non-Reimbursable Services | Not considered a payable Professional service and/or reimbursed separately. |
| G0501 | Resource-inten svc during ov         | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                                    |
| G0519 | New Pt-Cg Dyad Dem Low Cmplx         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G0520 | New Pt-Cg Dyad Dem Mod Cmplx         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                   | Edit Type                 | Comment  |
|-------|-------------------------------|---------------------------|--|
| G0521 | New Pt-Cg Dyad Dem Hig Cmplx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0522 | Mgt Nw Pt Dementia Low Cmplx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0523 | Mgt Nw Pt Dem Mod-High Cmplx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0524 | Est Pt-Cg Dyad Dem Low Cmplx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0525 | Est Pt-Cg Dyad Dem Mod Cmplx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0526 | Est Pt-Cg Dyad Dem Hig Cmplx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0527 | Mgt Est Pt Dementia Low Cmplx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0528 | Mgt Est Pt Dem Mod-Hi Cmplx   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0529 | In Home Respite Care, 4 Hr U  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0530 | Adult Daycare Center, 8 Hr U  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0531 | Fclty-Based Respite, 24 Hr U  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0539 | Initial care training 30 m    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0540 | Train for caregiver add 15    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0541 | No pt prsnt train initial 30  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0542 | No pt prsnt train add 15      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0543 | Group train w/o patient       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0913 | Improve visual funct          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0914 | Survey not complete           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0915 | No improve visual funct       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0916 | Satisfy with care             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G0917 | Satisfy survey not complete   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| G0918 | No satisfy with care                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G1025 | Pt Mnth 1 Mcp Prov                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G1026 | Pt Hemo > 3Mo                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G1027 | Pt Hemo < 3Mo                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2001 | Post D/C home visit new pt 20 minutes      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2002 | Post D/C home visit new pt 30 minutes      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2003 | Post D/C home visit new pt 45 minutes      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2004 | Post D/C home visit new pt 60 minutes      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2005 | Post D/C home visit new pt 75 minutes      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2006 | Post D/C home visit existing pt 20 minutes | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2007 | Post D/C home visit existing pt 30 mintues | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2008 | Post D/C home visit existing pt 45 minutes | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2009 | Post D/C home visit existing pt 60 minutes | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2013 | Post D/C home vist existing pt 75 minutes  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2014 | Post D/C care plan oversight 30 minutes    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2015 | Post D/C care plan oversight 60 minutes    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2020 | Hi inten serv for sip model                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2021 | Hea care pract tx in place                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2022 | Benef refuses service, mod                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2067 | Med assist tx meth wk                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2068 | Med assist tx bupre oral                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| G2069 | Med assist tx inject        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2073 | Med tx naltrexone           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2074 | Med assist tx no drug       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2075 | Med tx meds nos             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2076 | Intake act w/med exam       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2077 | Periodic assessment         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2078 | Take-home meth              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2079 | Take-hom buprenorphine      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2080 | Add 30 mins counsel         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2081 | Pt 66+ snp or ltc pos > 90d | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2090 | Pt 66+ frailty and med dem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2091 | Pt 66+ frailty and adv ill  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2092 | Ace arb arni                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2093 | Med doc rsn no ace arn arni | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2094 | Pt rsn no ace arn arni      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2096 | No rsn ace arb arni         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2097 | Child dx uri 3d of other dx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2098 | Pt 66+ frailty and med dem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2099 | Pt 66+ frailty and adv ill  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2100 | Pt 66+ frailty and med dem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2101 | Pt 66+ frailty and adv ill  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| G2105 | Pt 66+ lt ints > 90         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2106 | Pt 66+ lt ints > 90         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2107 | Pt 66+ frailty and adv ill  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2112 | Pred<=5 mg ra glu <6m       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2113 | Pred>5 mg >6m, no chg da    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2115 | Pt 66+ frailty and med dem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2116 | Pt 66+ frailty and adv ill  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2118 | Pt 81+ frailty              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2121 | Psy dep anx ap and icd asse | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2122 | Psy/dep/anx/apandicd noasse | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2125 | Pt 81+ frailty              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2126 | Pt 66+ frailty adv ill      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2127 | Pt 66+ frailty med dem      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2128 | No aspirin med rsn          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2129 | No bp outpt                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2136 | Bk pain vas 6-20wk = 3      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2137 | Bk pain vas 6-20wk > 3      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2138 | Bk pain vas 9-15mo = 3      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2139 | Bk pain vas 9-20mo > 3      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2140 | Leg pain vas 6-20wk = 3     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2141 | Leg pain vas 6-20wk > 3     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| G2142 | Fs odi 9-15mo postop<= 22    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2143 | Fs odi 9-15mo > 22           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2144 | Fs odi 6-20wk postop > 22    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2145 | Fsodi 6-20wk >22 or chg 30pt | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2146 | Leg pain vas 9-15mo <= 3     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2147 | Leg pain vas 9-15mo > 3      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2148 | Mpm used                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2149 | No mpm med rsn               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2150 | No mpm                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2151 | Dx degen neuro               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2152 | Res change sc =0             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2167 | Res change sc < 0            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2168 | Svs by pt in home health     | Non-Reimbursable Services | Not considered a payable Professional service and/or reimbursed separately. |
| G2169 | Svs by ot in home health     | Non-Reimbursable Services | Not considered a payable Professional service and/or reimbursed separately. |
| G2172 | Tx for opioid use demo proj  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2173 | Uri w comorb 12m oth dx      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2174 | Uri new rx antibiotic 30d    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2175 | Pt comorb dx 12m of epi      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2176 | Outpt ed obs w inpt admit    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2177 | Bronch w rx antibx 30d       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |
| G2178 | Pt not elig low neuro ex     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately.              |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description              | Edit Type                 | Comment  |
|-------|--------------------------|---------------------------|--|
| G2179 | Med doc rsn no low ex    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2180 | Inelig footwr eval       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2181 | Bmi not doc medrsn ptref | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2182 | Pt 1st biolog antirheum  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2183 | Doc pt unable comm       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2184 | No caregiver             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2185 | Caregiver dem trained    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2186 | Pt ref app rsrcs         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2187 | Clin ind img hd trauma   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2188 | Pt 50 yrs w/clin ind hd  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2189 | Img hd abnml neuro exam  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2190 | Ind img hd rad neck      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2191 | Ind img hd pos hd ache   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2192 | >55 yrs temp hd ache     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2193 | <6yr new onset hd ache   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2194 | New hdache ped pt dis    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2195 | Occip hdache child       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2196 | Screen unhlthy etoh use  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2197 | Screen hlthy etoh use    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2199 | Not scrn etoh no rsn     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2200 | Unhlthy etoh rcvd couns  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description              | Edit Type                 | Comment  |
|-------|--------------------------|---------------------------|--|
| G2202 | No rsn no brief couns    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2204 | Pt 50-85 w/ scope        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2205 | Preg drng adjv trtmnt    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2206 | Adjv trtmnt chemo her2   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2207 | Rsn no trtmnt chem her2  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2208 | No trtmnt chemo and her2 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2209 | Refused to participate   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G2210 | No neck fs prom no rsn   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4000 | Dermatology Ss           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4001 | Diagnostic Rad Ss        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4002 | Ep Cardio Ss             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4003 | Emergency Med Ss         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4004 | Endocrinology Ss         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4005 | Family Medicine Ss       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4006 | Gastroenterology Ss      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4007 | General Surgery Ss       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4008 | Geriatrics Ss            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4009 | Hospitalists Ss          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4010 | Infectious Disease Ss    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4011 | Internal Medicine Ss     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4012 | Interventional Rad Ss    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| G4013 | Mentl/Behav Health Ss       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4014 | Nephrology Ss               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4015 | Neurology Ss                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4016 | Neurosurgical Ss            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4017 | Nutrition/Dietician Ss      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4018 | Ob/Gyn Ss                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4019 | Oncology/Hema Ss            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4020 | Ophthalmology Ss            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4021 | Orthopedic Surgery Ss       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4022 | Otolaryngology Ss           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4023 | Pathology Ss                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4024 | Pediatric Ss                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4025 | Physical Medicine Ss        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4026 | Phys/Occ Therapy Ss         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4027 | Plastic Surgery Ss          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4028 | Podiatry Ss                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4029 | Preventive Medicine Ss      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4030 | Pulmonology Ss              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4031 | Radiation Oncology Ss       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4032 | Rheumatology Ss             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4033 | Skilled Nursing Facility Ss | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| G4034 | Speech Language Path Ss                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4035 | Thoracic Surgery Ss                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4036 | Urgent Care Ss                                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4037 | Urology Ss   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G4038 | Vascular Surgery Ss                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8395 | Left Ventricular Ejection Fraction (lvef) >= 40% O | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8396 | Left Ventricular Ejection Fraction (lvef) Not Perf | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8397 | Dilated Macular Or Fundus Exam Performed, Includin | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8399 | Patient With Central Dual-energy X-ray Absorptiome | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8400 | Patient With Central Dual-energy X-ray Absorptiome | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8404 | Lower Extremity Neurological Exam Performed And Do | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8405 | Lower Extremity Neurological Exam Not Performed    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8410 | Footwear Evaluation Performed And Documented       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8415 | Footwear Evaluation Was Not Performed              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8416 | Clinician Documented That Patient Was Not An Eligi | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8417 | Bmi >= 30 Was Calculated And A Follow-up Plan Was  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8418 | Bmi < 22 Was Calculated And A Follow-up Plan Was D | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8419 | Bmi >= 30 Or < 22 Was Calculated, But No Follow-up | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8420 | Bmi < 30 And >= 22 Was Calculated And Documented   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8421 | Bmi Not Calculated                                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8427 | Written Provider Documentation Was Obtained Confir | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| G8428 | Current Medications With Dosages (includes Prescri | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8430 | Documentation That Patient Is Not Eligible For Med | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8431 | Documentation Of Clinical Depression Screening Usi | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8432 | No Documentation Of Clinical Depression Screening  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8433 | Patient Not Eligible/not Appropriate For Clinical  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8450 | Beta-blocker Therapy Prescribed For Patients With  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8451 | Clinician Documented Patient With Left Ventricular | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8452 | Beta-blocker Therapy Not Prescribed For Patients W | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8465 | High Risk Of Recurrence Of Prostate Cancer         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8473 | Angiotensin Converting Enzyme (ace) Inhibitor Or A | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8474 | Angiotensin Converting Enzyme (ace) Inhibitor Or A | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8475 | Angiotensin Converting Enzyme (ace) Inhibitor Or A | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8476 | Most Recent Blood Pressure Has A Systolic Measurem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8477 | Most Recent Blood Pressure Has A Systolic Measurem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8478 | Blood Pressure Measurement Not Performed Or Docume | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8510 | Negative Screen For Clinical Depression Using A St | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8511 | Screen For Clinical Depression Using A Standardize | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8535 | No Documentation Of An Elder Maltreatment Screen,  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8536 | No Documentation Of An Elder Maltreatment Screen,  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8539 | Documentation Of A Current Functional Outcome Asse | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8540 | Documentation That The Patient Is Not Eligible For | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| G8541 | No Documentation Of A Current Functional Outcome A | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8542 | Documentation Of A Current Functional Outcome Asse | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8543 | Documentation Of A Current Functional Outcome Asse | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8559 | Pt ref doc oto eval                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8560 | Pt hx act drain prev 90 days                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8561 | Pt inelig for ref oto eval                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8562 | Pt no hx act drain 90 d                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8563 | Pt no ref oto reas no spec                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8564 | Pt ref oto eval                                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8565 | Ver doc hear loss                                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8566 | Pt inelig ref oto eval                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8567 | Pt no doc hear loss                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8568 | Pt no ref otolo no spec                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8569 | Prol intubation req                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8570 | No prol intub req                                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8575 | Postop ren insuf                                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8576 | No postop ren insuf                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8577 | Reop req bld grft oth                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8578 | No reop req bld grft oth                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8598 | Asp therp used                                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8599 | No asp therp used                                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G8600 | tPA initi w/in 3 hrs         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8601 | No elig tPA init w/in 3 hrs  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8602 | No tPA init w/in 3 hrs       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8633 | Pharm ther osteo rx          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8635 | No pharm ther osteo rx       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8647 | Fun stat score knee >= 0     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8650 | Fun stat score knee not done | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8651 | Fun stat score hip >= 0      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8652 | Fun stat score hip < 0       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8654 | Fun stat score hip not done  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8655 | Fun stat score LE >= 0       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8656 | Fun stat score LE < 0        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8658 | Fun stat score LE not done   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8659 | Fun stat score LS >= 0       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8660 | Fun stat score LS < 0        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8661 | Fun stat score LS pt no elg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8662 | Fun stat score LS not done   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8663 | Fun stat score shdl >=0      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8664 | Fun stat score shdl < 0      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8666 | Fun stat score shdl not done | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8667 | Fun stat score UE >=0        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| G8668 | Fun stat score UE < 0       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8670 | Fun stat score UE not done  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8694 | Lvef <40%                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8708 | Antibiotic not pres         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8709 | Med reas antibiotic pres    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8710 | Pt pres antibiotic          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8711 | Pres antibiotic             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8712 | Not pres antibiotic         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8721 | Pt, pn, hist grade doc      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8722 | Med reas pt, pn, not doc    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8723 | Spec sit not prim tumor     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8724 | Pt, pn, hist grade not doc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8733 | Doc pos elder mal scrn plan | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8734 | Doc neg elder mal no plan   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8735 | Eld mal scrn pos no plan    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8749 | Signs of melanoma absent    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8752 | Sys bp less 140             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8753 | Sys bp > or = 140           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8754 | Dias bp less 90             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8755 | Dias bp > or = 90           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8756 | No bp measure doc           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G8783 | Bp scrn perf rec interval    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8785 | Bp scrn no perf at interval  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8797 | Specimen site not esophagus  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8798 | Specimen site not prostate   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8806 | Transab or transvag us       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8807 | Doc reas no us               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8808 | No transab or transvag us    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8815 | Doc reas no statin therapy   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8816 | Statin med pres at disch     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8817 | Doc reas no statin med disch | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8826 | Pt disch home day #2 evar    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8833 | Pt not disch home day#2 evar | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8834 | Pt disch home day #2 cea     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8838 | Not disch home by day #2     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8839 | Sleep apnea assess           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8840 | Doc reas no sleep apnea      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8841 | No sleep apnea assess        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8842 | Ahi or rdi initial dx        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8843 | Doc reas no ahi or rdi       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8844 | No ahi or rdi initial dx     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8845 | Pos airway press prescribed  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G8846 | Mod or severe osa            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8849 | Doc reas no pos air press    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8850 | No pap prescribed            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8851 | Adhere pos air press therapy | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8854 | Reas no adhere pos air pres  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8855 | Pos air press adhere no perf | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8856 | Ref for oto eval             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8857 | No elig ref for oto eval     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8858 | Not ref for oto eval         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8863 | No assess bone loss          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8864 | Pneumococcal vaccine admin   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8865 | Doc med reas no pneumococcal | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8866 | Doc pt reas no pneumococcal  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8867 | No pneumococcal admin        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8869 | Doc immun hep b 1st antitnf  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8875 | Breast cancer dx min invsive | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8876 | Doc reas no min inv dx       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8877 | No brst cnrc dx min invasive | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8878 | Sent lymph node biopsy       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8880 | Doc reas no lymph node biop  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8881 | Brst cnrc stage > t1n0m0     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                    | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| G8882 | No sent lymph node biopsy                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8907 | Pt doc no events on discharge                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8908 | Pt doc with burn prior to discharge            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8909 | Pt doc with no burn prior to discharge         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8910 | Pt doc to have fall in ASC                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8911 | Pt doc no fall in ASC                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8912 | Pt doc with wrong event                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8913 | Pt doc with no wrong event                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8914 | Pt trans to hospital post discharge from ASC   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8915 | Pt not trans to hospital at discharge from ASC | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8916 | Pt with IV AB given on time                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8917 | Pt with IV AB not given on time                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8918 | Pt w/o preop order IV AB prop                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8923 | LVEF < 40% or lvsd                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8924 | Spiro EV1/FVC <60% COPD sym                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8934 | LVEF <40% or dep lv sys fcn                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8935 | Rx ACE or ARB therapy                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8936 | Pt not eligible ACE/ARB                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8937 | No rx ACE/ARB therapy                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8942 | Doc fcn/care plan w/30 days                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8944 | AJCC Mel cnr stg 0 - IIC                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| G8946 | MIBM but no dx of breast CA         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8950 | Pre-htn or htn doc, f/u indc        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8952 | Pre-htn/htn, no f/u, not gyn        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8955 | Most recent assess vol mgmt         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8956 | Pt rcv HeDia outpt dyls fac         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8958 | Assess vol mgmt not doc             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8961 | CSIT lowrisk surg pts preop         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8962 | CSIT on pt any reas 30 days         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8967 | Wrfrn or oral anticoag pres         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8968 | Md rsn no pres Wrfrn or othr        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8969 | Pt rsn no pres Wrfrn or othr        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G8970 | No rsk fac or 1 mod risk TE         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9001 | Coordinated Care Fee Initial Rate   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9002 | Coordinated Care Fee Maint Rate     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9003 | Coord Care Fee Risk Adjustd Hi Init | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9004 | Coord Care Fee Risk Adjustd Lw Init | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9005 | Coord Care Fee Risk Adjusted Maint  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9006 | Coord Care Fee Home Monitoring      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9007 | Coord Care Fee Schedule Team Conf   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9008 | Coord Care Fee Phys Oversight Srvc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9009 | Coord Care Fee Risk Adj Maint Lvl 3 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| G9010 | Coord Care Fee Risk Adj Maint Lvl 4 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9011 | Coord Care Fee Risk Adj Maint Lvl 5 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9012 | Coord Care Fee Risk Adj Maint Oth   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9013 | Esrd Demo Basic Bundle Level I      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9014 | Esrd Demo Expnd Bundle W/venus Acss | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9016 | Smok Cessatn Cnsl Ind Absnc/add E&m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9050 | Onc; Prim Focus; Wrkup Eval/stag    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9051 | Onc; Prim Focus; Tx Decision Optns  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9052 | Onc; Prim; Surveillance Recur;      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9053 | Onc; Prim; Expect Mgmt Evidence Ca; | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9054 | Onc;prim;sup Pt Term Ca;palliatv Tx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9055 | Onc;prim;oth Uns Not Otherwise List | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9056 | Onc;prac Guide;mgmt Adhers To Guide | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9057 | Onc; Prac; Mgmt Differ Clin Trial   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9058 | Onc; Mgmt Diffr Phys Disagree Guide | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9059 | Onc;prac;mgmt Differs Pt Opt Alt Tx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9060 | Onc; Prac; Mgmt Differ Comorbid Ill | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9061 | Onc; Pts Cond Not Addressed Guide   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9062 | Onc; Prac; Mgmt Differs Oth Reason  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9063 | Onc; Status; Nscl; St I No Progrsn  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9064 | Onc; Status; Nscl;st li No Progrsn  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| G9065 | Onc;nsclc; St Iii A No Progressn     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9066 | Onc; Status; Nsclc; St Iii B-4 Met   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9067 | Onc; Status; Nsclc; Extent Dz Unkn   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9068 | Onc; Status; Sc&comb;ltld No Progrsn | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9069 | Onc; Status; Sclc Sc&comb; Ext Met   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9070 | Onc;status;sclc Sc&comb;extent Unkn  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9071 | Onc; Brst; Aca;st I/ii;pos; No Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9072 | Onc; Brst; Aca; St I/ii;neg;no Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9073 | Onc; Brst; Aca; St Iii; Pos;no Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9074 | Onc; Brst; Aca; St Iii; Neg;no Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9075 | Onc; Status; F Brst Ca; Aca; M1 Met  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9077 | Onc;pros Ca;t1-t2c& Psa</=20no Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9078 | Onc; Pros Ca; T2 Psa >20 No Prog     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9079 | Onc;pros Ca; T3b-t4 N; T N1 No Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9080 | Onc; Pros Ca; Tx Rising Psa          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9083 | Onc; Pros Ca Aca; Extent Unkn        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9084 | Onc; Colon Ca; T1-3 N0 M0 No Prog    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9085 | Onc; Colon Ca; T4 N0 M0 No Prog      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9086 | Onc; Colon Ca; T1-4 N1-2 M0 No Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9087 | Onc; Colon Ca; M1 Met W/curr Dz      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9088 | Onc; Colon Ca; M1 Met No Curr Dz     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| G9089 | Onc; Status; Colon Ca; Extent Unk   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9090 | Onc; Rectal Ca; T1-2 N0 M0 No Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9091 | Onc; Rectal Ca; T3 N0 M0 No Prog    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9092 | Onc; Rectal Ca;t1-3 N1-2 M0 No Prog | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9093 | Onc; Rectal Ca; T4 Any N M0 No Prog | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9094 | Onc; Status; Rectal Ca; M1 Met      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9095 | Onc; Status; Rectal Ca; Extent Unk  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9096 | Onc;esoph Ca;t1-t3 N0-n1/nx No Prog | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9097 | Onc; Esoph Ca; T4 Any N M0 No Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9098 | Onc; Status; Esoph Ca ; M1 Metastat | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9099 | Onc; Status; Esoph Ca; Extent Unk   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9100 | Onc; Gastr Ca; R0 Resect No Prog    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9101 | Onc; Gastr Ca; R1/r2 Resect No Prog | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9102 | Onc; Gastr Ca; M0 Unresect No Prog  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9103 | Onc; Status; Gastr Ca; Clin M1 Met  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9104 | Onc; Status; Gastr Ca ; Extent Unk  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9105 | Onc; Pan Ca; R0 Resect No Prog      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9106 | Onc; Pan Ca; R1/r2 Resect No Prog   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9107 | Onc; Pan Ca; Unresectbl M1 Met      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9108 | Onc; Status; Pan Ca; Extent Dz Unk  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9109 | Onc; H&n Ca; T1-t2&n0 M0 No Prog    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| G9110 | Onc;h&n Ca; T3-4&/n1-3 M0 No Prog   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9111 | Onc; Status; H&n Ca; M1 Met Loc     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9112 | Onc; Status; H&n Ca; Extent Unkn    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9113 | Onc; Ov Ca; St Ia-b Gr 1 No Prog    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9114 | Onc; Ov Ca; St Ia-b; Ic; li;no Prog | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9115 | Onc; Ov Ca; St Iii-iv; No Prog      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9116 | Onc; Ov Ca; Progrssn&/platinm Rst   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9117 | Onc; Status; Ov Ca; Extent Unkn     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9123 | Onc; Nhl Transto Dlbcl; Relapsed    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9124 | Onc; Nhl; Relapsed                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9125 | Onc;nhl; Stage Not Detrm Poss Relap | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9126 | Onc; Status; Ov Ca; Stage Ia/ib     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9128 | Onc; Status; Mm; Stage Ii /higher   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9129 | Onc; Cml; Extnt Unk Tx Opt Considrd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9130 | Onc; Status; Mx Myeloma; Extent Unk | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9131 | Onc Dx Brst Unknown Nos             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9132 | Onc Dx Prostate Mets No Cast        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9133 | Onc Dx Prostate Clinical Mets       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9134 | Onc Nhlstg 1-2 No Relap No          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9135 | Onc Dx NI Stg 3-4 Not Relap         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9136 | Onc Dx Nhl Trans To Ig Bcell        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
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| Code  | Description                       | Edit Type                 | Comment  |
|-------|-----------------------------------|---------------------------|--|
| G9137 | Onc Dx Nhl Relapse/refractor      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9138 | Onc Dx Nhl Stg Unknown            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9139 | Onc Dx Coml. Dx Status Unknown    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9140 | Frontier Extended Stay Clin Demo; | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9147 | Outp IV insulin tx any meas       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9148 | Medical Home Level I              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9149 | Medical Home Level II             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9150 | Medical Home Level III            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9151 | MAPCP demo state                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9152 | MAPCP demo community              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9153 | MAPCP demo physician              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9188 | Beta not given no reason          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9189 | Beta pres or already taking       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9190 | Medical reason for no beta        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9191 | Pt reason for no beta             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9212 | Doc of dsm-iv init eval           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9213 | No doc of dsm-iv                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9223 | Pjp proph ordered cd4 low         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9225 | Norsn no foot exam                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9226 | 3 comp foot exam completed        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9227 | Docrsn no care plan               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| G9228 | Gc chl syp documented       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9230 | Norsn for gc chl syp test   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9231 | Doc esrd dia trans preg     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9242 | Doc viral load >=200        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9243 | Doc viral load <200         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9246 | No med visit in 24mo        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9247 | 1 med visit in 24mo         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9254 | Doc pt dischg >2d           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9255 | Doc pt dischg <=2d          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9273 | Sys<140 and dia<90          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9274 | Bp out of nrml limits       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9275 | Doc of non tobacco user     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9276 | Doc of tobacco user         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9277 | Doc daily aspirin or contra | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9278 | Doc no daily aspirin        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9279 | Pne scrn done doc vac done  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9280 | Pne not given norsn         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9281 | Pne scrn done doc not ind   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9282 | Doc medrsn no histo type    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9283 | Hist type doc on report     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9284 | No hist type doc on report  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9285 | Site not small cell lung ca  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9286 | Doc antibio order w in 7d    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9287 | No doc antibio order w in 7d | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9288 | Doc medrsn no hist type rpt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9289 | Doc type nsm lung ca         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9290 | No doc type nsm lung ca      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9291 | Not nsm lung ca              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9292 | Medrsn no pt category        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9293 | No pt category on report     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9294 | Pt cat and thck on report    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9295 | Non cutaneous loc            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9296 | Doc share dec prior proc     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9297 | No doc share dec prior proc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9298 | Eval risk vte card 30d prior | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9299 | No eval riskk vte card prior | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9305 | No interv req for leak       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9306 | Interv req for leak          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9307 | No ret for surg w in 30d     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9308 | Unplnd ret to surg w in 30d  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9309 | No unplnd hosp readm in 30d  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9310 | Unplnd hosp readm in 30d     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9311 | No surg site infection       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9312 | Surgical site infection      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9313 | Docrsn not first line amox   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9314 | Norsn not first line amox    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9315 | Doc first line amox          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9316 | Doc comm risk calc           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9317 | No doc comm risk calc        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9318 | Image std nomenclature       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9319 | Image not std nomenclature   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9321 | Doc count of ct in 12mo      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9322 | No doc count of ct in 12mo   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9341 | Srch for ct w in 12 mos      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9342 | No srch for ct in 12mo norsn | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9344 | Sysrsn no dicom srch         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9345 | Follow up pulm nod           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9347 | No follow up pulm nod norsn  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9351 | Doc >1 sinus ct w 90d dx     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9352 | Not >1 sinus ct w 90d dx     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9353 | Medrsn >1 sinus ct w 90d dx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9354 | Norsn >1 sinus ct w 90d dx   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9355 | No early ind/delivery        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                      | Edit Type                 | Comment  |
|-------|----------------------------------|---------------------------|--|
| G9356 | Early ind/delivery               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9357 | Pp eval/edu perf                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9358 | Pp eval/edu not perf             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9361 | Medical indication for induction | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9364 | Sinus caus bac inx               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9367 | 2high risk med ord               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9368 | 2high risk no ord                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9380 | Off assis eol iss                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9382 | No off assis eol                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9383 | Recd scrn hcv infec              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9384 | Doc med reas no offer eol        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9385 | Doc pt reas not rec hcv srn      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9386 | Scrn hcv infec not recd          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9393 | Ini phq9 >9 remiss <5            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9394 | Dx bipol, death, nhres, hosp     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9395 | Ini phq9 >9 no remiss >=5        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9396 | Ini phq9 >9 not assess           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9408 | Card tamp w/in 30d               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9409 | No card tamp e/in 30d            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9410 | Admit w/in 180d req remov        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9411 | No admit w/in 180d req remov     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9412 | Admit w/in 180d req surg rev | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9413 | No admit req surg rev        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9414 | 1dose menig vac btwn 11 & 13 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9415 | No 1dose meni vac btwn 11&13 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9416 | Tdap or td or 1tet/diph      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9417 | No tdap or td or 1tet/diph   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9418 | Lungcx bx rpt docs class     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9419 | Med reas no rpt histo type   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9420 | Spec site no lung            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9421 | Lung cx bx rpt no doc class  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9422 | Rpt doc class histo type     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9423 | Med reas rpt no histo type   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9424 | Site no lung or lung cx      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9425 | Spec rpt no doc class histo  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9426 | Impr med time edarr pain med | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9427 | No impro med time pain med   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9428 | Rpt pt cat and pt1           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9429 | Doc med reas no pt cat       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9430 | Spec site no cutaneous       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9431 | No pt cat and pt1            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9432 | Asth controlled              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9434 | Asth not controlled          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9452 | Doc med reas no scrn hcv     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9455 | Abd imag w/us, ct or mri     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9456 | Doc med pt reas no hcc scrn  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9457 | No abd imag w/o reason       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9468 | No recd cortico>=10mg/d >60d | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9470 | No rec cortico>60d 1rx 600mg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9471 | W/in 2yr dxa not order       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9474 | Diet counsel at hospice      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9475 | Other counselor at hospice   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9476 | Volun service at hospice     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9477 | Care coord at hospice        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9478 | Othe therapist at hospice    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9479 | Pharmacist at hospice        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9480 | Admission to mccm            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9481 | Remote E/M new pt 10 mins    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9482 | Remote E/M new pt 20 mins    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9483 | Remote E/M new pt 30 mins    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9484 | Remote E/M new pt 45 mins    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9485 | Remote E/M new pt 60 mins    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9486 | Remote E/M est. pt 10 mins   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9487 | Remote E/M est. pt 15 mins   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9488 | Remote E/M est. pt 25 mins   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9489 | Remote E/M est. pt 40 mins   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9490 | Joint replac mod home visit  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9497 | Preop anes or proxy b/4 surg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9498 | Abx reg prescribed           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9500 | Rad exp time w/fluor doc     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9501 | Rad exp time w/o fluor doc   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9502 | Med reas no perf foot exam   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9504 | Doc reas no hbv status       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9505 | Abx pres w/in 10 dys of symp | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9507 | Doc reas on statin or contra | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9508 | Doc pt not on statin         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9509 | Remis 12m phq-9 score <5     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9510 | Remis 12m not phq-9 score <5 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9511 | Phq-9 >9 during 12m time     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9512 | Indiv pdc > 0.8              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9513 | Indiv pdc not > 0.8          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9514 | Req ret or w/in 90d of surg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9515 | No reas, no ret or w/in 90d  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9516 | Impr vis acuit w/in 90d      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9517 | No impr vis acuit w/in 90d   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9518 | Doc active inj drug use      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9519 | Final refract +/- 1.0 in 90d | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9520 | Refract not +/- 1.0 w/in 90d | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9521 | Er and ip hosp <2 in 12 mos  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9522 | Er/ip hosp =/>2 in 12 mos    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9529 | Minor blunt trauma w/head ct | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9530 | Min hd traum gcs=15 w/ct ed  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9531 | Indic for head ct valid      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9533 | Indic for head ct not valid  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9534 | Adv brain image not ordered  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9535 | Normal neuro exam            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9536 | Doc med reas adv brain image | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9537 | Doc system reas adv imaging  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9538 | Adv brain image ordered      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9539 | Intent pot remv time placemt | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9540 | Pt alive 3 mos post proc     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9541 | Filter gone aft 3mos placmt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9542 | Doc reass appr remo filt 3ms | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9543 | Doc 2x re-assess filt remov  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9544 | No filt remov w/in 3mos plcm | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9547 | Incid ct liver/kid/adre fdg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9548 | Abd imag and followup rec    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9549 | Doc med reas no follow imag  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9550 | Abd imag and followup no rec | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9551 | Abd imag w/o liv/kid/adr les | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9552 | Inc thyr node <1.0 in rpt    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9553 | Prior thyroid dise dx        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9554 | Ct/mri chest/neck follup rec | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9555 | Doc med reas no follow imag  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9556 | Ct/mri chest follup not rec  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9557 | Ct/mri chest/neck no thy nod | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9580 | Door to punc time <2hrs      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9582 | Door to punc time >2hr, nrg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9593 | Low pecarn ped head trauma   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9594 | Gsc >15 & hd ct by ed md     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9595 | Val rsn hd ct ord reg indic  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9597 | No low pecarn ped head traum | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9598 | Aor ane 5.5-5.9 cm max diam  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9599 | Aor ane >=6.0 cm max diam    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9603 | Pt surv improv bsline tx     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9604 | Pt surv results not avail    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9605 | Surv score no improv w/tx    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9606 | Intraop cyst eval trac inj   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9607 | Pt not elig                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9608 | Intraop cyst eval not done   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9609 | Doc order anti-plat or p2y12 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9610 | Doc md rsn no antipla/p2y12  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9611 | No antipla/p2y12 ord, rs nos | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9621 | Scr unheal etoh w/counsel    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9622 | No unheal etoh user          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9624 | No etoh scr/no councl/nrg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9625 | Bld inj at surg/1mos post    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9626 | Pt not elig                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9627 | No bld inj at surg/1mos post | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9628 | Vis inj at surg/1mos post    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9629 | Pt not elig                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9630 | No vis inj at surg/1mos post | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9637 | Doc >1 dose reduc tech       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9638 | No doc >1 dose reduc tech    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9642 | Current cig smoker           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9643 | Elective surgery             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9644 | No smok b/4 anes day of surg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9645 | Had smoke b/4 anes day surg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9646 | Pt w/90d mrs 0-2             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9648 | Pt w/90d mrs >2              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9649 | Psori tool doc w/benchmk     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9651 | Psori tool doc/no bnchmk met | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9654 | Mon anesth care              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9655 | Toc tool incl key elem       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9656 | Pt direct anesth loc to pacu | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9658 | Toc tool incl elem not used  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9659 | >85y no hx colo ca/rsn scope | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9660 | Doc med rsn scope pt >85y    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9661 | >85y scope othr rsn          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9662 | Prior dx/active clin ascvd   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9663 | Fast/dir ldl = 190 mg/dl     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9664 | Taking statin or rec'd order | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9665 | No statin/no order statin    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9674 | Pt w/clin ascvd dx           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9675 | Pt w/fast/dir lab ldl-c >190 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9676 | 40-75y w/type 1/2 w/ldl-c rs | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9679 | Acute care pneumonia         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9680 | Acute care congestive heart  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                              | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| G9681 | Acute care chronic obstruct              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9682 | Acute care skin infection                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9683 | Actue care fluid or electrolyte disorder | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9684 | Acute care urinary tract infection       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9685 | Acute nursing facility care              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9687 | Hospice anytime msmt per                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9688 | Pt w/hosp anytime msmt per               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9689 | Inpt elect carotid intervent             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9690 | Pt rec hospice dur msmt per              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9691 | Pt hosp dur msmt period                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9692 | Hosp recd by pt dur msmt per             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9693 | Pt use hosp during msmt per              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9694 | Hosp srv used pt in msmt per             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9695 | Long act inhal bronchdil pre             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9696 | Med rsn no presc bronchdil               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9698 | Sys rsn no presc bronchdil               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9699 | Long inhal bronchdil no pres             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9700 | Pt is w/hosp during msmt per             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9702 | Pt use hosp during msmt per              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9703 | Child anbx 30 prior dx phary             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9704 | Ajcc br ca stg i: t1 mic/t1a             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9705 | Ajcc br ca stg ib            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9706 | Low recur prost ca           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9708 | Bilat mast/hx bi /unilat mas | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9709 | Hosp srv used pt in msmt per | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9710 | Pt prov hosp srv msmt per    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9711 | Pt hx tot col or colon ca    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9712 | Doc med rsn presc anbx       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9713 | Pt use hosp during msmt per  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9714 | Pt is w/hosp during msmt per | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9716 | Bmi not norm, no follow, doc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9717 | Doc dx depr/dx bipol, no scr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9719 | Pt not ambul/immob/wc        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9720 | Hospice anytime msmt per     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9721 | Pt not ambul/immob/wc        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9722 | Doc hx renal fail or cr+ >4  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9723 | Hosp recd by pt dur msmt per | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9724 | Pt w/doc use anticoag mst yr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9726 | Refused to participate       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9727 | No knee intake prom, no prox | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9728 | Refused to participate       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9729 | No hip intake prom, no proxy | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9730 | Refused to participate       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9731 | No foot prom, no proxy       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9732 | Refused to participate       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9733 | No back intake prom, no prox | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9734 | Refused to participate       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9735 | Pt no foto knee and no proxy | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9736 | Refused to participate       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9737 | Pt no foto elbow, no proxy   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9740 | Hosp srv to pt dur msmt per  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9741 | Pt w/hosp anytime msmt per   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9742 | Psych sympt assessed         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9743 | Psych symp not assessed, rns | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9744 | Pt not elig, dx htn          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9745 | Doc rsn no scr high bp       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9746 | Mit sten, valve or trans af  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9752 | Urgent surgery               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9753 | Doc no dicom, ct other fac   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9754 | Incid pulm nodule            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9755 | Doc med rsn for imaging      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9756 | Surg proc w/silicone oil     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9757 | Surg proc w/silicone oil     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9758 | Hospice or term phase        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9761 | Pt w/hosp anytime msmt per   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9762 | Pt had hpv b/t 9-13 yr       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9763 | Pt no hpv b/t 9-13 yr        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9764 | Pt tx oral syst/bio med psor | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9765 | Pt decl chan/conind or <6m   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9766 | Cva stroke dx tx transf fac  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9767 | Hosp new dx cva consid evst  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9768 | Pt w/hosp anytime msmt per   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9769 | Bn den 2yr/got ost med/ther  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9770 | Perip nerve block            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9771 | Anes end, 1 temp >35.5(95.9) | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9772 | Doc temp >35.5(95.9), anes   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9773 | No temp >35.5(95.9), anes    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9775 | Recd 2 anti-emet pre/intraop | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9776 | Doc med rsn no proph antiem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9777 | Pt no antiemet pre/intraop   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9779 | Pts breastfeeding            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9780 | Pts dx w/rhabdomyolysis      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9781 | Doc rsn no statin            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9782 | Hx dx fam/pure hypercholes   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9784 | Path/derm 2nd opin bx        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9785 | Path rpt snt path/derm in 7d | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9786 | No path rpt sent in 7d       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9787 | Pt alive 1st day msmt yr     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9788 | Most rct bp <= 140/90        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9789 | Record bp ip, er, urg/self   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9790 | Most rct bp >= 140/90        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9791 | Most rct tob stat free       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9792 | Most rct tob stat not free   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9793 | Pt on daily asa/antiplat     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9794 | Doc med rsu no asa/antiplat  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9795 | Pt no daily asa/antiplat     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9796 | Pt not currently on statin   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9797 | Pt currently on statin       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9805 | Pt w/hosp anytime msmt per   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9806 | Pt recd cerv cyto/hpv        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9807 | Pt no recd cerv cyto/hpv     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9812 | Pt died during inpt/30d aft  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9813 | Pt not died w/in 30d of proc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9818 | Doc sex activity             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9819 | Pt w/hosp anytime msmt per   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9820 | Doc chlam scr test w/follow  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9821 | No doc chlam scr ts w/follow | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9822 | Endo abl proc yr prev ind dt | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9823 | Endo smpl/hyst bx res doc    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9824 | Endo smpl/hyst bx res no doc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9830 | Her-2 pos                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9831 | Ajcc stg brt ca dx ii or iii | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9832 | Brt ca dx i, no t1/t1a/t1b   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9838 | Pt met dis at dx             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9839 | Anti-egfr mon anti ther      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9840 | Kras tst bfr beg anti moab   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9841 | No kras tst bfr beg ant moab | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9842 | Pt met dis at dx             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9843 | Kras gene mut                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9844 | Pt no recd anti-egfr ther    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9845 | Pt recd anti-egfr ther       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9846 | Pt died from cancer          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9847 | Pt recd chemo last 14d life  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9848 | Pt no chemo last 14d life    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9858 | Pt enroll hospice            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9859 | Pt died from cancer          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                            | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| G9860 | Pt less 3d hospice                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9861 | Pt more than 3d hospice                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9862 | Doc rsn no 10 yr follow                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9868 | Asynch telehealth derm/opth 10 min     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9869 | Asynch telehealth derm/opth 10-20 min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9870 | Asynch telehealth derm/opth 20 or> min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9894 | Adr dep thrpy prescribed               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9895 | Doc med rsn no adr dep thrpy           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9896 | Doc pt rsn no adr dep thrpy            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9897 | Pt nt prsc adr dep thrpy rng           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9898 | Snp/lg trm cre pt w/pos cde            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9899 | Scrn mam perf rslds doc                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9900 | Scrn mam perf rslds not doc            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9901 | Snp/lg trm cre pt w/pos cde            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9902 | Pt scrn tbco and id as user            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9903 | Pt scrn tbco id as non user            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9905 | No pt tbco scrn rng                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9906 | Pt recv tbco cess interv               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9908 | No pt tbco cess interv rng             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9910 | Snp/lg trm cre pt w/pos cde            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9911 | Node neg pre/post syst ther            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| G9912 | Hbv status assesed and int   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9913 | No hbv status assesd and int | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9914 | Pt receiving anti-tnf agent  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9915 | No documntd hbv results rcd  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9916 | Funct status past 12 months  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9917 | Doc med rsn no funct status  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9918 | No funct stat perf, rsn nos  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9922 | Sfty cncrns scrn nd mit recs | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9923 | Safty cncrns scrn and neg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9925 | No scrn prov rsn nos         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9926 | Sfty cncrns scrn but no recs | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9928 | No warf or fda drug presc    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9929 | Trs/rev af                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9930 | Com care                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9931 | No chad or chad scr 0 or 1   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9938 | Snp/lg trm cre pt w/pos cde  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9939 | Same path/derm perf biopsy   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9940 | Doc reas no statin therapy   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9943 | Bk pn nt msr vas scl pre/pst | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9945 | Pt w/cancer scoliosis        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9946 | Bk pn nt msr vas pre-pst 1y  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                    | Edit Type                 | Comment  |
|-------|--------------------------------|---------------------------|--|
| G9949 | Lg pn nt msr vas scl pre/pst   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9954 | Pt >2 rsk fac post-op vomit    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9955 | Inhlnt anesth only for induc   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9956 | Combo thrpy of >= 2 prophly    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9957 | Doc med rsn no combo thrpy     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9958 | No combo prohypyl thrp for pt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9959 | Systemic antimicro not presc   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9960 | Med rsn sys antimi nt rx       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9961 | Systemic antimicro presc       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9962 | Embolization doc separatly     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9963 | Embolization not doc separat   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9964 | Pt recv >=1 well-chld visit    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9965 | No well-chld vist recv by pt   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9968 | Pt refrd 2 pvdr/spclst in pp   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9969 | Pvdr rfrd pt rppt rcvd         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9970 | Pvdr rfrd pt no rppt rcvd      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9976 | Doc pat rsn no mac exm perf    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9977 | Dil mac exam no perf rsn nos   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9978 | Remote E/M new patient 10 mins | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9979 | Remote E/M new patient 20 mins | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9980 | Remote E/M new patient 30 mins | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| G9981 | Remote E/M new patient 45 mins      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9982 | Remote E/M new patient 60 mins      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9983 | Remote E/M est. patient 10 mins     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9984 | Remote E/M est. patient 15 mins     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9985 | Remote E/M est. patient 25 mins     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9986 | Remote E/M est. patient 40 mins     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9987 | BPCI advanced in home visit         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9988 | Pall Serv During Meas               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9992 | Pall Serv During Meas               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9993 | Pall Serv During Meas               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9994 | Pall Serv During Meas               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9996 | Doc Pt Pal Or Hospice               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9997 | Doc Pt Preg Dur Msrmt Pd            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9998 | Doc Med Rsn <3 Colon                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| G9999 | Doc Sys Rsn <3 Colon                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0001 | Alcohol And/or Drug Assessment      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0002 | Bhval Hlth Scr Detrm Admis Tx Progm | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0003 | Alcohol&rx Scr;lab Analy Alcohol&rx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0004 | Behavioral Health Cnsl&tx-15 Min    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0005 | Alcohol&rx Srv; Grp Cnsl Clinician  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0006 | Alcohol &or Drug Srv; Case Mgmt     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| H0007 | Alcohol &or Rx Svc; Crisis Interven | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0008 | Alcohol&/rx Svc;sub-ac Dtox Hosp Ip | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0009 | Alcohol&/rx Svc; Acute Dtox Hosp Ip | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0010 | Alcohol&/rx Svc; Sub-ac Dtox Res Ip | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0011 | Alcohol&/rx Svc;ac Dtox Res Prog Ip | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0012 | Alcohol&/rx Svc; Sub-ac Dtox Res Op | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0013 | Alcohol&/rx Svc;ac Dtox Res Prog Op | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0014 | Alcohol &/ Rx Svc; Amb Dtoxication  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0015 | Alcohol&/rx Svc; Intensv Op; Intrvn | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0016 | Alcohol &or Rx Svc; Medical/somatic | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0017 | Bhval Health; Res W/o Room&bd-diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0018 | Bhval Hlth; Shrt-term Res Per Diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0019 | Bhval Hlth; Lng-term Res Per Diem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0020 | Alcohol&/rx Svc;methdone Admn&/svc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0021 | Alcohol &or Drug Training Service   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0022 | Alcohol &or Drug Interven Service   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0023 | Behavioral Health Outreach Service  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0024 | Bhval Hlth Prv Inform Dissemin Svc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0025 | Bhval Health Prev Education Service | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0026 | Alcohol&/rx Prev Prc Svc Cmty-based | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0027 | Alcohol &or Rx Prev Envir Service   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| H0028 | Alcohol&/rx Prev Prob Id&ref Svc    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0029 | Alcohol &or Rx Prevention Alt Svc   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0030 | Behavioral Health Hotline Service   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0031 | Mental Health Assess Non-physician  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0032 | Mentl Hlth Svc Plan Dvlp Non-phys   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0033 | Oral Medadmin Dir Observation       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0034 | Medication Trn&support Per 15 Min   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0035 | Mental Health Part Hosp Tx < 24 Hr  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0036 | Cmty Psyc Supp Tx Fce-to-fce-15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0037 | Cmty Psyc Supportive Tx Progm-diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0038 | Self-help/peer Services Per 15 Min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0039 | Assertive Cmty Tx Fce-to-fce-15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0040 | Assertive Cmty Tx Progm Per Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0041 | Foster Care Chld Non-tx-diem        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0042 | Foster Care Chld Non-tx-month       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0043 | Supported Housing Per Diem          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0044 | Supported Housing Per Month         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0045 | Respite Care Svc Not Home Per Diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0046 | Mental Health Services Nos          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0047 | Alcohol &or Oth Drug Abs Svc Nos    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0048 | Alc &/oth Rx Tst: Clct&hndl Not Bld | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                           | Edit Type                 | Comment  |
|-------|---------------------------------------|---------------------------|--|
| H0049 | Alcohol/drug Screening                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0050 | Alcohol/drug Service 15 Min           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0052 | Mmip mental health and care           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H0053 | Ht mental health and care             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H1000 | Prenatal Care At-risk Assessment      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H1001 | Prenatal at risk Enhncd Srvc; Antprtm | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H1002 | Prenatal at risk Enhncd Srvc; Coord   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H1003 | Prenatal at risk Enhncd Srvc; Ed      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H1004 | Prenatal at risk Enhncd Srvc; F/u Hom | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H1005 | Prenatal at risk Enhncd Srvc Pkg      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H1010 | Non-medical Fam Planning Ed-session   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H1011 | Fam Assess Lic Bhval Hlth State Def   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2000 | Comp Multidisciplinary Evaluation     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2001 | Rehabilitation Program Per 1/2 Day    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2010 | Comp Medication Services Per 15 Min   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2011 | Crisis Interven Service Per 15 Min    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2012 | Behavioral Health Day Tx Per Hour     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2013 | Psyc Health Facil Service Per Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2014 | Skills Training&dvlp Per 15 Minutes   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2015 | Comp Cmty Support Srvc Per 15 Min     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2016 | Comp Cmty Support Srvc Per Diem       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| H2017 | Psychosocial Rehab Srvc 15 Munutes  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2018 | Psychosocial Rehab Srvc Per Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2019 | Therapeutic Behavioral Srvc 15 Min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2020 | Therapeutic Behavioral Srvc Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2021 | Cmty-based Wrap-around Srvc 15 Min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2022 | Cmty-based Wrap-around Srvc Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2023 | Supported Employment Per 15 Minutes | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2024 | Supported Employment Per Diem       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2025 | Ongoing Supp Mntain Employ 15 Min   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2026 | Ongoing Supp Mntain Employment Diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2027 | Psychoeducational Service 15 Min    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2028 | Sexoffender Tx Service Per 15 Min   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2029 | Sexual Offender Tx Service Per Diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2030 | Mental Health Clubhouse Srvc 15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2031 | Mental Health Clubhouse Srvc Diem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2032 | Activity Therapy Per 15 Minutes     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2033 | Multisys Therapy Juvs Per 15 Min    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2034 | Alc&/rx Abs Halfway House Srvc Diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2035 | Alcohol &or Oth Drug Tx Progm-hour  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2036 | Alcohol &or Oth Drug Tx Progm-diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2037 | Dvlpmntl Day Prev Actv Chld 15 Min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| H2038 | Skill Train And Dev/Diem             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2040 | Coord Specialty Care, Month          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| H2041 | Coord Special Care Encounter         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0120 | Injection Tetracycline Up To 250 Mg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0190 | Injection Biperiden Lactat Per 5 Mg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0200 | Inj Alatrofloxacin Mesylate 100 Mg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0205 | Injection Alglucerase Per 10 Units   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0288 | Inj Amphotericin B Cholesteryl 10 Mg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0350 | Injection Anistreplase Per 30 Units  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0365 | Injection Aprotonin 10000 Kiu        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0380 | Inj Metaraminol Bitartrate 10 Mg     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0390 | Injection Chloroquine Hcl Up 250 Mg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0395 | Injection Arbutamine Hcl 1 Mg        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0520 | Inj Bethanechol Chlorid Up 5 Mg      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0620 | Inj Calcm Glycrophsphte&lactat-10ml  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0710 | Inj Cephapirin Sodium To 1 Gm        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0715 | Inj Ceftizoxime Sodium Per 500 Mg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0745 | Inj Codeine Phosphate Per 30 Mg      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0890 | Peginesatide injection               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J0945 | Inj Brompheniramine Maleate-10 Mg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1056 | Inj Mdrxyprgestron/estradiol 5/25mg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| J1180 | Injection Dyphylline Up To 500 Mg                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1320 | Inj Amitriptyline Hcl To 20 Mg                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1330 | Inj Ergonovine Maleate Up To 0.2 Mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1435 | Injection Estrone Per 1 Mg                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1436 | Inj Etidronate Disodium Per 300 Mg                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1452 | Inj Fomivirsen Sodium Io 1.65 Mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1457 | Injection Gallium Nitrate 1 Mg                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1562 | Immune Globulin Subcutaneo/brand Name - Vivaglobin | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1573 | Injection, Hepatitis B Immune Globulin (hepagam B) | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1600 | Inj Gold Sodium Thiomalate To 50 Mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1620 | Inj Gonadoreln Hydrochlorid 100 Mcg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1642 | Injection Heparin Sodium 10 Units                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1655 | Injection Tinzaparin Sodium 1000 Iu                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1675 | Inj Histrelin Actat 10 Microgms                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1700 | Inj Hydrocortisone Actat To 25 Mg                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1710 | Inj Hydrocortison Sod Phos To 50 Mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1730 | Injection Diazoxide Up To 300 Mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1835 | Injection Itraconazole 50 Mg                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1945 | Injection Lepirudin 50 Mg                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1960 | Inj Levorphanol Tartrate To 2 Mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J1990 | Inj Chlordiazepoxide Hcl To 100 Mg                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| J2010 | Injection Lincomycin Hcl To 300 Mg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2180 | Inj Mepridin&promthzin Hcl To 50 Mg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2320 | Inj Nandrolone Decanoate To 50 Mg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2460 | Inj Oxytetracycline Hcl To 50 Mg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2513 | Inj Pentastarch 10% Sol 100 Ml      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2650 | Inj Prednisolone Acetate To 1 Ml    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2670 | Injection Tolazoline Hcl To 25 Mg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2725 | Injection Protirelin Per 250 Mcg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2910 | Injection Aurothioglucose To 50 Mg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2940 | Injection Somatrem 1 Mg             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2950 | Injection Promazine Hcl Up To 25 Mg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J2995 | Inj Streptokinase Per 250000 Iu     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3280 | Inj Thiethylprazine Maleat To 10 Mg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3302 | Inj Triamcinolone Diactat 5 Mg      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3305 | Inj Trimetrexate Glucoronate 25 Mg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3310 | Injection Perphenazine Up To 5 Mg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3320 | Inj Spctnomycn Dhydrochlord To 2 Gm | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3350 | Inj Urea Up To 40 Gm                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3364 | Injection Urokinase 5000 Iu Vial    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3400 | Inj Triflupromazine Hcl To 20 Mg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3472 | Inj Hyaluronidase Ovine 1000 Usp U  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| J3520 | Edetate Disodium Per 150 Mg                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3530 | Nasal Vaccine Inhalation                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J3570 | Laetrile Amygdalin Vitamin B17                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7110 | Infusion Dextran 75 500 Ml                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7191 | Factor VIII Ahf Procine Per Iu                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7196 | Antithrombin recombinant                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7306 | Levonorgestrel Contraceptv Impl Sys                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7505 | Muromonab-cd3 Parenteral 5 Mg                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7513 | Daclizumab Parenteral 25 Mg                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7604 | Acetylcysteine, Inhalation Solution, Compounded Pr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7607 | Levalbuterol, Inhalation Solution, Compounded Prod | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7609 | Albuterol, Inhalation Solution, Compounded Product | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7610 | Albuterol Comp Con                                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7622 | Beclomethasone Inhal Sol U Dose Mg                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7624 | Betamethasone Inhal Sol U Dose Mg                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7628 | Bitolterol Mesylate Inh Sol Conc-mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7629 | Bitolterol Mesylate Inhal Sol U-mg                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7633 | Budesonide Inhal Sol Dme-0.25 Mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7634 | Budesonide, Inhalation Solution, Compounded Produc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7635 | Atropine Inhal Solution Conc Per Mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7636 | Atropine Inhal Sol Ud Per Mg                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| J7637 | Dexamethasone Inhal Sol Con Per Mg                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7638 | Dexamethasone Inhal Sol Ud Per Mg                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7641 | Flunisolide Inhal Sol Admned Dme-mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7642 | Glycopyrrolate Inhal Sol Conc-mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7643 | Glycopyrrolate Inhal Sol U-mg                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7645 | Ipratropium Bromide Comp                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7647 | Isoetharine Hcl, Inhalation Solution, Compounded P | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7648 | Isoetharine Hcl Inhal Sol Conc-mg                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7649 | Isoetharine Hcl Inhal Sol U-mg                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7650 | Isoetharine Comp Unit                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7657 | Isoproterenol Hcl, Inhalation Solution, Compounded | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7658 | Isoproterenol Hcl Inhal Sol Conc-mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7659 | Isoproterenol Hcl Inhal Sol U-mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7660 | Isoproterenol Comp Unit                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7667 | Metaproterenol Sulfate, Inhalation Solution, Compo | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7668 | Metaproterenol Inhal Sol Conc-10 Mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7669 | Metaproterenol Inhal Sol U-10 Mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7670 | Metaproterenol Comp Unit                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7676 | Pentamidine Isethionate, Inhalation Solution, Comp | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7680 | Terbutaline Sulfate Inhal Sol Mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7681 | Terbutaline So4 Inhal Sol U Dose-mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| J7683 | Triamcinolone Inhal Sol Conc-mg                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7684 | Triamcinolone Inhal Sol U Dose-mg                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J7685 | Tobramycin, Inhalation Solution, Compounded Produc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J8515 | Cabergoline Oral 0.25 Mg                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J8562 | Oral fludarabine phosphate                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J8565 | Gefitinib Oral 250 Mg                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J9165 | Diethylstilbestrol Diphoshat 250 Mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J9212 | Inj Infrfern Alfacon-1 Recomb 1 Mcg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J9213 | Intrferon Alfa-2a Recombinant 3 M U                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J9219 | Leuprolide Acetate Implant 65 Mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| J9270 | Plicamycin 2.5 Mg                                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0669 | Wc Accss Seat/back Cushn No Sadmerc                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0740 | Repair/service oxygen equipment                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0806 | POV group 2 std up to 300 lbs                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0807 | POV group 2 hd 301-450 lbs                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0808 | POV group 2 vhd 451-600 lbs                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0868 | Pwc Gp 4 Std Seat/back                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0869 | Pwc Gp 4 Std Cap Chair                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0870 | Pwc Gp 4 Hd Seat/back                              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0871 | Pwc Gp 4 Vhd Seat/back                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0877 | Pwc Gp 4 Std Sing Pow Opt S/b                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| K0878 | Pwc Gp 4 Std Sing Pow Opt Cap        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0879 | Pwc Gp 4 Hd Sing Pow Opt S/b         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0880 | Pwc Gp 4 Vhd Sing Pow Opt S/b        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0884 | Pwc Gp 4 Std Mult Pow Opt S/b        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0885 | Pwc Gp 4 Std Mult Pow Opt Cap        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| K0886 | Pwc Gp 4 Hd Mult Pow S/b             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L0984 | Protective Body Sock Each            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L1847 | Ko Dbl Uprrt-adj Jnt-inflat Air Supp | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L1848 | Ko dbl upright w/air pre ots         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L2840 | Add Lw Ext Orthos Tib Len Sock Fx/=  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L2850 | Add Lw Ext Ortho Fem Len Sock Fx/=   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L2861 | Torsion mechanism knee/ankle         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L4394 | Repl Sft Infrfce Matl Ft Drop Splnt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L4398 | Ft Drop Splnt Recumbnt Pstn Devc     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L5990 | Add Lw Extrm Prosth Use Adj Heel Ht  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L7600 | Prosetic Donning Sleeve Material Ea  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L8678 | Ext Sply Implt Neurostim             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L8680 | Impl Neurostimulator Electrode Ea    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L8685 | Impl Neurostim 1 Array Rechargeable  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L8686 | Impl Neurostim 1 Array Non-recharge  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L8687 | Impl Neurostim 2 Array Rechargeable  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| L8688 | Impl Neurostim 2 Array Non-recharge | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L8692 | Non-osseointegrated snd proc        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| L9900 | Ortho/prosth Supp Acces &/ Serv     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0001 | Advancing Cancer Care Mvp           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0002 | Opt Care Kidney Hlth Mvp            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0004 | Support Care Neur Cond Mvp          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0005 | Promot Wellness Mvp                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0075 | Cellular Therapy                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0076 | Prolotherapy                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0100 | Intragastr Hypothm Use Gastr Freez  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0300 | Iv Chelation Therapy                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M0301 | Fabric Wrapping Abdominal Aneurysm  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1003 | Tb scr 12 mo pri fst bio dz         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1004 | Doc med rsn no srn tb               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1005 | Tb scr no perf                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1006 | Dz not ases, no rsn                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1007 | >=50% total pt outpt ra enct        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1008 | <50% total pt outpt ra encts        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1009 | Pt tx and final eval comp           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1010 | Pt tx and final eval comp           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1011 | Pt tx and final eval comp           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1012 | Pt tx and final eval comp    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1013 | Pt tx and final eval comp    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1014 | Pt tx and final eval comp    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1016 | Pt dx meop or sur steri      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1018 | Pt dx hst cr pt sk lg cr scr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1019 | Adl pt mj dep ds rs 12 phq<5 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1020 | Adl pt mj dep ds no rs 12 mo | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1021 | Pt uc in pp                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1027 | Img head (ct or mri) obtnd   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1028 | Doc of pt prm hda dx and otr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1029 | Doc sysm rsn img hd          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1032 | Adt tkng pharmthry for oud   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1034 | Adt 180 dys pharmthry oud    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1035 | Adt pd out mat pr 180 dys tx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1036 | Adt no 180 dys pharmthry oud | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1037 | Pt dx lum sp reg cacr        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1038 | Pt dx lum sp reg fract       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1039 | Pt dx lum sp reg inf         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1040 | Pt dx lum idi or cong scol   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1041 | Pt cr ft inf lm or pt id sl  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1043 | Ftl st mea sco no ot odi     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1045 | Fsm wth scr oks pre and post | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1046 | Fsm wth scr no oks pre and p | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1049 | Fsm wth scr no odi pre and p | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1051 | Pt w/cancer scoliosis        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1052 | Lg pn nt msr vas scl pre/pst | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1054 | Pt uc in pp                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1055 | Aspirin used                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1056 | Presc antico med in pp       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1057 | Aspirin not used, no rsn     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1058 | Pt prm nurs hm res in pp     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1059 | Pt no prm nurs hm res in pp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1060 | Pt died in pp                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1067 | Hspc pt prv time meam per    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1068 | Pt not ambulatory            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1069 | Pt scr ft fall rsk           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1070 | Pt not scrn fut fall no rsn  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1106 | Start eoc doc med rec        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1107 | Docu dx degen neuro          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1108 | Oc ni pt 1-2 vis             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1109 | Oc ni pt dc 1-2 vis          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1110 | Oc ni pt selfdc 1-2 vis      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description              | Edit Type                 | Comment  |
|-------|--------------------------|---------------------------|--|
| M1111 | Start eoc doc med rec    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1112 | Docu dx degen neuro      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1113 | Oc ni pt 1-2 vis         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1114 | Oc ni pt dc 1-2 vis      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1115 | Oc ni pt selfdc 1-2 vis  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1116 | Start eoc doc med rec    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1117 | Docu dx degen neuro      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1118 | Oc ni pt 1-2 vis         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1119 | Oc ni pt dc 1-2 vis      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1120 | Oc ni pt selfdc 1-2 vis  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1121 | Start eoc doc med rec    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1122 | Docu dx degen neuro      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1123 | Oc ni pt 1-2 vis         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1124 | Oc ni pt dc 1-2 vis      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1125 | Oc ni pt selfdc 1-2 vis  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1126 | Start eoc doc med rec    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1127 | Docu dx degen neuro      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1128 | Oc ni pt 1-2 vis         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1129 | Oc ni pt dc 1-2 vis      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1130 | Oc ni pt self dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1131 | Docu dx degen neuro      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1132 | Oc ni pt 1-2 vis             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1133 | Oc ni pt dc 1-2 vis          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1134 | Oc ni pt self dc 1-2 vis     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1135 | Start eoc doc med rec        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1141 | Fs no oks                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1142 | Emerge cases                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1143 | Ni rehab med chiro           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1146 | Ongoing care not ind         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1147 | Care not poss med rsn        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1148 | Pt self dschg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1149 | No neck fs prom incap        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1150 | Lvef <=40% Or Mod/Sev L Vsf  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1151 | Pt W/ Hx Trnsplt Or Lvad     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1152 | Pt W/ Hx Trnsplt Or Lvad     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1153 | Pt W/ Dx Osteo Doe           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1159 | Hospc Serv Dur Meas Pd       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1160 | Pt Anphx Due To Mengb Bef 13 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1161 | Pt Anphx Due To Dtp Bef 13   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1162 | Pt Enceph Due To Dtp Bef 13  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1163 | Pt Anphx Due To Hpv Bef 13   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1164 | Pt W/ Dementia Any Time      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1165 | Pt Use Hspc Dur Meas Pd      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1166 | Path Rpt Tis Spec Wle/Reexc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1167 | Hspc Dur Meas Pd             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1168 | Pt Recd Flu Vax 7/1-6/30     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1169 | Doc Med Rsn No Flu Vax       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1170 | Pt W/O Flu Vax 7/1-6/30      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1171 | Pt Recd 1 Td/Tdap 9Yrs Prior | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1172 | Doc Med Rsn No Td/Tdap       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1173 | Pt No Rec Td/Tdap 9Yrs Prior | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1174 | Pt W/ 1 Hzv Lv Or 2 Hzv Recm | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1175 | Doc Med Rsn No Hzv           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1176 | Pt W/O Hzv On/Aft Age 50     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1177 | Pt Recd Pcv On/Aft 60        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1178 | Doc Med Rsn No Pcv           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1179 | No Pcv Recd                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1180 | Pt Imm Ckpt Inhib Therapy    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1181 | Gr 2 Or> Dia Or Gr2 Or> Col  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1182 | Not Elg Pre Ex Ibd/Uc/Crohn  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1183 | Doc Imm Ckpt Inhib Hld       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1184 | Doc Med Rsn No Cst/1st Rx    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1185 | Imm Ckpt Inhib Not Hld No Rx | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1186 | Pt W/ Rx For Hspc/Plltv Care | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1187 | Pt W/ Esrd                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1188 | Pt W/ Ckd Stg 5              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1189 | Doc Khe Pef W/Efgr/Uacr      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1190 | Doc Khe Not Pef W/Efgr/Uacr  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1191 | Hspc Svc Any Time In Meas Pd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1192 | Pt W/ Dx Sq Cell Ca Of Esoph | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1193 | Rpts W/ Imp/Con Mmr/Msi      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1194 | Med Rsn No Imp/Con Mmr/Msi   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1195 | Rpt Wo Imp/Con Mmr/Msi       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1196 | Ixv Nrs Vrs Iqa >=4          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1197 | Isa Red >=2 Fr Ixv           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1198 | Isa Not Red 2Pts Fr Ixv      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1199 | Pt Rec'G Rrt                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1200 | Ace-I/Arb Rx                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1201 | Med Rsn No Ace-I/Arb Rx      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1202 | Pt Rsn No Ace-I/Arb Rx       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1203 | No Rsn Ace-I/Arb Rx          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1204 | Ixv Nrs Vrs Iqa >=4          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1205 | Isa Red >=2 Fr Ixv           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1206 | Isa Not Red 2Pts Fr Ixv      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1207 | #Pts Scrn Sdoh               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1208 | #Pts No Scrn Sdoh            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1209 | >=2 Same Hi-Rsk Med W/O Diag | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1210 | >=2 Same Meds Tbl4 Not Ord   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1211 | Hemoglobin A1C Level >9.0%   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1212 | Missing Hb A1C Level         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1213 | No Hx Spiro Prs Spiro>=70%   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1214 | Spiro Results Wth Obs Doc    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1215 | Med Rsn For No Doc Spiro     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1216 | No Spiro Doc No Res Doc      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1217 | Sys Rsn No Doc Spiro         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1218 | Pt Copd Symptoms             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1220 | Dre Wth Interp Rtnophy       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1221 | Dre W/O Rtnophy              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1222 | Glaucoma Pln Of Care Not Doc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1223 | Glaucoma Plan Of Care Doc    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1224 | Iop Dec <20% From Base       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1225 | Iop Dec>=20% From Base       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1226 | Iop Not Doc                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1227 | Eb Therapy Prescribed        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1228 | Pt + Hcv Aby +Vir W/ Rx 3 Mo | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1229 | Pt W/ +Hcv +Vir Ref Win 1 Mo | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1230 | Pt Hcv Rctv Aby No F/U Tst   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1231 | Pt Hcv Tst No Reactive Res   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1232 | Pt Hcv Tst Reactive Result   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1233 | Pt No Hcv Aby Or Result      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1234 | Pt Hcv Rctv Aby F/U Neg      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1235 | Doc Pt Hcv Aby Rna Tst       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1236 | Baseline Mrs > 2             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1237 | Pt Rsn No Scrn               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1238 | Doc 2Nd Recom Hzv 2-6 Mo Int | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1239 | Pt No Resp Heard             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1240 | Pt No Resp Best Int          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1241 | Pt No Resp Seen As Person    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1242 | Pt No Resp Imprt To Me       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1243 | Pt Othr Thn True Heard       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1244 | Pt Othr Thn True Best Int    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1245 | Pt Othr Thn True Person      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1246 | Pt Othr Thn True Imprt To Me | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1247 | Pt Resp True Best Int        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1248 | Pt Resp True Seen As Person  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1249 | Pt Resp True Imprt To Me     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                   | Edit Type                 | Comment  |
|-------|-------------------------------|---------------------------|--|
| M1250 | Pt Resp True Heard            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1251 | Pts Proxy Cmplt Hu Surv       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1252 | Pts No Cmplt Hu Survey        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1253 | Pts Hu Surv No Amb Plltv      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1254 | Pts Deceased Prior Hu Surv    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1255 | Pts W/ Othr Rsn Vst,+Prg Tst  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1256 | Prior History Of Known Cvd    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1257 | Cvd Risk Assess Not Perf      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1258 | Cvd Risk Assess Perf          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1259 | Pt Kid Transplt Wtlist Lv Don | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1260 | Pt No Kd Trnsplt Wtlist Lv Do | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1261 | Pts On Wtlist Bef Dialysis    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1262 | Pts Transplt Bef Dialysis     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1263 | Pts Hosp Dialysis Dt          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1265 | Cms 2728 Completed            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1266 | Pts Admit Snf                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1267 | Pt No Act Kid Transplt Wtlist | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1268 | Pt Ac Stat Kid Trnsplt Wtlist | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1269 | Rec'D Esrd Mcp Lst Day Of Mo  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1270 | Pts No Kid Transplt Wtlist    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1271 | Pts Dem Any Time/Dur Mo       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1272 | Pts Kid Transplt Wtlst       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1273 | Pts Snf 1 Yr Dialysis        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1274 | Pts Snf Exl Mo               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1275 | Pts Hosp Exl                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1276 | Calc Bmi Out Nrm Param Nof/U | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1277 | Colorectal Ca Screen Doc Rev | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1278 | Pre-Htn Or Htn Doc, F/U Indc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1279 | Pre-Htn/Htn, No F/U, Not Gvn | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1280 | Bilat Mast/Hx Bi /Unilat Mas | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1281 | Bp Scrn No Perf At Interval  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1282 | Pt Scrn Tbco Id As Non User  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1283 | Pt Scrn Tbco And Id As User  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1284 | Pt 66+ Snp Or Ltc Pos > 90D  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1285 | Scrn Mam Perf Rslts Not Doc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1286 | Bmi Doc Onl Fup Not Cmpltd   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1287 | Calc Bmi Blw Low Param F/U   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1288 | Doc Rsn No Hbp Scrn Or F/U   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1289 | No Pt Tbco Cess Interv Rng   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1290 | Pt Not Eli D/T Act Dig Htn   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1291 | Pt 66+ Frailty And Med Dem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1292 | Pt 66+ Frail Inpt Adv Ill    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description               | Edit Type                 | Comment  |
|-------|---------------------------|---------------------------|--|
| M1293 | Calc Bmi Abv Up Param F/U | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1294 | Bp Scrn Perf Rec Interval | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1295 | Pt Hx Tot Col Or Colon Ca | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1296 | Calc Bmi Norm Parameters  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1297 | Bmi Not Doc Medrsn Ptref  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1298 | Doc Pt Preg Dur Msrmt Pd  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1299 | Flu Immunize Order/Admin  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1300 | Flu Imm No Admin Doc Rea  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1301 | Pt Recv Tbco Cess Interv  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1302 | Scrn Mam Perf Rslts Doc   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1303 | Hospcl Serv Dur Meas Pd   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1304 | No Pneum Vax Admin 19+    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1305 | Pneum Vax Admin 19+       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1306 | Pt Anphx Due To Pneum     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1307 | Doc Pt Pal Or Hospice     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1308 | Flu Immunize No Admin     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1309 | Pall Serv During Meas     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1310 | Pt Scr Tob & Cess Int     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1311 | Aphlx To Vax Bef Enc      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1312 | No Pt Tbco Scrn Rng       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1313 | No Tob Scr/Cess Int       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                      | Edit Type                 | Comment  |
|-------|----------------------------------|---------------------------|--|
| M1314 | Bmi Not Calculated               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1315 | Crc No Doc No Rsn                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1316 | Tobacco Non-User                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1317 | Pts Counsl Cpt Opt Out           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1318 | Pts No Csp Doc Contact           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1319 | Pts Csp Doc Contact              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1320 | Pts Scrn + Hrsn                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1321 | Pts No 7Wk Inj, No Iop, Iop > 25 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1322 | Pts 7Wk Inj, Scrn Iop ≤ 25       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1323 | Pts 7Wk Inj, Scrn Iop > 25       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1324 | Pts Intravitreal/Pci             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1325 | Doc Med Rsn Not Seen             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1326 | Pts Dx Hypotony                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1327 | Pts No Eval Ini Xm No 8 Wks      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1328 | Pts Dx Acute Vitreous Hem        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1329 | Pts Act Pvd 2 Wks 8 Wks          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1330 | Doc Pts Rsn No F/U Xm            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1331 | Pts Eval Ini Xm 8 Wks            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1332 | Pts No Eval Ini Xm No 2 Wks      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1333 | Acute Vitreous Hemorrhage        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1334 | Pts Act Pvd 2 Wks 2 Wks          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1335 | Doc Pts Rsn No F/U Xm        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1336 | Pts Eval Ini Xm 2 Wks        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1337 | Acute Pvd                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1338 | Pt F/U 30-180 Dys No + Imprv | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1339 | Pts F/U 30-180 Dys + Improv  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1340 | Indx Whodas 2.0 Or Sds       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1341 | Pt No F/U 30-180 Dys         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1342 | Pts Died Perf Per            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1343 | Pt Pam Lvl 4 Base Or Srt Lin | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1344 | Pts No Bsln Or 2Nd Pam Score | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1345 | Pt Bsln Pam, 2Nd Scr 6-12 Mo | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1346 | Pts No Pam 6 Pts 6-12 Mo     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1347 | Pt Pam Incr 3 Pt 6-12 Mo     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1348 | Pt Pam Incr 6 Pt 6-12 Mo     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1349 | Pt No Pam 3 Pts 6-12 Mo      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1350 | Pt W/ Suic Saf Pln Init Rev  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1351 | Pt Cmplt Suicd Saf Pln 120Dy | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1352 | Suicd C-Srs Assessment, Equ  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1353 | Pts No Cmplt Suicd Saf Pln   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1354 | Pt No Suicd Saf Pln 120Dy    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1355 | Suicd Based Cln Eval         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1356 | Pt Died Dur Meas Pd          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1357 | Pt W/Red Suic Idea 120 Days  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1358 | Pts No <Suicd Idea 120 Dys   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1359 | Indx Suicd Idea, No 0 Scr    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1360 | Suicd C-Ssrs Assessment      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1361 | Suicd Based Cln Eval         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1362 | Pt Died Dur Meas Pd          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1363 | Pts No F/U 120 Dys           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1364 | Ascvd Risk >=20Pct           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1365 | Hosp+Pall Care Spec Code 17  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1366 | Focus On Women'S Health Mvp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1367 | Qual Care Ent Disorder Mvp   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1368 | Prev Trt Inf D/O Hiv/Hep Mvp | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1369 | Qualcare Mental Hlth/Sud Mvp | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1370 | Rehab Support Msk Care Mvp   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1371 | Mst rec gsa<7                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1372 | Mst rec gsa >=7 and<8        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1373 | Mst rec gsa >=8 and <=9      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1374 | Ra dx enc 90 days dur per pd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1375 | Ra dx enc 90 days dur per pd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1376 | Ra dx enc 90 days dur per pd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1377 | Fu colscop 10 yr doc w/ disc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1381 | Pt sec strk wthin 5 days     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1382 | Enc dur perf pd pos 11       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1383 | Acute pvd                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1384 | Pt died dur perf pd          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1385 | Pt rsn not seen 2nd pam      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1386 | Exc sx melmn or mlnm is      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1387 | Pt died dur perf pd          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1388 | Pt doc exm rec melmn         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1389 | Pt rsn no exm                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1390 | Pt no doc exm for rec        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1391 | All pt dx w/ rec mlnm        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1392 | Pt rsn no exm or lst to fu   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1393 | Pr no dx rec mlnm            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1394 | Stg i-iii br ca              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1395 | Init chemo w/def dur ec grp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1396 | Pt ther clin trial           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1397 | Pt w/ recur/prog             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1398 | Bslne and fu promis doc      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1399 | Pt lve prac                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1400 | Pt died dur perf pd          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| M1401 | Stg i-iii br ca              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1402 | Init chemo w/def dur ec grp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1403 | Bsln and fu promis doc       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1404 | Pt ther clin trial           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1405 | Pt w/ recur/prog             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1406 | Pt lve prac                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1407 | Pt died dur perf pd          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1408 | Gmln brca bef dx ca          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1409 | Recd gmln brca1/brca2 couns  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1410 | No gmln brca1/brca2 couns    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1411 | 1st ln ici no chemo          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1412 | Met nslc w/ egfr alk oth ab  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1413 | Pos pdl1 bef init ici tx     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1414 | Med rsn no pdl1 bef 1st ther | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1415 | No pos pdl1 bef ici ther     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1416 | Pt rec hosp                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1417 | Pt up to date cov            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1418 | Med rsn not up to date cov   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1419 | Pt not up to date cov        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1420 | Complete ophthalmologic mvp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1421 | Dermatological care mvp      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                      | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| M1422 | Gastroenterology care mvp                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1423 | Opt care urologic cnd mvp                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1424 | Pulmonology care mvp                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| M1425 | Surgical care mvp                                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| P2028 | Cephalin Flocculation Blood                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| P2029 | Congo Red Blood                                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| P2031 | Hair Analysis                                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| P2033 | Thymol Turbidity Blood                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| P7001 | Cult Bacterl Urine; Quan Sens Study              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q0173 | Trimethobenzamide Hcl 250 Mg Oral                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q0174 | Thiethylperazine Maleate 10 Mg Oral              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q0515 | Inj Sermorelin Actate 1 Mcg                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q2034 | Influenza virus vaccine, split virus, for IM use | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q2052 | IVIG demo, sevice/supplies                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q3031 | Collagen Skin Test                               | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| Q9001 | Va chaplain assessment                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q9002 | Va chaplain counsel individu                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q9003 | Va chaplain counsel group                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q9951 | Locm 400/> Mg/ml Iodine Conc MI                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q9953 | Inj Ironbased Mr Contrast Agent MI               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q9954 | Oral Mr Contrast Agent MI                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                           | Edit Type                 | Comment  |
|-------|---------------------------------------|---------------------------|--|
| Q9955 | Inj Perflexane Lipid Microspheres MI  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q9959 | Hocm 150-199 Mg/ml Iodine Conc MI     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q9962 | Hocm 300-349 Mg/ml Iodine Conc MI     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| Q9964 | Hocm 400 Or > Mg/ml Iodine Conc MI    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| R0076 | Trans Prtble Ekg Faci/location-pt     | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| S0012 | Butorphanl Tartrat Nasl Spray 25 Mg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0013 | Esketamine, nasal spray               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0014 | Tacrine Hydrochloride 10 Mg           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0021 | Injection Ceftoperazone Sodium 1 Gm   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0023 | Inj Cimetidine Hydrochloride 300 Mg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0034 | Injection Ofloxacin 400 Mg            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0040 | Inj Ticarcillin & Clavulanat K+3.1 Gm | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0074 | Injection Cefotetan Disodium 500 Mg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0078 | Inj Fosphenytoin Sodium 750 Mg        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0080 | Inj Pentamidine Isethionate 300 Mg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0081 | Inj Piperacillin Sodium 500 Mg        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0088 | Imatinib 100 Mg                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0090 | Sildenafil Citrate 25 Mg              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0091 | Granisetron Hydrochloride 1 Mg        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0092 | Inj Hydromorphone Hydrochlorid 250 Mg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0093 | Injection Morphine Sulfate 500 Mg     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| S0104 | Zidovudine Oral 100 Mg              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0106 | Bupropion Hci Sr Tab 150 Mg 60 Tabs | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0108 | Mercaptopurine Oral 50 Mg           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0109 | Methadone Oral 5mg                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0117 | Tretinoin Topical 5 Grams           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0119 | Ondansetron 4 mg                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0122 | Injection Menotropins 75 lu         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0126 | Injection Follitropin Alfa 75 lu    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0128 | Injection Follitropin Beta 75 lu    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0132 | Injection Ganirelix Acetate 250 Mcg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0136 | Clozapine 25 Mg                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0137 | Didanosine 25 Mg                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0138 | Finasteride 5 Mg                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0139 | Minoxidil 10 Mg                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0140 | Saquinavir 200 Mg                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0142 | Colisthmthate Soduim Inhal Conc-mg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0145 | Inj Pegylatd Ifn Alfa-2a 180 Mcg MI | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0148 | Peg interferon alfa-2b/10           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0155 | Sterile Dilutant Epoprostenol 50 MI | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0156 | Exemestane 25 Mg                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0157 | Becaplermin Gel 0.01% 0.5 Gm        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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**Non-Reimbursable Services Edits**  
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| Code  | Description                           | Edit Type                 | Comment  |
|-------|---------------------------------------|---------------------------|--|
| S0160 | Dextroamphetamine Sulfate 5 Mg        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0166 | Injection Olanzapine 2.5 Mg           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0170 | Anastrozole Oral 1 Mg                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0172 | Chlorambucil Oral 2 Mg                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0174 | Dolasetron Mesylate Oral 50 Mg        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0175 | Flutamide Oral 125 Mg                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0176 | Hydroxyurea Oral 500 Mg               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0177 | Levamisole Hydrochloride Oral 50 Mg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0178 | Lomustine Oral 10 Mg                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0179 | Megestrol Acetate Oral 20 Mg          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0182 | Procarbazine Hydrochloride Oral 50 Mg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0183 | Prochlorperazine Maleate Oral 5 Mg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0187 | Tamoxifen Citrate Oral 10 Mg          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0189 | Testosterone Pellet 75 Mg             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0190 | Mifepristone Oral 200 Mg              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0191 | Misoprostol Oral 200 Mcg              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0194 | Dialys/stress Vit Supl Oral 100 Cap   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0197 | Prenatal Vitamins 30-day Supply       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0199 | Med Induced Ab Oral Ingest Med        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0201 | Part Hospitalizatn Srvcs<24 Hr-diem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0207 | Paramed Intercept Non-hos-based Als   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



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| Code  | Description                                 | Edit Type                 | Comment  |
|-------|---|---------------------------|--|
| S0208 | Paramed Intrcpt Als Non-trnsprt             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0209 | Wheelchair Van Mileage Per Mile             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0215 | Non-emerg Transportation; Per Mile          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0220 | Med Conf Md W/team Hlth Prof;30 Min         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0221 | Med Conf Md W/team Hlth Prof;60 Min         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0250 | Comp Geriatric Assess&tx Planning           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0255 | By Nrs Socl Wrker/oth Desnatd Staff         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0260 | Hx & Phys Related To Surgical Proc          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0265 | Genetic Cnsl Phys Sup Ea 15 Mins            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0270 | Home Std Case Rate 30 Days                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0271 | Home Hospice Case 30 Days                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0272 | Home Episodic Case 30 Days                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0273 | Md Home Visit Outside Cap                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0274 | Nurse Practr Visit Outs Cap                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0280 | Medical home, initial plan                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0281 | Medical home, maintenance                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0285 | Consult before screen colonoscopy           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0302 | Cmpl Early Prd Screen Dx&tx Svc             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0310 | Hospitalist Services                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0311 | Comprehensive management care coord adv ill | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0315 | Dz Mgmt Progm; Init Assess&init Pro         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| S0316 | Disease Mgmt Progm; F/u/reassess    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0317 | Disease Management Progm; Per Diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0320 | Tel Calls Rn Dz Mgmt Memb Monitr;mo | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0340 | Lifestyl Mod Mgmt Cor Art Dz; 1 Qtr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0341 | Incl All Supp Svc; 2/third Qtr      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0342 | Lifestyl Mod Mgmt Cor Art Dz; 4 Qtr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0353 | Cancer treatment plan initial       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0354 | Cancer treatment plan change        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0390 | Routine Foot Care; Per Visit        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0395 | Impression Cast Foot-practitioner   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0400 | Globl Fee Xtracorp Shock Wave Lith  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0500 | Disposable Contact Lens Per Lens    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0504 | Single Vision Prsc Lens Per Lens    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0506 | Bifocal Vision Prsc Lens Per Lens   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0508 | Trifocal Vision Prsc Lens Per Lens  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0510 | Non-prescription Lens Per Lens      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0512 | Daily Wear Spclty Cntc Lens-lens    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0514 | Color Contact Lens Per Lens         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0515 | Scleral Lens Lqd Bandge Device-lens | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0516 | Safety Eyeglass Frames              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0518 | Sunglasses Frames                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

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| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| S0580 | Polycarbonate Lens                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0581 | Nonstandard Lens                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0590 | Integr'l Lens Srvc Misc Reported Sep | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0592 | Comp Contact Lens Evaluation         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0595 | Dispns New Sptcl Lens Pt Spl Frme    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0596 | Phakic iol refractive error          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0601 | Screening Proctoscopy                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0610 | Annual Gyn Examination New Patient   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0612 | Annual Gyn Examination Est Patient   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0613 | Annual Gyn Ex Clin Brst W/o Pelv Ex  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0618 | Audiometry For Hearing Aid Eval      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0620 | Routine Ophth Ex W/refrac; New Pt    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0621 | Routine Ophth Ex W/refrac; Est Pt    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0622 | Physical Exam College New/est Pt     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0630 | Remv Sutures; Md Not Md Who Clos Wnd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0800 | Laser In Situ Keratomileusis         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0810 | Photorefractive Keratectomy          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S0812 | Phototherapeutic Keratectomy         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1001 | Deluxe Item Patient Aware            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1002 | Customized Item                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1015 | Iv Tubing Extension Set              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                    | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| S1016 | Non-pvc Iv Admn Set Rx Not Stable              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1030 | Cont Noninvas Glu Mon Devc Purchase            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1031 | Cont Noninvas Glu Mon Devc Rental              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1034 | Artificial pancreas systemb                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1035 | Artificial pancreas invasive disposable sensor | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1036 | Arificial pancreas external transmitter        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1037 | Artificial pancreas external receiver          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1040 | Cranil Remold Orthos Rigid W/sft Int           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S1091 | Stent non-coronary propel                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2053 | TpInt Sm Intestine&liver Allogfts              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2054 | Transplantation Multivisceral Orgn             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2055 | Harv Donr Mx-vscl Orgn; Cadvr Donr             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2060 | Lobar Lung Transplantation                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2061 | Donor Lobect TpInt Living Donor                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2065 | Simultaneous Panc Kidney TpInt                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2066 | Breast Gap Flap Reconst                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2067 | Breast Stacked" Diep/gap"                      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2068 | Breast Reconstruction Diep Flap Uni            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2070 | Cysto; Laser Tx Ureteral Calc                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2079 | Lap Esophagomyotomy Heller Type                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2080 | Laser-assisted Uvulopalatoplasty               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| S2083 | Adj Gastric Band Diam Subq Port      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2095 | Trnscath Occl/emboliz Tumr Destruc   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2102 | Islet Cell Tiss Tplnt Panc; Allogen  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2103 | Adrenal Tissue Transplant To Brain   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2107 | Adoptive Immunotx Course Treatment   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2112 | Arthroscopy Knee Surg Harvest Cart   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2115 | Osteot Periacetabular W/intrl Fix    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2117 | Arthroereisis Subtalar               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2118 | Total Hip Resurfacing                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2120 | Ldl Apheres Heparn Xtrcrp Ldl Precp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2140 | Cord Bld Harvest Tplnt Allogeneic    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2142 | Cord Blood Stem-cell Tplnt Allogen   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2150 | Bn Marrow/stem Cell Harv Tplnt&comp; | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2152 | Solid Organ; Tplnt & Related Comp    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2202 | Echosclerotherapy                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2205 | Min Invas Dir Cab; Art Gft 1 Cag     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2206 | Min Invas Dir Cab; Art Gft 2 Cag     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2207 | Min Invas Dir Cab; Ven Only 1 Cvg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2208 | Min Invas Dir Cab; 1 Art&vg 1 Vg     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2209 | Min Invas Dir Cab; 2 Art Gft&1 Vg    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2225 | Myringotomy Laser-assisted           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| S2230 | Impl Magnt Cmpnt Semi-impl Hear Dvc  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2235 | Impl Auditory Brain Stem Implant     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2260 | Inductd Ab 17-24 Weeks Any Surg Meth | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2265 | Ab Fetal Indication 25-28 Weeks      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2266 | Ab Fetal Indication 29-31 Weeks      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2267 | Ab Fetal Indication 32 Weeks/>       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2300 | Scope Shldr;w/therml-inductd Cpslorr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2325 | Hip Core Decompression               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2340 | Chemodnervat Abductr Musc Vocl Cord  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2341 | Chemodenervat Adductr Musc Vocal Crd | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2342 | Nasl Endo Postop Debrid Uni/bil      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2348 | Decomp Perq Disc Rf 1/mx Lumb        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2350 | Dissect Ant-osteophyt;lumb 1 Intrsp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2351 | Dskct Ant-osteophyt;lumb Add Intrsp  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2400 | Repr Congn Hern Fetus In Utero       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2401 | Repr Urin Tract Obst Fetus-utero     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2402 | Repr Congen Cyst Malf Fetus-utero    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2403 | Repr Pulmonary Sequest Fetus-utero   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2404 | Repr Myelomeningo Fetus Proc-utero   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2405 | Repr Sacrococ Tratoma Fetus In Utro  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2409 | Rep Congn Malform Fetus-utero Noc    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                       | Edit Type                 | Comment  |
|-------|---|---------------------------|--|
| S2411 | Fetoscop Laser Tx Treatment-ttts                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S2900 | Surg Tech Rqr Use Robotic Surg Sys                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3000 | Diab Ind; Ret Eye Ex Dilat Bil                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3005 | Prfrm Msr Eval Pt Self Assess Dprss               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3600 | Stat Laboratory Request                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3601 | Emerg Stat Lab Chrg Pt Hb/nrs FacI                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3620 | Newborn Metabolic Screening Panel                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3630 | Eosinophil Count Blood Direct                     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3645 | Hiv-1 Antibod Test Mucos Transudate               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3650 | Saliva Test Hormone Level;menopause               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3652 | Sliva Tst Hormone LevI;prterm Labor               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3655 | Antisperm Antibodies Test                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3708 | Gastrointestinal Fat Absorb Study                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3722 | Dose optimization auc - 5fu                       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3800 | Genetic Testing For Amyotrophic Lateral Sclerosis | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3840 | Dna Analysis Ret Proto-oncogene                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3841 | Genetic Testing For Retinoblastoma                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3842 | Genetic Tst Von Hippel-lindau Dz                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3844 | Dna Analy Gjb2 Congn Pfnd Deafness                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3845 | Genetic Testing Alpha-thalassemia                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3846 | Genetic Tst Hgb E Beta-thalassemia                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| S3849 | Genetic Testing Niemann-pick Dz            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3850 | Genetic Testing Sickle Cell Anemia         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3852 | Dna Analy Apoe Epsilon 4 Allele Alz        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3853 | Genetic Tst Myotonic Musc Dystrophy        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3854 | Gene Expression Profiling Panel (oncotype) | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3861 | Genetic Testing Brugada                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3865 | Comp gene sequence hypertrophic cardiomy   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3866 | Specific gene test hypertrophic cardiomy   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3870 | CGH test development delay                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3900 | Surface Electromyography                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3902 | Ballistocardiogram                         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3904 | Masters Two Step                           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S3905 | Auto Handheld Diag Nerv Test               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4005 | Interim Labor Facility Global              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4011 | In Vitro Fertilization;                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4013 | Complete Cycle Gift Case Rate              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4014 | Complete Cycle Zift Case Rate              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4015 | Complete Ivf Cycle Case Rate Nos           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4016 | Frozen Ivf Cycle Case Rate                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4017 | Incpl Cycl Tx Canceld Prior To Stim        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4018 | Frzn Emb Trans Cancl Case Rate             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| S4020 | Ivf Proc Canc'l Befr Aspir Case Rate | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4021 | Ivf Proc Canc'l Aftr Aspir Case Rate | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4022 | Assist Oocyte Fertiliz Case Rate     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4023 | Donor Egg Cycle Incpl Case Rate      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4024 | Air polymer foam per study           | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                       |
| S4025 | Donor Srvc In Vitro Fertilization    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4026 | Procurement Donr Sperm Sperm Bank    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4027 | Storage Previously Frozen Embryos    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4028 | Micsurg Epididymal Sperm Aspir       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4030 | Sperm Procurement&cryopres; 1 Visit  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4031 | Sperm Procure&cryopres; Subsq't Vst  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4035 | Stim Intrauterine Insemin Case Rate  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4037 | Cryopreserv'd Embryo Trnsf Case Rate | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4040 | Mon & Stor Cryopresrv Embryos 30 Da  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4042 | Mgmt Ovulation Induction Per Cycle   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4981 | Insrt Levonorgestrel Intrautrn Sys   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4990 | Nicotine Patches Legend              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4991 | Nicotine Patches Non-legend          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4993 | Contraceptive Pills Birth Control    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S4995 | Smoking Cessation Gum                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5000 | Prescription Drug Generic            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| S5001 | Prescription Drug Brand Name        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5010 | 5% Dxtros & 0.45% NI Saline 1000 MI | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5012 | 5% Dxtros W/k+ Chlorid 1000 MI      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5013 | 5% Dxtros/45% N/s Kci&mgso4 1000 MI | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5014 | 5% Dxtros/45% N/s Kci&mgso4 1500 MI | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5100 | Day Care Services Adult; Per 15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5101 | Day Care Svc Adult; Per Half Day    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5102 | Day Care Services Adult; Per Diem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5108 | Hom Care Trn Hom Care Client 15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5109 | Home Care Trn Home Care Client Sess | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5110 | Home Care Training Fam; Per 15 Min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5111 | Home Care Training Fam; Per Session | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5115 | Home Care Trn Non-fam; Per 15 Min   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5116 | Home Care Trn Non-fam; Per Session  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5120 | Chore Services; Per 15 Minutes      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5121 | Chore Services; Per Diem            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5125 | Attendant Care Services; Per 15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5126 | Attendant Care Services; Per Diem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5130 | Homemaker Service Nos; Per 15 Min   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5131 | Homemaker Service Nos; Per Diem     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5135 | Companion Care Adult; Per 15 Min    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| S5136 | Companion Care Adult ; Per Diem     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5140 | Foster Care Adult; Per Diem         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5141 | Foster Care Adult; Per Month        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5145 | Foster Care Therapeutic Child; Diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5146 | Foster Care Therapeutic Chld; Month | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5150 | Unskld Respite Care Not Hospice; 15 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5151 | Unskld Respite Care Not Hospice;per | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5160 | Emerg Response System; Instl&tst    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5161 | Emerg Response Sys; Svc Fee-month   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5162 | Emerg Response Sys; Purchase Only   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5165 | Home Modifications; Per Service     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5170 | Home Del Meals Incl Prep; Meal      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5175 | Laundry Service Ext Prof; Order     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5185 | Med Remindr Svc Non-fce-to-fce; Mo  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5190 | Wellness Assess Prfrm Non-physician | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5199 | Personal Care Item Nos Each         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5550 | Insulin Rapid Onset; 5 Units        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5551 | Insulin Most Rapid Onset; 5 Units   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5552 | Insulin Intermed Acting; 5 Units    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5553 | Insulin Long Acting; 5 Units        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5560 | Insulin Devc Reusable Pen;1.5 MI Sz | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| S5561 | Insulin Devc Reusable Pen; 3 MI Sz  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5565 | Insulin Cartridge Not Pump; 150 U   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5566 | Insulin Cartridge Not Pump; 300 U   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5570 | Insulin Disposable Pen; 1.5 MI Sz   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S5571 | Insulin Disposable Pen; 3 MI Sz     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8030 | Scleral Application Tantalum Ring   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8035 | Magnetic Source Imaging             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8037 | Mr Cholangiopancreatography         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8040 | Topographic Brain Mapping           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8042 | Magnetic Resonance Imag Low-field   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8055 | Us Guid Mxifetl Pg Rduc Tech Cmpnt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8080 | Scintimammo Uni W/spl Radiopharm    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8085 | F-18 Fdg Imag 2-hd Coincenc Detct   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8092 | Electron Beam Computed Tomography   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8096 | Portable Peak Flow Meter            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8097 | Asthma Kit                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8100 | Hold Chamb W/inhal/nebulizr;no Mask | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8101 | Hold Chamb W/inhal/nebulizr; W/mask | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8110 | Peak Expiratory Flow Rate           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8120 | O2 Cntn Gaseous 1 U = 1 Cubic Foot  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8121 | O2 Contents Lqd 1 U Equals 1 Pound  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                           | Edit Type                 | Comment  |
|-------|---------------------------------------|---------------------------|--|
| S8130 | Interferential stim 2 chan            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8131 | Interferential stim 4 chan            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8185 | Flutter Device                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8186 | Swivel Adaptor                        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8189 | Tracheostomy Supply Noc               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8210 | Mucus Trap                            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8265 | Haberman Feeder Cleft Lip/palate      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8270 | Enuresis Alarm Buzz&/vibration Devc   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8301 | Infection Control Supplies Nos        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8415 | Supplies Home Delivery Of Infant      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8420 | Gradient Press Aid Sleeve&glove Cstm  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8421 | Gradient Press Aid Slv&glov Rdy Made  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8422 | Gradient Press Aid Sleeve Cstm Med Wt | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8423 | Gradient Press Aid Sleeve Cstm Hvy Wt | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8424 | Gradient Press Aid Sleeve Ready Made  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8425 | Gradient Press Aid Glove Cstm Med Wt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8426 | Gradient Press Aid Glove Cstm Hvy Wt  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8427 | Gradient Press Aid Glove Ready Made   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8428 | Gradient Press Aid Gauntlet Rdy Made  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8429 | Gradient Pressure Exterior Wrap       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8430 | Padding Compression Bandage Roll      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| S8431 | Compression Bandage Roll            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8450 | Splint Prefabricated Digit          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8451 | Splint Prefabricated Wrist Or Ankle | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8452 | Splint Prefabricated Elbow          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8460 | Camisole Post-mastectomy            | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8490 | Insulin Syringes                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8930 | Auricular electrostimulation        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8940 | Equestrian/hippotherapy Per Session | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8948 | Applic Modal 1/more Areas; Lw-level | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8950 | Complex Lymphedema Tx Ea 15 Min     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8990 | Phys/manip Tx Maint Not Restoration | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S8999 | Resuscitation Bag                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9001 | Home Uterin Mon W/wo Assoc Nrs Srvc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9007 | Ultrafiltration Monitor             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9024 | Paranasal Sinus Ultrasound          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9025 | Omniscardiogram/cardiointegram      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9034 | Eswl For Gall Stones                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9055 | Procuren/oth Growth Factor Prep     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9056 | Coma Stimulation Per Diem           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9083 | Global Fee Urgent Care Centers      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9088 | Services Prov An Urgent Care Center | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                                       | Edit Type                 | Comment  |
|-------|---|---------------------------|--|
| S9090 | Vert Axial Decomprs Per Session                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9117 | Back School Per Visit                             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9125 | Respite Care In The Home Per Diem                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9140 | Dm Mgmt Progm F/u Vst Non-md Prov                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9141 | Diab Mgmt Progm F/u Visit Md Prov                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9145 | Insulin Pump Init Instruct Use Pump               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9150 | Evaluation By Occularist                          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9335 | Hom Tx Hd; Admin Spl & Eqp Per Diem               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9401 | Anticoagulat Clin No Lab Per Sess                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9430 | Pharm Compounding & Dispensing Serv               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9433 | Medical Food Nutritionally Complete, Administered | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9434 | Mod Solid Food Sup Inborn Err Metab               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9435 | Medical Foods Inborn Errors Metab                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9436 | Chldbrth Prep/lamaze Class Per Sess               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9437 | Childbirth Refresh Class Per Sess                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9438 | Cesarean Brth Class Non-md Per Sess               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9439 | Vbac Classes Non-md Per Session                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9441 | Asthma Ed Non-md Prov Per Session                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9442 | Birthing Classes Non-phys Prov-sess               | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9443 | Lactation Class Non-phys Prov-sess                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9444 | Parenting Classes Non-md Per Sess                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| S9445 | Pt Ed Noc Non-md Prov Ind Session                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9446 | Pt Ed Noc Non-md Prov Group Session                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9447 | Infant Safety Class Non-md Per Sess                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9449 | Weight Mgmt Class Non-phys Per Sess                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9451 | Exercise Classes Non-phys Per Sess                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9452 | Nutrition Classes Non-phys Per Sess                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9453 | Smoking Cessation Class Non-md Sess                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9454 | Stress Mgmt Class Non-phys Per Sess                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9455 | Diabetic Mgmt Progm Group Session                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9460 | Diabetic Mgmt Progm Nurse Visit                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9465 | Diabetic Mgmt Progm Dietitian Visit                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9470 | Nutritional Cnsl Dietitian Visit                   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9472 | Card Rehab Progm Non-phys Prov Diem                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9473 | Pulm Rehab Progm Non-phys Prov Diem                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9475 | Amb Set Sbstnc Abs Tx/dtox Srvc Day                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9476 | Vestibulr Rehab Non-phys Prov-diem                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9480 | Intensive Op Psyc Services Per Diem                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9482 | Family Stabilizatn Srvc Per 15 Min                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9484 | Crisis Interven Mentl Hlth Srvc-hr                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9485 | Crisis Intervent Mental Health Serv                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9529 | Routine veinpuncture for collection of specimen(s) | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |



**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| S9810 | Home Therapy; Noc Per Hour          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9900 | Srvc Auth Christian Sc Pract Diem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9901 | Christian sci nurse visit           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9960 | Air ambulanc nonemerg fixed         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9961 | Air ambulanc nonemerg rotary        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9970 | Health Club Membership Annual       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9975 | TpInt Rel Lodg Meals & Trnsprt Diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9976 | Lodging Per Diem Nos                | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9977 | Meals Per Diem Nos                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9981 | Medical Records Copying Fee Admin   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9982 | Medical Records Copying Fee-page    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9986 | Not Medically Necessary Service     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9988 | Serv Part Of Phase 1 Clinical Trial | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9989 | Services Provided Outside Usa       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9990 | Srvc Prov Part Phase Ii Clin Trial  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9991 | Srvc Prov Part Phase Iii Clin Trial | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9992 | Trnsprt Costs Clin Trial Prtcp&comp | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9994 | Lodg Cost Clin Trial Prtcp&caregvr  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| S9996 | Meals Clin Trial Prtcp&one Caregivr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1000 | Priv Duty/independent Nrs To 15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1001 | Nursing Assessment/evaluation       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| T1002 | Rn Services Up To 15 Minutes        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1003 | Lpn/lvn Services Up To 15 Minutes   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1004 | Srvc Qualified Nrs Aide To 15 Min   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1005 | Srvc Qual Nursing Aide Up To 15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1006 | Alcohol&/sbstnc Abs Fam/couple Cnsl | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1007 | Alcohol&/substance Abuse Services   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1009 | Child Sit Ind Alc&/substnc Abs Srvc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1010 | Meals Rec Alcohol&/substnc Abs Srvc | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1012 | Alcohol&/sbstnc Abs Srvc Skl Dvlp   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1013 | Sign Lange/oral Intepr Srvc-15 Min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1014 | Telehealth Trans Min Prof Srvc      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1015 | Clinic Vst/encounter All-inclusive  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1016 | Case Management Each 15 Mins        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1017 | Targeted Case Management Ea 15 Mins | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1018 | School-basd Ind Ed Prog Serv Bundld | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1019 | Personal Care Services Per 15 Mins  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1020 | Personal Care Services Per Diem     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1021 | Home Hlth Aide/cert Nurse Asst Vst  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1022 | Contract Home Health Agcy Srvc Day  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1023 | Scr Ind Particip Spec Prog Proj/tx  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1024 | Eval&tx Team Mx/sev Handicap Child  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| T1025 | Mxdisciplin Child Cmplx Impair Diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1026 | Mxdisciplin Child W/cmplx Impair Hr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1027 | Fam Train & Cnsl Child Dvlp 15 Mins | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1028 | Assess Home Physical & Family Envir | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1029 | Comp Envir Lead Investigat-dwell    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1030 | Nrs Care Home Registered Nurse-diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1031 | Nursing Care The Home Lpn Per Diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1032 | Sv doula brth wrk per 15 min        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1033 | Sv doula brth wrk per diem          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1040 | Comm bh clinic svc per diem         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1041 | Comm bh clinic svc per month        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1502 | Admn Orl Im&/subq Med Hlth Prof     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1503 | Med Admin Other Than Oral           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1505 | Elec med comp dev, noc              | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T1999 | Misc Tx Items&supplies Retail Noc   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2001 | N-emerg Trnsprt; Pt Attendnt/escort | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2002 | Non-emerg Transportation; Per Diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2003 | Non-emerg Trnsprt; Encounter/trip   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2004 | N-emerg Trnsprt;commer Carr Mx-pass | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2005 | Nonemergency Trnsprt; Stretcher Van | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2007 | Trnsprt Wait Time Non-er Veh 1/2 Hr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| T2010 | Pasrr Level I Id Screen Per Screen   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2011 | Pasrr Level II Evaluation Per Eval   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2012 | Habilitation Ed Waiver; Diem         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2013 | Habilitation Ed Waiver; Hour         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2014 | Habilitatn Prevocationl Waivr;diem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2015 | Habilitation Prevocational Waivr;hr  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2016 | Habilitation Res Waiver; Per Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2017 | Habilitation Res Waiver; Per 15 Min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2018 | Habilitatn Supp Emplmnt Waivr;diem   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2019 | Habilitatn Supp Emplmnt Waivr;15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2020 | Day Habilitation Waiver; Per Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2021 | Day Habilitation Waiver; Per 15 Min  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2022 | Case Management; Per Month           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2023 | Targeted Case Management; Per Month  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2024 | Srv Assess/plan Care Dvlp Waiver     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2025 | Waiver Services; Nos                 | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2026 | Spclized Childcare Waiver; Per Diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2027 | Spclized Childcare Waiver; 15 Min    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2028 | Specialized Supply Nos Waiver        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2029 | Specialized Medical Eqp Nos Waiver   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2030 | Assisted Living Waiver; Per Month    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| T2031 | Assisted Living Waiver; Per Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2032 | Res Care Nos Waiver; Per Month      | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2033 | Res Care Nos Waiver; Per Diem       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2034 | Crisis Interven Waiver; Per Diem    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2035 | Utility Services Med Eqp Waiver     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2036 | Tx Camping Ovrngt Waiver; Ea Sess   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2037 | Tx Camping Da Waiver; Ea Sess       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2038 | Cmty Transition Waiver; Per Service | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2039 | Vehicle Mod Waiver; Per Service     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2040 | Financial Mgmt Waiver; 15 Min       | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2041 | Supp Broker Slf-dired Waivr; 15 Min | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2042 | Hospice Routine Home Care Per Diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2043 | Hospice Continuous Home Care Per Hr | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2044 | Hospice Inpat Respite Care Per Diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2045 | Hospice General Inpat Care Per Diem | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2046 | Hospice Lt Care Rm And Bd Per Diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2047 | Hab prevo waiver per 15             | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2048 | Bhval Hlth; Ltc Res W/room&bd-diem  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2049 | Non-emerg Trnsprt; Van Mileage;mile | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2050 | Financial Mgt Waiver/Diem           | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T2051 | Support Broker Waiver/Diem          | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| T2101 | Humn Brst Milk Prc Stor&dstrb Only  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4521 | Adlt Sz Dispbl Incont Brf/diaper Sm | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4522 | Adlt Sz Dispbl Incont Brf/diaper Md | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4523 | Adlt Sz Dispbl Incont Brf/diaper Lg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4524 | Adlt Dispbl Incont Brf/diaper X-lg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4525 | Adlt Szd Dispbl Incont Undwear Sm   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4526 | Adlt Szd Dispbl Incont Undwear Med  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4527 | Adlt Szd Dispbl Incont Undwear Lg   | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4528 | Adlt Szd Dispbl Incont Undwear X-lg | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4529 | Ped Sz Dispbl Incont Brf/diaper S/m | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4530 | Ped Sz Dispbl Incont Brf/diaper Lg  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4531 | Ped Sz Dispbl Incont Undwear Sm/med | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4532 | Ped Sz Dispbl Incont Undwear Lg Ea  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4533 | Youth Szd Dispbl Incont Brf/diaper  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4534 | Youth Szd Dispbl Incont Undwear Ea  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4535 | Dispbl Liner/pad/undgrmnt Incont Ea | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4536 | Incont Prod Undwear/pullon Reuse Sz | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4537 | Incont Prod Undpad Reusbl Bed Sz Ea | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4538 | Diaper Svc Reusbl Diaper Ea Diaper  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4539 | Incont Prod Diaper/brf Reusbl Sz Ea | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4540 | Incont Prod Undpad Reusbl Chair Sz  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4541 | Incont Product Dispbl Undpad Lg Ea  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4542 | Incont Prod Dispbl Undpad Sm Sz Ea  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4543 | Disp Bariatric Brief/diaper         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edits**  
**Applies to Medicare Advantage**

| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| T4544 | Adlt disp und/pull on abv xl        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T4545 | Incon disposable penile wrap        | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T5001 | Pstn Seat Pers W/spcl Orthoped Need | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| T5999 | Supply, Not Otherwise Specified     | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| V2525 | CI, Hydrophilic, Dual Focus         | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| V5362 | Speech Screening                    | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |
| V5363 | Language Screening                  | Non-Reimbursable Services | Not considered a payable service and/or reimbursed separately. |