

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|--|
| 0001F | Heart Failure Composite | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0002M | ASH FibroSURE LapCorp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0002U | measure of subst in urine to predict polyps large intestine | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0003M | NASH FibroSURE LapCorp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0003U | Oncology ovarian 5 proteins ser alg scor | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0005F | Osteoarthritis Composite | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0005U | Test detect genes assoc with prostate cancer in urine | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0006M | Oncology mRNA express tumor | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0007M | Oncology PCR express tumor | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0008U | Hpylori detection abx resistance, DNA | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0009U | Oncology breast cancer ERBB2 amp/nonamp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0010U | Infectious disease strain type whole gen seq | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0011M | Onc prstate cancer mrna 12 gen alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0011U | Rx monitoring LCMS/MS oral fluid | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0012F | Cap Bacterial Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0012M | ONC mRNA 5 gene risk urothelial carcinoma | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0012U | Germline discorders gene rearrangement detection | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0013M | ONC mRNA gene recurrent urothelial carcinoma | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0013U | Oncology solid organ neo gene rearrangement | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0014F | Comprehensive Preoperative Assessment Performed Fo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| 0014M | Liver ds alys 3 bmrk srm alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0014U | Hematology HMTLMF neo gene rearrangement | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0015F | Melanoma Follow Up Completed (includes Assessment) | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0015M | Adml cortcl tum bchm asy 25 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0015U | Rx metabolism adverse RX RXN DNA | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0016M | Onc bladder mrna 209 gen alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0019U | Oncology RNA tissue predictive algorithm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0021U | Oncology prostate detection 8 autoanitbodies | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0024U | Glyca nuc mr spectrsc quan | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0029U | Rx metab advrs trgt seq alys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0030U | Rx metab warf trgt seq alys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0031U | Cyp1a2 gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0032U | Comt gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0033U | Htr2a htr2c genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0036U | XOME TUM & NML SPEC SEQ ALYS | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0038U | Vitamin D serum microsample quan | Medical Necessity | Review for medical necessity |
| 0045U | Oncology breast ductal carcinoma IS 12 gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0047U | Oncology prostate mRNA 17 gene alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0050U | Targeted genomic sequence DNA 194 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0053U | Oncology prostate CA FISH analysis 4 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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|-------|--|---------------------------|--|
| 0054T | Bone Surgery Using Computer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0055T | Bone Surgery Using Computer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0055U | Cardiology heart transplant 96 DNA sequence | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0056U | Hematology AML DNA gene rearrangement | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0061U | Transcutaneous meas bmrk SFDI M-S Alys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0062U | Autoimmue SLE IgG & IgM analysis 80 biomakers | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0063U | Neurology autism 32 amines algorithm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0067U | Oncology breast IMHCHEM profiling 4 biomarkers | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0068U | Candida species panel amplified probe | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0069U | Oncology colorectal microRNA miR-31-3p | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0071T | U/s Leiomyomata Ablate <200 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0072T | U/s Leiomyomata Ablate >200 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0075T | Perq Stent/chest Vert Art | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0076T | S&i Stent/chest Vert Art | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0078U | Pain management opioid use genotyping panel | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0080U | Onc lung 5 clin rsk factr alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0082U | Rx test def 90+ RX/sbsts ur | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0083U | Onc rspse chemo cntrst tomog | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0087U | Crđ hrt trnspl mra 1283 gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0088U | Trnsplj kdn algrft rej 1494 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| 0089U | Onc mlnma prame & linc00518 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0090U | Onc cutan mlnma mma 23 gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0091U | Onc clrt scr whl bld alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0092U | Onc lng 3 prtn bmrk plsm alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0094U | Genome rapid sequence alys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0100T | Prosth Retina Receive&gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0101T | Extracorp Shockwv Tx,hi Enrg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0101U | Hered colon ca do 15 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0102T | Extracorp Shockwv Tx,anesth | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0102U | Hered brst ca rlted do 17 gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0103U | Hered ova ca pnl 24 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0106T | Touch Quant Sensory Test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0107T | Vibrate Quant Sensory Test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0108T | Cool Quant Sensory Test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0109T | Heat Quant Sensory Test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0110T | Nos Quant Sensory Test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0113U | Onc prst8 pca3&tprss2- erg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0116U | Rx mntr nzm ia 35+oral flu | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0117U | Pain mgmt 11 endogenous anal | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| 0129U | Hered brst ca rlt'd do panel | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0130U | Hered colon ca do mrna pnl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0131U | Hered brst ca rlt'd do pnl 13 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0132U | Hered ova ca rlt'd do pnl 17 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0133U | Hered prst8 ca rlt'd do 11 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0134U | Hered pan ca mrna pnl 18 gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0135U | Hered gyn ca mrna pnl 12 gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0139U | Neuro austm meas 6 c metablt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0143U | Drug assay 120+ rx/metablt | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0144U | Drug assay 160+ rx/metablt | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0145U | Drug assay 65+ rx/metablt | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0146U | Drug assay 80+ rx/metablt | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0147U | Drug assay 85+ rx/metablt | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0148U | Drug assay 100+ rx/metablt | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0149U | Drug assay 60+ rx/metablt | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0150U | Drug assay 120+ rx/metablt | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0151U | Nfct bct/vir resp nfctj 33 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0153U | Onc breast mrna 101 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0163T | Lumb Artif Disectomy Addl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| 0163U | Onc clrcr scr 3 prtn alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0164T | Remove Lumb Artif Disc Addl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0165T | Revise Lumb Artif Disc Addl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0166U | Liver ds 10 biochem asy srm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0170U | Neuro asd rna next gen seq | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0171U | Trgt gen seq alys pnl dna 23 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0173U | Psyc gen alys panel 14 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0174T | Cad Cxr With Interp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0174U | Onc solid tumor 30 prtn trgt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0175T | Cad Cxr Remote | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0175U | Psyc gen alys panel 15 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0179U | Onc nonsm cll lng ca alys 23 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0198T | Ocular Blood Flow Measure | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 01999 | Unlisted Anesth Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 0200T | Percutaneous sacral augmentation unilateral injec. | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0201T | Percutaneous sacral augmentation bilateral injec | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0202T | Post vertebral arthorplasty 1 lumbar | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0205U | Oph amd alys 3 gene variants | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0206U | Neuro alzheimer cell aggregj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| 0207T | Clear eyelid gland w/heat | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0207U | Neuro alzheimer quan imaging | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0212U | Rare ds gen dna alys proban | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0213T | Us facet jt inj cerv/t 1 lev | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0213U | Rare ds gen dna alys ea comp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0214T | Us facet jt inj cerv/t 2 lev | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0215T | Us facet jt inj cerv/t 3 lev | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0216T | Us facet jt inj ls 1 level | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0216U | Neuro inh ataxia dna 12 com | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0217T | Us facet jt inj ls 2 level | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0217U | Neuro inh ataxia dna 51 gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0218T | Us facet jt inj ls 3 level | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0219T | Fuse spine facet jt cerv | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0220T | Fuse spine facet jt thor | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0221T | Fuse spine facet jt lumbar | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0222T | Fuse spine facet jt add seg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0226U | Svnt SAR COV2 elisa plsm srm | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 0228U | Onc prst8 ma molec prfl alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0229U | Bcat1 promoter mthyltn alys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| 0232T | Inj plasma IMG guide harvest and prep | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0234T | Trluml prph athrc rnl art | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0235T | Trluml prph athrc visc art | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0236T | Trluml prph athrc abdl aorta | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0237T | Trluml prph athrc brchcphlc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0238T | Trluml prph athrc iliac art | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0239U | Trgt gen seq alys pnl 311+ | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0242U | Trgt Gen Seq Alys Pnl 55-74 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0247U | Ob prtrm brth ibp4 shbg meas | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0248U | Onc Brn Sphrd Cll 12 Rx Pnl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0249U | Onc Brst Alys 32 Phsprtn Alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0252U | Ftl Aneuploidy Str Alys Dna | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0254U | Reprdtve Med Alys 24 Chrsm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0263T | IM B1 MRW cell therapy complete | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0264T | IM B1 MRW cell therapy excluding harvest | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0265T | IM B1 MRW cell therapy harvest only | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0266T | Implantation/Rpl carotid sinus device total | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0267T | Implantation/Rpl carotid sinus device lead | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0268T | Implantation/Rpl carotid sinus device generator | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| 0269T | Revision/Remvl carotid sinus device total | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0270T | Revision/Remvl carotid sinus device lead | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0271T | Revision/Remvl carotid sinus device generator | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0272T | Interrogation carotid sinus device | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0273T | Interrogation carotid sinus w/programming | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0274T | Perq lamot/lam crv/thrc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0275T | Percutaneous laminotomy/laminectomy lumbar | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0278T | Tempr | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0312T | Laps impltj nstim vagus | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0313T | Laps rmvl nstim array vagus | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0314T | Laps rmvl vgl arry & pls gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0315T | Rmvl vagus nerve pls gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0316T | Replc vagus nerve pls gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0317T | Elec alys vagus nrv pls gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0329T | Mntr IO pressure 24 hrs/> unilateral/bilateral | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0330T | Tear film imaging unilateral/bilateral w/I&R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0331T | Heart symp imaging planar | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0332T | Heart symp imaging planar spect | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0335T | Extraosseous joint stablj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| 0338T | Transcath renal symp denerv | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0339T | Transcath renal symp denerv | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0342T | Thxp apheresis w/ hdl delip | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0347T | In bone device for RSA | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0348T | RSA spine exam | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0349T | RSA upper extremity exam | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0350T | RSA lower extremity exam | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0351T | Intraoperative optical breast/node specimen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0352T | Optical breast/node I&R per spec | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0353T | Intraoperative optical breast cavity | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0354T | Optical breast surgical cavity I&R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0356T | Insertion drug device for IOP | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0358T | BIA whole body | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0378T | Visual field assmnt rev/rprt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0379T | Vis field assmnt tech suppt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0397T | Ercp w/optical endomicroscopy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0404T | Trnscrvt uterin fibroid abltj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0408T | Insj/rplc cardiac modulj sys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0409T | Insj/rplc cardiac modulj pls gn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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|-------|------------------------------|------------------------|--|
| 0410T | Insj/rplc car modulj atr elt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0411T | Insj/rplc car modulj vnt elt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0412T | Rmvl cardiac modulj pls gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0413T | Rmvl car modulj tranvns elt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0414T | Rmvl & rpl car modulj pls gn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0415T | Repos car modulj tranvns elt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0416T | Reloc skin pocket pls gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0417T | Pgrmg eval cardiac modulj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0418T | Interro eval cardiac modulj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0421T | Waterjet prostate abltj cml | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0422T | Tactile breast img uni/bi | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0423T | Assay secretory type ii pla2 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0424T | Insj/rplc nstim apnea compl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0425T | Insj/rplc nstim apnea sen ld | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0426T | Insj/rplc nstim apnea stm ld | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0427T | Insj/rplc nstim apnea pls gn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0428T | Rmvl nstim apnea pls gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0429T | Rmvl nstim apnea sen ld | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0430T | Rmvl nstim apnea stimj ld | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|---|------------------------|--|
| 0431T | Rmvl/rplc nstim apnea pls gn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0432T | Repos nstim apnea stimj ld | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0433T | Repos nstim apnea sensing ld | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0434T | Interro eval npgs sleep apnea | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0435T | Prgmng eval npgs apnea 1 ses | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0436T | Prgmng eval npgs apnea study | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0437T | Implant synthetic reinforcement abdominal wall | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0440T | Ablation perc uxt/peripheral nerve | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0441T | Ablation perc lxtr/perphl nerve | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0442T | Ablation perc plex/trncl nerve | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0443T | R-T spectral analysis prostate tissue | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0444T | 1st placement drug-eluting ocular insert | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0445T | Subsequent placement drug-eluting ocular insert | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0446T | Insj impltbl glucose sensor | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0447T | Rmvl impltbl glucose sensor | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0448T | Remvl insj impltbl gluc sens | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0449T | Insj aqueous drain dev 1st | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0450T | Insj aqueous drain dev each | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0451T | Insj/rplcmt aortic ventr sys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|---|------------------------|--|
| 0452T | Insj/rplcmt dev vasc seal | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0453T | Insj/rplcmt mech-elec ntrfce | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0454T | Insj/rplcmt subq electrode | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0455T | Remvl aortic ventr cmpl sys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0456T | Remvl aortic dev vasc seal | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0457T | Remvl mech-elec skin ntrfce | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0458T | Remvl subq electrode | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0459T | Relocaj rplcmt aortic ventr | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0460T | Repos aortic ventr dev eltrd | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0461T | Repos aortic contrpulsj dev | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0462T | Prgrmg evl aortic ventr sys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0463T | Interrog aortic ventr sys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0465T | Supchrdl njx rxw/o supply | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0470T | Optical skin image acquisition I&R 1st | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0471T | Optical skin image acquisition I&R additional | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0472T | Progamming IO retinal +B6+B7 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0473T | Reprogamming IO retinal ELTRD RA | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0475T | Recording fetal cardiac signal 3 CH I&R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0476T | Recording fetal cardiac signal elec transfer data | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| 0477T | Recording fetal cardiac signal extraction analysis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0478T | Recording fetal cardiac 3 CH REV I&R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0481T | Njx autol wbc concentrate | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0483T | Tmvi percutaneous approach | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0484T | Tmvi transthoracic approach | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0485T | Oct mid ear i&r unilateral | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0486T | Oct mid ear i&r bilateral | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0487T | Trvg biomchn mapg w/reprt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0489T | Regn cell tx scldr hands | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0490T | Regn cell tx scldr h mlt inj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0491T | Abl lsr opn wnd 1st 20 sqcm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0492T | Abl lsr opn wnd addl 20 sqcm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0493T | Near ifr spectrsc of wounds | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0497T | Xtrnl pt act ecg in-off conn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0498T | Xtrnl pt act ecg r&i pr 30 d | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0499T | Cysto f/urtl strix/stenosis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0500F | Initial Prenatal Care Visit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0501F | Prenatal Flow Sheet | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0502F | Subsequent Prenatal Care | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0503F | Postpartum Care Visit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0505F | Hemodialysis Plan Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| 0505T | Endovenous femoral arterial revsc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0507F | Periton Dialysis Plan Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0507T | Near-infrared dual imaging meibomian glands I&R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0509F | Urin Incon Plan Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0510T | Rmvl sinus tarsi implant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0511T | Rmvl&rinsj sinus tarsi implt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0512T | Esw integ wnd hlg 1st wnd | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0513F | Elevated Blood Pressure Plan Of Care Documented (c | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0513T | Esw integ wnd hlg ea addl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0514F | Plan Of Care For Elevated Hemoglobin Level Documen | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0514T | Intraop vis axis id pt fixj | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0515T | Insj wcs lv compl sys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0516F | Anemia Plan Of Care Documented (esrd)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0516T | Insj wcs lv eltrd only | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0517F | Glaucoma Plan Of Care Documented (ec)5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0517T | Insj wcs lv pg compnt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0518F | Falls Plan Of Care Documented (ger)5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0518T | Rmvl pg compnt wcs | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0519F | Planned Chemotherapy Regimen, Including At A Minim | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0519T | Rmvl & rplcmt pg compnt wcs | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0520F | Normal Tissue Dose Constraints Established Within | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| 0520T | Rmvl&rplcmt pg wcs new eltrd | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0521F | Plan Of Care To Address Pain Documented (onc)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0521T | Interrog dev eval wcs ip | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0522T | Prgrmg dev eval wcs ip | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0525F | Initial Visit For Episode (bkp)2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0525T | Insj/rplcmt compl iims | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0526F | Subsequent Visit For Episode (bkp)2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0526T | Insj/rplcmt iims eltrd only | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0527T | Insj/rplcmt iims implt mntr | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0528F | Rcmnd Flw-up 10 Yrs Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0528T | Prgrmg dev eval iims ip | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0529F | Intrvl 3+yrs Pts Clnscp Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0529T | Interrog dev eval iims ip | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0530T | Removal complete iims | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0531T | Removal iims electrode only | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0532T | Removal iims implt mntr only | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0533T | Cont rec mvmt do 6-10 days | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0534T | Cont rec mvmt do setup&train | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0535F | Dyspnea Mngmnt Plan Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0535T | Cont rec mvmt do rpt cnfig | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0536T | Cont rec mvmt do dl w/i&r | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|---------------------------------------|----------------------------|--|
| 0537T | Bld drv t lymphcyt car-t cll | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 0538T | Bld drv t lymphcyt prep trns | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 0539T | Receipt&prep car-t cll admn | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 0540F | Gluko Mngmnt Plan Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0541T | Myocardial imaging mcg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0542T | Myocardial imaging mcg i&r | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0543T | Ta mv rpr w/artif chord tend | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0544T | Tcat mv annulus rcnstj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0545F | Follow up care plan mdd docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0545T | Tcat tv annulus rcnstj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0547T | B1 matrl qual tst mcrind tib | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0548T | Tprnl balo cntnc dev bi | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0549T | Tprnl balo cntnc dev uni | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0550F | Cytopathology report non-gyn specimen | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0550T | Tprnl balo cntnc dev rmvl ea | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0551F | Cytopathology report non-routine | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0551T | Tprnl balo cntnc dev adjmt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0552T | Low-level laser therapy | Potential Investigational* | Possibly Investigational Review may be required. Submit appropriate documentation |
| 0553T | Perq tcat iliac anast implt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0554T | B1 str & fx rsk analysis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0555F | Symptom mgmnt plan care docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0555T | B1 str&fx rsk transmis data | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| 0556F | Plan care lipid control docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0556T | B1 str & fx rsk assessment | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0557F | Plan caremng angnl symptdocd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0557T | B1 str & fx rsk i&r | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0558T | Ct scan f/biomchn ct alys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0559T | Antmc mdl 3d print 1st cmpnt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0560T | Antmc mdl 3d print ea addl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0561T | Antmc guide 3d print 1st gd | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0562T | Antmc guide 3d print ea addl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0563T | Evac meibomian gland heat bi | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0564T | Onc chemo rx cytotox csc 14 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0565T | Autol cell implt adps hrvg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0566T | Autol cell implt adps njx | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0567T | Perm flip tube occls w/implt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0568T | Intro mix saline&air f/ssg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0569T | Ttvr perq appr 1st prosth | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0570T | Ttvr perq ea addl prosth | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0571T | Insj/rplcmt icds ss eltrd | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0572T | Insertion ss dfb electrode | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0573T | Removal ss dfb electrode | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|-----------------------------------|---------------------------|--|
| 0574T | Repos prev ss impl dfb eltrd | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0575F | Hiv Rna Plan Care Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0575T | Prgmg dev eval icds ss ip | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0576T | Interrog dev eval icds ss ip | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0577T | Ephys eval icds ss | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0578T | Rem interrog dev icds phys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0579T | Rem interrog dev icds tech | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0580F | Multidisciplinary care plan | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0580T | Rmvl ss impl dfb pg only | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0581F | Pt transferred from anesth to cc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0581T | Abltj mal brst tum perq crtx | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0582F | Not transferred from anesth to cc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0582T | Trurl abltj mal prst8 tiss | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0583F | Transfer care checklist used | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0584F | No transfer care checklist used | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 0600T | Ire abltj 1+tum organ perq | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0601T | Ire abltj 1+tumors open | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0602T | Transdermal GFR measurements | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0603T | Transdermal GFR monitoring | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0604T | Rem OCT rta dev setup & educaj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0605T | Rem OCT rta techl sprt min 8 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--------------------------------|------------------------|--|
| 0606T | Rem OCT rta phys/qhp ea 30d | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0607T | Rem mntr pulm flu mntr setup | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0608T | Rem mntr pulm flu mntr alys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0609T | Mrs disc pain acquisj data | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0610T | Mrs disc pain transmis data | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0611T | Mrs disc pain alg alys data | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0612T | Mrs discogenic pain l & R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0613T | Perq tcatt intratrnl septl sht | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0614T | Rmvl & rplcmt ss impl dfb pg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0615T | Eye mvmt alys w/o calbrj l & R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0619T | Cysto w/prst commissurotomy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0620T | Evasc ven artlz tibl/prnl vn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0621T | Trabeculostomy interno laser | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0622T | Trabeculostomy int lsr w/scp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0623T | Auto quantification c plaque | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0624T | Auto quan c plaq data prep | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0625T | Auto quan c plaq cptr alys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0626T | Auto quan c plaq i&r | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0627T | Perq njx algc fluor lmr 1st | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|------------------------|--|
| 0628T | Perq njx algc fluor Imbr ea | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0629T | Perq njx algc ct Imbr 1st | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0630T | Perq njx algc ct Imbr ea | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0631T | Tc vis lit hyperspectral img | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0632T | Perq tcat us abltj nrv p-art | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0633T | Ct breast w/3d uni c- | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0634T | Ct breast w/3d uni c+ | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0635T | Ct breast w/3d uni c-/c+ | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0636T | Ct breast w/3d bi c- | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0637T | Ct breast w/3d bi c+ | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0638T | Ct breast w/3d bi c-/c+ | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0639T | Wrls skn snr anisotropy meas | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0640T | Ncntc Nr lfr Spctrsc Wnd | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0641T | Ncntc Nr lfr Spctrsc Wnd Img | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0642T | Ncntc Nr lfr Spctrsc Wnd I&R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0643T | Tcat L Ventr Rstrj Dev Implt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0645T | Tcat Impltj C Sins Rdctj Dev | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0646T | Ttvi/Rplcmt W/Prstc Vlv Perq | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0647T | Insj Gtube Perq Mag Gastrpxy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| 0648T | Quan Mr Alys Tiss W/O Mri | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0649T | Quan Mr Alys Tiss W/Mri | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0655T | Tprnl Focal Abltj Mal Prst8 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0656T | Vrt Bdy Tethering Ant <7 Seg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0657T | Vrt Bdy Tethering Ant 8+ Seg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0658T | Elec Impd Spectrsc 1+Skn Les | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0659T | Tcat Intra-C Nfs Supersat O2 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0660T | Implt Ant Sgm Io Nbio Rx Sys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0661T | Rmvl&Rimpltj Ant Sgm Implt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0664T | Don Hysterectomy Open Cdv | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0665T | Don Hysterectomy Open Liv | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0666T | Don Hysterectomy Laps Liv | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0667T | Don Hysterectomy Rcp Uter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0668T | Bkbench Prep Don Uter Algrft | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0669T | Bkbench Rcnstj Don Uter Ven | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0670T | Bkbench Rcnstj Don Uter Artl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 1000F | Tobacco Use, Smoking, Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1002F | Assess Anginal Symptom/level | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1003F | Level Of Activity Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1004F | Clin Symp Vol Ovrl Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1005F | Asthma Symptoms Evaluate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| 1006F | Osteoarthritis Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1007F | Anti-inflm/anlgsc Otc Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1008F | Gi/renal Risk Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1010F | Severity angina by actvty | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1011F | Angina present | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1012F | Angina absent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1015F | Copd Symptoms Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1018F | Assess Dyspnea Not Present | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1019F | Assess Dyspnea Present | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1022F | Pneumo Imm Status Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1026F | Co-morbid Condition Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1030F | Influenza Imm Status Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1031F | Smoking & 2nd hand assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1032F | Smoker/exposed 2nd hnd smoke | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1033F | Tobacco nonsmoker nor 2ndhnd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1034F | Current Tobacco Smoker | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1035F | Smokeless Tobacco User | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1036F | Tobacco Non-user | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1038F | Persistent Asthma | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1039F | Intermittent Asthma | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1040F | Dsm-ivtm Info Mdd Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1050F | History Of Mole Changes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1052F | Type location activityassess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1055F | Visual Funct Status Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1060F | Doc Per/cont/parox Atr.fib | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1061F | Doc Lack Perm+cont+parox Fib | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1065F | Ischm Stroke Symp <3 Hrs B/4 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1066F | Ischm Stroke Symp >3 Hrs B/4 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1070F | Alarm Symp Assessed-absent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| 1071F | Alarm Symp Assessed-1 + Prsnt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1090F | Pres/absn Urin Incon Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1091F | Urine Incon Characterized | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1100F | Pt Falls Assess-doc'd>2+/yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1101F | Pt Falls Assessed-doc'd<1/yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1110F | Pt Lft Inpt Fac W/in 60 Days | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1111F | Dschrg Med/current Med Merge | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1116F | Auric/peri Pain Assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1118F | Gerd Symptoms Assessed After 12 Months Of Therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1119F | Initial Evaluation For Condition (hep C)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1121F | Subsequent Evaluation For Condition (hep C)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1123F | Advance Care Planning Discussed And Documented; Ad | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1124F | Advance Care Planning Discussed And Documented In | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1125F | Pain Severity Quantified; Pain Present (onc)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1126F | Pain Severity Quantified; No Pain Present (onc)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1127F | New episode for condtion | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1128F | Subsequent episode for condtion | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1130F | Back Pain And Function Assessed, Including All Of | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1134F | Episode Of Back Pain Lasting Six Weeks Or Less (bk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1135F | Episode Of Back Pain Lasting Longer Than Six Weeks | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1136F | Episode Of Back Pain Lasting 12 Weeks Or Less (bkp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1137F | Episode Of Back Pain Lasting Longer Than 12 Weeks | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1150F | Doc Pt Rsk Death W/in 1yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1151F | Doc No Pt Rsk Death W/in 1yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1152F | Doc Advncd Dis Comfort 1st | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| 1153F | Doc Advncd Dis Cmfrt Not 1st | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1157F | Advnc Care Plan In Rcrd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1158F | Advnc Care Plan Tlk Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1159F | Med List Docd In Rcrd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1160F | Rvw Meds By Rx/dr In Rcrd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1170F | Fxn Status Assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1175F | Function stat assessed rvwd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1180F | Thromboemb Risk Assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1181F | Neuropsychia sympts assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1182F | Neuropsychi sympt 1+present | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1183F | Neuropsychiatric symp absent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1200F | Seizure type(s)+ frq docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1205F | Epi etiol synd rvwd and docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1220F | Patient Screened For Depression | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1400F | Parkinson's Disease diagnosis reviewed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1450F | Symptoms improved/consist | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1451F | Sympt show clin import drop | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1460F | Qual card diag prior 12 mons | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1461F | No qual card diag prior12mon | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1490F | Dem severity classified mild | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1491F | Dem severity classified mod | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1493F | Dem severity class severe | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1494F | Cognit assessed and reviewed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1500F | Symptom and sign symm polyneuro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1501F | Not initial eval for condition | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1502F | Pt queried pain function with instrument | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1503F | Pt queried symptoms resp insuff | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1504F | Pt has respiratory insufficiency | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1505F | Pt has no respiratory insufficiency | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|-------------------|--|
| 15775 | Hair Transplant Punch Grafts | Medical Necessity | Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis |
| 15776 | Hair Transplant Punch Grafts | Medical Necessity | Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis |
| 15780 | Abrasion Treatment Of Skin | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15781 | Abrasion Treatment Of Skin | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15782 | Abrasion Treatment Of Skin | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15783 | Abrasion Treatment Of Skin | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15786 | Abrasion, Lesion, Single | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15787 | Abrasion, Lesions, Add-on | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15819 | Plastic Surgery, Neck | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15824 | Removal Of Forehead Wrinkles | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15825 | Removal Of Neck Wrinkles | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15826 | Removal Of Brow Wrinkles | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15828 | Removal Of Face Wrinkles | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15829 | Removal Of Skin Wrinkles | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15832 | Excise Excessive Skin Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15833 | Excise Excessive Skin Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15834 | Excise Excessive Skin Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15835 | Excise Excessive Skin Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 15836 | Excise Excessive Skin Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15837 | Excise Excessive Skin Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15838 | Excise Excessive Skin Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15839 | Excise Excessive Skin Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15847 | Exc Skin Abd Add-on | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15850 | Removal Of Sutures | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 15876 | Suction Assisted Lipectomy | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15877 | Suction Assisted Lipectomy | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15878 | Suction Assisted Lipectomy | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15879 | Suction Assisted Lipectomy | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 15999 | Removal Of Pressure Sore | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 17999 | Skin Tissue Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 19105 | Cryosurg Ablate Fa, Each | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 19300 | Removal Of Breast Tissue | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 19499 | Breast Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 2000F | Blood Pressure Measure | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2001F | Weight Record | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2002F | Clin Sign Vol Ovrl Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2004F | Initial Exam Involved Joints | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2010F | Vital Signs Recorded | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| 2014F | Mental Status Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2015F | Asthma impairment assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2016F | Asthma risk assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2018F | Hydration Status Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2019F | Dilated Macul Exam Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2020F | Dilated Fundus Eval Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2021F | Dilated Macul+exam Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2022F | Dil Retina Exam Interp Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2023F | Dilat rta xm w/o rtnophy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2024F | 7 Field Photo Interp Doc Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2025F | 7 fld rta photo w/o rtnophy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2026F | Eye Image Valid To Dx Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2027F | Optic Nerve Head Eval Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2028F | Foot Exam Performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2029F | Complete Phys Skin Exam Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2030F | H2O Stat Doc'd Normal | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2031F | H2O Stat Doc'd Dehydrated | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2033F | Eye img valid w/o rtnophy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2035F | Tymp Memb/motion Exam'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2040F | Physical Examination On The Date Of The Initial Vi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2044F | Documentation Of Mental Health Assessment Prior To | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2050F | Wound Char Size Etc Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 2060F | Pt talk eval hlthwkr re mdd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 20983 | Ablate bone tumor(s) perq | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 20985 | Cptr-asst Dir Ms Px | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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Complete List
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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 20999 | Musculoskeletal Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 21089 | Prepare Face/oral Prosthesis | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 21137 | Reduction Of Forehead | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 21138 | Reduction Of Forehead | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 21139 | Reduction Of Forehead | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 21270 | Augmentation, Cheek Bone | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 21280 | Revision Of Eyelid | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 21282 | Revision Of Eyelid | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 21299 | Cranio/maxillofacial Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 21499 | Head Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 21899 | Neck/chest Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 22526 | Idet, Single Level | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 22527 | Idet, 1 Or More Levels | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 22586 | Prescr1 fuse w/ instr L5/S1 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 22841 | Insert Spine Fixation Device | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 22857 | Lumbar Artif Discectomy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 22862 | Revise Lumbar Artif Disc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|-----------------------------|------------------------|---|
| 22865 | Remove Lumb Artif Disc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 22867 | Insj stablj dev w/dcmprn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 22868 | Insj stablj dev w/dcmprn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 22869 | Insj stablj dev w/o dcmprn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 22870 | Insj stablj dev w/o dcmprn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 22899 | Spine Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 22999 | Abdomen Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 23929 | Shoulder Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 24999 | Upper Arm/elbow Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 25999 | Forearm Or Wrist Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 26989 | Hand/finger Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 27299 | Pelvis/hip Joint Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 27599 | Leg Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 27899 | Leg/ankle Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 28890 | High Energy Eswt, Plantar F | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 28899 | Foot/toes Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 29799 | Casting/strapping Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 29999 | Arthroscopy Of Joint | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 3006F | Cxr Doc Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3008F | Body mass index docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3011F | Lipid Panel Doc Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3014F | Scen Mammo Doc Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3015F | Cerv cancer screen docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3016F | Pt Scrnd Unhlthy Oh Use | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3017F | Colorectal Ca Screen Doc Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3018F | Pre-prxd Rsk Et Al Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3019F | Lvef assess planpost dschrge | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3020F | Lvf Assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3021F | Lvef Mod/sever Depres Syst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3022F | Lvef >40% Systolic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3023F | Spirom Doc Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3025F | Spirom Fev/fvc <70% W Copd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3027F | Spirom Fev/fvc >70% W/o Copd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3028F | O2 Saturation Doc Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3035F | O2 Saturation <88% /pao<55% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3037F | O2 Saturation >88% /pao>55 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3038F | Pulm fx w/in 12 mon b/4 surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3040F | Fev <40% Predicted Value | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3042F | Fev >40% Predicted Value | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3044F | Hg A1c Level <7.0% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| 3045F | Hg A1c Level 7.0 - 9.0% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 30468 | Rpr nsl vlv collapse w/implt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 3046F | Hemoglobin A1c Level > 9.0% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3048F | Ldl-c < 100 Mg/dl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3049F | Ldl-c 100-129 Mg/dl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3050F | Ldl-c = 130 Mg/dl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3051F | Hg a1c>equal 7.0%<8.0% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3052F | Hg a1c>equal 8.0%<equal 9.0% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3055F | Lvef less than/equal to 35% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3056F | Lvef greater than 35% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3060F | Pos Microalbuminuria Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3061F | Neg Microalbuminuria Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3062F | Pos Macroalbuminura Rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3066F | Nephropathy Doc Tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3072F | Low Risk For Retinopathy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3073F | Pre-surg Eye Measures Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3074F | Sust Bp < 130 Mmhg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3075F | Syst Bp >130 - 139 Mmhg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3077F | Syst Bp = 140 Mm Hg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3078F | Diast Bp < 80 Mm Hg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3079F | Diast Bp 80-89 Mm Hg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3080F | Diast Bp = 90 Mm Hg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3082F | Kt/v <1.2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3083F | Kt/v >= 1.2 And < 1.7 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3084F | Kt/v > 1.7 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3085F | Suicide Risk Assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3088F | Mdd Mild | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3089F | Mdd Moderate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------------|---------------------------|---|
| 3090F | Mdd Severe; W/o Psych | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3091F | Mdd Severe; W/psych | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3092F | Mdd In Remission | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3093F | Doc New Diag 1st/addl. Mdd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3095F | Central Dexa Results Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3096F | Central Dexa Ordered | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 30999 | Nasal Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 3100F | Carot Blk Doc'd W/carot Ref | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3110F | Pres/absn Hmrhg/lesion Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3111F | Ct/mri Brain Done W/in 24 Hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3112F | Ct/mri Brain Done > 24 Hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3115F | Quant results activity +symp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3117F | Hf assessment tool completed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3118F | Ny heart assoc class docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3119F | No eval activity clin symp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3120F | 12-lead Ecg Performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3126F | Esophageal biopsy report/dysplasia | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 31299 | Sinus Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 3130F | Upper Gi Endoscopy Performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3132F | Doc Ref. Upper Gi Endoscopy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3140F | Forceps Esoph Biopsy Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3141F | Upper Gi Endo Shows Barrrt's | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3142F | Upper Gi Endo Not Barrrt's | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3150F | Forceps Esoph Biopsy Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3155F | Cytogen Test Marrow B/4 Tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 31599 | Larynx Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 3160F | Doc Fe+ Stores B/4 Epo Tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 31660 | Bronch thermoplasty 1 lobe | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 31661 | Bronch thermoplasty 2/> lobes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 3170F | Flow Cyto Done B/4 Tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 31830 | Revise Windpipe Scar | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 31899 | Airways Surgical Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 3200F | Barium Swallow Test Not Req | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3210F | Grp A Strep Test Performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3215F | Pt Immunity To Hep A Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3216F | Pt Immunity To Hep B Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3218F | Rna Testing For Hepatitis C Documented As Performe | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3220F | Hep C Quant Rna Tstng Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3230F | Note Hring Tst W/in 6 Mon | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3250F | Noprim Loc Anat Bx Site Tumor | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3260F | Pt Cat/pn Cat/hist Grd Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3265F | Ribonucleic Acid (rna) Testing For Hepatitis C Vir | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3266F | Hepatitis C Genotype Testing Documented As Perform | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3267F | Path report w/PT PN CAT ET AL | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3268F | Prostate-specific Antigen (psa), And Primary Tumor | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3269F | Bone Scan Performed Prior To Initiation Of Treatme | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3270F | Bone Scan Not Performed Prior To Initiation Of Tre | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|---|
| 3271F | Low Risk Of Recurrence, Prostate Cancer (prca)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3272F | Intermediate Risk Of Recurrence, Prostate Cancer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3273F | High Risk Of Recurrence, Prostate Cancer (prca)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3274F | Prostate Cancer Risk Of Recurrence Not Determined | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3278F | Serum Levels Of Calcium, Phosphorus, Intact Parath | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3279F | Hemoglobin Level Greater Than Or Equal To 13 G/dl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3280F | Hemoglobin Level 11 G/dl To 12.9 G/dl (ckd, Esrd)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3281F | Hemoglobin Level Less Than 11 G/dl (ckd, Esrd)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3284F | Intraocular Pressure (iop) Reduced By A Value Of G | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3285F | Intraocular Pressure (iop) Reduced By A Value Less | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3288F | Falls Risk Assessment Documented (ger)5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3290F | Patient Is D (rh) Negative And Unsensitized (prena | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3291F | Patient Is D (rh) Positive Or Sensitized (prenatal | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3292F | Hiv Testing Ordered Or Documented And Reviewed Dur | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3293F | Abo rh blood typing docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3294F | Grp b strep screening docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 32999 | Chest Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 3300F | American Joint Committee On Cancer (ajcc) Stage Do | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3301F | Cancer Stage Documented In Medical Record As Metas | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3315F | Estrogen Receptor (er) Or Progesterone Receptor (p | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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|-------|--|---------------------------|--|
| 3316F | Estrogen Receptor (er) And Progesterone Receptor (| Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3317F | Pathology Report Confirming Malignancy Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3318F | Pathology Report Confirming Malignancy Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3319F | One Of The Following Diagnostic Imaging Studies Or | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3320F | None Of The Following Diagnostic Imaging Studies O | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3321F | Ajcc Cncr O/ia Mela Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3322F | Melanoma >ajcc Stage 0 Or Ia | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3323F | Clin node stgng docdb/4 surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3324F | Mri ct scan ord rwd rstd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3325F | Preoperative Assessment Of Functional Or Medical I | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 33289 | Tcat impl wrls p-art prs snr | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 3328F | Prfrmnc docd 2 wks b/4 surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3330F | Imaging Study Ordered (bcp)2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3331F | Imaging Study Not Ordered (bcp)2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3340F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3341F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3342F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3343F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3344F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3345F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3350F | Mammo Bx Proven Malig Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3351F | Neg Screen Dep Symp By Dep Tool | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3352F | No Sig Dep Symp By Dep Tool | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|---|
| 3353F | Mild-mod Dep Symp By Dep Tool | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 33548 | Restore/remodel, Ventricle | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 3354F | Clin Sig Dep Symp By Dep Tool | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3370F | Ajcc Breast Cancer Stage 0 Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3372F | Ajcc Breast Cancer Stage1 + Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3374F | Ajcc Brst Cancer Tumor Size >1cm To 2cm Stage 1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3376F | Ajcc Breast Cancer Stage 2 Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3378F | AJCC Breast Cancer Stage III, documented (ONC)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3380F | Ajcc Breast Cancer Stage 4 Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3382F | Ajcc Colon Cancer Stage 0 Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3384F | Ajcc Colon Cancer Stage 1 Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3386F | Ajcc Colon Cancer Stage 2 Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3388F | Ajcc Colon Cancer Stage 3 Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3390F | Ajcc Colon Cancer Stage 4 Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3394F | Quant HER2 IHC eval breast cancer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3395F | Quant HER2 IHC eval breast cancer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 33999 | Cardiac Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 3450F | Dyspnea Scrnd, No-mild Dysp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3451F | Dyspnea Scrnd Mod-high Dysp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3452F | Dyspnea Not Screened | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3455F | Tb Scrng Done-interpd 6mon | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3470F | Ra Disease Activity, Low | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3471F | Ra Disease Activity, Mod | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3472F | Ra Disease Activity, High | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3475F | Disease Progn Ra Poor Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3476F | Disease Progn Ra Good Docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| 34839 | Plnning pt spec fenest graft | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 3490F | History - Aids-defining Cond | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3491F | Hiv Unsure Baby Of Hiv+moms | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3492F | History Cd4+ Cell Count <350 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3493F | No Hist Cd4+cell Cnt<350 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3494F | Cd4+cell Count <200cells/mm3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3495F | Cd4+cell Cnt 200-499 Cells | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3496F | Cd4+ Cell Count =500 Cells | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3497F | Cd4+ Cell Percentage <15% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3498F | Cd4+ Cell Percentage =15% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3500F | Cd4 +cell Count% Documented As Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3502F | Hiv Rna Vrl Load <lmrs Quantif | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3503F | Hiv Rna Vrl Load Below Limits Of Quantif | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3510F | Doc Tb Screening Results Interpreted | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3511F | Chlamydia And Gonorrhea Documented Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3512F | Syphilis Screening Documented As Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3513F | Hepatitis Screening Documented As Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3514F | Hepatitis C Screening Documented As Done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3515F | Patient Has Documented Immunity To Hep C | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3517F | Hbv assess&results intrp 1yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3520F | Cdifficile testing performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3550F | Low Risk Thromboembolism | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3551F | Intermediate Risk Thromboembolism | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3552F | High Risk For Thromboembolism | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3555F | Patient Inr Measurement Preformed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3570F | Report Scint X-ref With X-ray | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3572F | Patient Considered Poss Risk Fx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3573F | Patient Not Considered Poss Risk Fx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 36000 | Place Needle In Vein | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |

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Complete List
Applies to All Commercial Products (excl. Medicare)

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|---|
| 36299 | Vessel Injection Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 36416 | Capillary Blood Draw | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 36468 | Injection(s), Spider Veins | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 36473 | Endovenous mchnchem 1st vein | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 36474 | Endovenous mchnchem add-on | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 3650F | EEG ordered rvwd reqstd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 36511 | Apheresis Wbc | Medical Necessity | Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis |
| 3700F | Psychiatric disorder or disturbances assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3720F | Cognitive impairment or dysfunction assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3725F | Screen depression performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 37501 | Vascular Endoscopy Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 3750F | Ptnotrcvngsteroid>=10mg/day | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3751F | Electrodiag polyneuro 6 months | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3752F | No electrodiag polyneuro 6 months | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3753F | Pt has symp and signs neuropathy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3754F | Screeing tests dm done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3755F | Cognitive and behav impairment scrng | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3756F | Pt with pseudobulb affect ALS | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3757F | Pt with no pseudobulb affect ALS | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3758F | Pt referred pulmon fx test / peak flow | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3759F | Pt screened dysphag/wt loss/nutr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3760F | Pt w/ dysphag/wt loss/nutr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3761F | Pt w/o dysphag/wt loss/nutr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3762F | Patient is dysarthric | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|---|
| 3763F | Patient is not dysarthric | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3775F | Adenoma(s)/neoplasm detected during colonoscopy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 3776F | Adeonom(s)/neoplasm not detected in colonoscopy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 37799 | Vascular Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 38129 | Laparoscope Proc, Spleen | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 38204 | BI Donor Search Management | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 38589 | Laparoscope Proc, Lymphatic | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 38999 | Blood/lymph System Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 39499 | Chest Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 39599 | Diaphragm Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4000F | Tobacco Use Txmnt Counseling | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4001F | Tobacco Use Txmnt, Pharmacol | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4003F | Pt Ed Write/oral, Pts W/ Hf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4004F | Pt tobacco use done rcvd tlk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4005F | Pharm Thx For Op Rx'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4008F | Beta-blocker therapy rxd/tkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4010F | Ace/arb therapy rxd/taken | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4011F | Oral Antiplatelet Therapy Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4012F | Warfarin Therapy Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4013F | Statin therapy/currently tkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| 4014F | Written Discharge Instr Prvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4015F | Persist Asthma Medicine Ctrl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4016F | Anti-inflm/angsc Agent Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4017F | Gi Prophylaxis For Nsaid Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4018F | Therapy Exercise Joint Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4019F | Doc Recpt Counsl Vit/calc+ | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4025F | Inhaled Bronchodilator Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4030F | Oxygen Therapy Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4033F | Pulmonary Rehab Rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4035F | Influenza Imm Rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4037F | Influenza Imm Order/admin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4040F | Pneumo Imm Order/admin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4041F | Doc Order Cefazolin/cerfurox | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4042F | Doc Antibio Not Given | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4043F | Doc Order Given Stop Antibio | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4044F | Doc Order Given Vte Prophylx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4045F | Empiric Antibiotic Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4046F | Doc Antibio Given B/4 Surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4047F | Doc Antibio Given B/4 Surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4048F | Doc Antibio Given B/4 Surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4049F | Doc Order Given Stop Antibio | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4050F | Ht Care Plan Doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4051F | Referred For An Av Fistula | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4052F | Hemodialysis Via Av Fistula | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4053F | Hemodialysis Via Av Graft | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4054F | Hemodialysis Via Catheter | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4055F | Pt. Rcvng Perton Dialysis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4056F | Approp. Oral Rehyd Recomm'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4058F | Ped Gastro Ed Given Caregvr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 4060F | Psych Svcs Provided | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4062F | Pt Referral Psych Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4063F | Antidepress rxthxpy not rxd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4064F | Antidepressant Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4065F | Antipsychotic Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4066F | Ect Provided | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4067F | Pt Referral For Ect Doc'd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4069F | Vte prophylaxis rcvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4070F | Dvt Prophylx Recv'd Day 2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4073F | Oral Antiplat Thx Rx Dischrg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4075F | Anticoag Thx Rx At Dischrg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4077F | Doc T-pa Adm Considered | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 40799 | Lip Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4079F | Doc Rehab Svcs Considered | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4084F | Aspirin Recv'd W/in 24 Hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4086F | Aspirin/clopidogrel rxd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 40899 | Mouth Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4090F | Pt Recvng Epo Thxpy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4095F | Pt Not Rcvng Epo Thxpy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4100F | Biphos Thxpy Vein Ord/rec'vd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4110F | Int Mam Art Used For Cabg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4115F | Beta Blckr Admin W/in 24 Hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4120F | Antibiot Rx'd/given | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4124F | Antibiot Not Rx'd/given | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4130F | Topical Prep Rx, Aoe | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4131F | Syst Antimicrobial Thx Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 4132F | No Syst Antimicrobial Thx Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4133F | Antihist/decong Rx/recom | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4134F | No Antihist/decong Rx/recom | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4135F | Systemic Corticosteroids | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4136F | Syst Corticosteroids Not Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4140F | Inhaled corticosteroids rxd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4142F | Corticoster sparing txmnt rxd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4144F | Alt long-term cntrl med rxd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4145F | 2+ anti-hypertnsv agents tkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4148F | Hep A Vaccine Injection Admin/recvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4149F | Hep B Vaccine Injection Admin/recvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4150F | Pt Recvng Antivir Txmnt Hepc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 41512 | Tongue Base Suspension, Permanent Suture Technique | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 4151F | Pt Not Recvng Antiv Hep C | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 41530 | Submucosal Ablation Of The Tongue Base, Radiofrequ | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 4153F | Combo Pegintf/rib Rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4155F | Hep A Vac Series Prev Recvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4157F | Hep B Vac Series Prev Recvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4158F | Pt Consld About Risk Of Alchoh | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 41599 | Tongue And Mouth Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4159F | Contrcp Talk B/4 Antiv Txmnt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4163F | Patient Counseling At A Minimum On All Of The Foll | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4164F | Adjuvant (ie, In Combination With External Beam Ra | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4165F | Three-dimensional Conformal Radiotherapy (3d-crt) | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4167F | Head Of Bed Elevation (30-45 Degrees) On First Ven | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|---|
| 4168F | Patient Receiving Care In The Intensive Care Unit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4169F | Patient Either Not Receiving Care In The Intensive | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4171F | Patient Receiving Erythropoiesis-stimulating Agent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4172F | Patient Not Receiving Erythropoiesis-stimulating A | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4174F | Counseling About The Potential Impact Of Glaucoma | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4175F | Best-corrected Visual Acuity Of 20/40 Or Better (d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4176F | Counseling About Value Of Protection From Uv Light | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4177F | Counseling About The Benefits And/or Risks Of The | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4178F | Anti-d Immune Globulin Received Between 26 And 30 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4179F | Tamoxifen Or Aromatase Inhibitor (ai) Prescribed (| Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4180F | Adjuvant Chemotherapy Prescribed Or Previously Rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4181F | Conformal Radiation Therapy Received (onc)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4182F | Conformal Radiation Therapy Not Received (onc)1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4185F | Continuous (12-months) Therapy With Proton Pump In | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4186F | No Continuous (12-months) Therapy With Either Prot | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4187F | Disease Modifying Anti-rheumatic Drug Therapy Pres | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4188F | Appropriate Angiotensin Converting Enzyme (ace)/an | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 41899 | Dental Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4189F | Appropriate Digoxin Therapeutic Monitoring Test Or | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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Complete List
Applies to All Commercial Products (excl. Medicare)

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 4190F | Appropriate Diuretic Therapeutic Monitoring Test O | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4191F | Appropriate Anticonvulsant Therapeutic Monitoring | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4192F | Pt Not Rcvng Glucoco Thxpy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4193F | Pt Rcvng<10mg Daily Predniso | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4194F | Pt Rcvng>10mg Daily Predniso | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4195F | Pt Rcvng Anti-rheum Thxpy Ra | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4196F | Ptnot Rcvng Anti-rhm Thxpyra | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4200F | External Beam Radiotherapy To Prostate W/wo (prca) | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4201F | External Beam Radiotherapy For Prostate Cancer To | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4210F | Angiotensin Converting Enzyme (ace) Or Angiotensin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4220F | Digoxin Medication Therapy For 6 Months Or More (m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4221F | Diuretic Medication Therapy For 6 Months Or More (| Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 42299 | Palate/uvula Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4230F | Anticonvulsant Medication Therapy For 6 Months Or | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4240F | Instruction In Therapeutic Exercise With Follow-up | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4242F | Counseling For Supervised Exercise Program Provide | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4245F | Patient Counseled During The Initial Visit To Main | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4248F | Patient Counseled During The Initial Visit For An | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4250F | Active Warming Used Intraoperatively For The Purpo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4255F | Anesth >= 60 min as docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4256F | Anesth < 60 min as docd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4260F | Wound Srfc Culturetech Used | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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Applies to All Commercial Products (excl. Medicare)

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| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|---|
| 4261F | Tech Other Than Surfc Cultr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4265F | Wet-dry Dressings Rx-recmd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4266F | No Wet-dry Drssings Rx-recmd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4267F | Comprssion Thxpy Prescribed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4268F | Pt Ed Re Comp Thxpy Rcvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 42699 | Salivary Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4269F | Appropos Mthd Offloading Rxd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4270F | Patient Receiving Anti R-viral Therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4271F | Patient Receiving Anti R-viral Therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4274F | Flu Immunization Administered Received | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4276F | Potent antivir thxpy rxd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4279F | Pcp Prophylaxis Rxd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4280F | Pcp Prophylax Rxd 3mon Low % | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4290F | Patient Screen For Injection Drug Use (hiv) 5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4293F | Patient Screened High-risk Sexual Behavior | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 42999 | Throat Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4300F | Patient Receiving Warfin Therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4301F | Patient Not Receiving Warfin Therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4305F | Pt Ed Re Ft Care Inspct Rcvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4306F | Pt Tlk Psych & Rx Opd Addic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4320F | Patient Talk Psychsoc And Treatment Oh Dpnd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 43210 | Egd esophagogastrc fndoplsty | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 4322F | Crgvr prov w/ ed addl rsrcs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4324F | Patient queried Parkinson's Disease Complications | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 43257 | Uppr Gi Scope W/thrml Txmnt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|---|
| 4325F | Med and surgical treatment options reviewed w/ pt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4326F | Patient asked regarding symptoms auto dysfxn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 43284 | Laps esophgl sphnctr agmntj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 43285 | Rmvl esophgl sphnctr dev | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 43289 | Laparoscope Proc, Esoph | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4328F | Patient asked regarding sleep disturbances | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4330F | Cnslng epi spec sfty issues | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4340F | Cnslng chldbrng+ women epi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 43499 | Esophagus Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4350F | Cnslng provided symp mngmnt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 43631 | Removal Of Stomach, Partial | Medical Necessity | Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis |
| 43632 | Removal Of Stomach, Partial | Medical Necessity | Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis |
| 43633 | Removal Of Stomach, Partial | Medical Necessity | Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis |
| 43634 | Removal Of Stomach, Partial | Medical Necessity | Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis |
| 43645 | Lap Gastr Bypass Incl Sml I | Investigative/Benefit | Check benefits for Investigational denial vs Non-covered denial. |
| 43659 | Laparoscope Proc, Stom | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 43842 | V-band Gastroplasty | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 43843 | Gastroplasty W/o V-band | Investigative/Benefit | Check benefits for Investigational denial vs Non-covered denial. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------------|---------------------------|---|
| 43845 | Gastroplasty Duodenal Switch | Investigative/Benefit | Check benefits for Investigational denial vs Non-covered denial. |
| 43847 | Gastric Bypass Incl Small I | Investigative/Benefit | Check benefits for Investigational denial vs Non-covered denial. |
| 43999 | Stomach Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4400F | Rehab therapy options with patient | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 44238 | Laparoscope Proc, Intestine | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4450F | Self-care ed provided to pt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4470F | Icd counseling provided | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 44799 | Unlisted Procedure Intestine | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4480F | Pt rcvng ace/arb b-blockertx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4481F | Pt rcvng ace/arb blker<3mons | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 44899 | Bowel Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 44979 | Laparoscope Proc, App | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4500F | Ref to outpt card rehab prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4510F | Prev cardrehab qualcardevent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4525F | Neuropsychia interven order | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4526F | Neuropsychia interven rcvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 45399 | Unlisted procedure colon | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 4540F | Disease modifying pharmacothxpy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4541F | Pt offered tx for pseudobulb | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 45499 | Laparoscope Proc, Rectum | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 4550F | Noninvas resp support talk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4551F | Nutritional support offered | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4552F | Pt ref for speech lang path | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4553F | Pt asst in planning for end of life issues | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4554F | Pt received inhalation anesthetic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4555F | Pt received no inhalation anesthetic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4556F | Pt w/3 or more post op nausea and vomiting | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4557F | Pt w/o 3 or more post op nausea and vomiting | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4558F | Pt received 2 rx anti-emetic agents | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4559F | 1 body temp ≥ 35.5 cw/in 30 min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4560F | Anesth w/o gen/neuraxial anesth | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4561F | Pt w/ coronary artery stent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4562F | Pt w/o coronary artery stent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 4563F | Pt received aspirin within 24 hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 45999 | Rectum Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 46707 | Repair anorectal fist w/plug | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 46948 | Int hrhc tranal dartlitzj 2+ | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 46999 | Anus Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 47379 | Laparoscope Procedure, Liver | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 47399 | Liver Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 47579 | Laparoscope Proc, Biliary | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 47999 | Bile Tract Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 48999 | Pancreas Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 49329 | Laparo Proc, Abdm/per/oment | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 49659 | Laparo Proc, Hernia Repair | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 49999 | Abdomen Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 5005F | Pt Counsl'd On Exam For Moles | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 5010F | Macul+findngs To Dr Mng Dm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 5015F | Doc Fx & Test/txmnt For Op | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 5020F | Treatment Summary Report Communicated To Physician | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 5050F | Treatment Plan Communicated To Provider(s) Managin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 50549 | Laparoscope Proc, Renal | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 5060F | Findings From Diagnostic Mammogram Communicated To | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 5062F | Documentation Of Direct Communication Of Diagnosti | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 50949 | Laparoscope Proc, Ureter | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 5100F | Rsk Fx Ref W/n 24 Hrs X-ray | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 51999 | Laparoscope Proc, Bladder | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 5200F | Eval appros surg thxpy epi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 5250F | Asthma discharge plan presnt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 53899 | Urology Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 54699 | Laparoscope Proc, Testis | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 55559 | Laparo Proc, Spermatic Cord | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 55899 | Genital Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 57465 | Cam cervix uteri drg colp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 58578 | Laparo Proc, Uterus | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 58579 | Hysteroscope Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 58674 | Laps abltj uterine fibroids | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 58679 | Laparo Proc, Oviduct-ovary | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 58999 | Genital Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 59897 | Fetal Invas Px W/us | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 59898 | Laparo Proc, Ob Care/deliver | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 59899 | Maternity Care Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 6005F | Care Level Rationale Doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 6010F | Dysphag Test Done B/4 Eating | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6015F | Pt Recvng/ok For Eatng/swallowing | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6020F | Npo (nothing-mouth) Ordered | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6030F | All Elements Of Maximal Sterile Barrier Technique | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6040F | Use Of Appropriate Radiation Dose Reduction Device | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6045F | Radiation Exposure Or Exposure Time In Final Repor | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 60659 | Laparo Proc, Endocrine | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 60699 | Endocrine Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 6070F | Pt asked/cnsld aed effects | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6080F | Patient/Caregive queried about falls | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6090F | Patient/Caregive counseled about safety issues | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6100F | Verify pt site procedure documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6101F | Safety counseling dementia | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6102F | Safety counseling dem order | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6110F | Counsel prov driving risks | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 6150F | Pt notrcvng1st antitnf txmnt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 62263 | Epidural Lysis Mult Sessions | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 62264 | Epidural Lysis On Single Day | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 62287 | Percutaneous Diskectomy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 62292 | Injection Into Disk Lesion | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 62380 | Ndsc dcmpn 1 ntrspc lumbar | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 64505 | N Block, Spenopalatine Gangl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|-----------------|---|
| 64999 | Nervous System Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 66999 | Eye Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 67299 | Eye Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 67399 | Eye Muscle Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 67599 | Orbit Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 67999 | Revision Of Eyelid | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 68399 | Eyelid Lining Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 68899 | Tear Duct System Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 69090 | Pierce Earlobes | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| 69399 | Outer Ear Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 69799 | Middle Ear Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 69949 | Inner Ear Surgery Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 69979 | Temporal Bone Surgery | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 7010F | Patient Information Entered Into A Recall System W | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 7020F | Breast Imaging-reporting And Data System (bi-rads- | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 7025F | Patient Information Entered Into A Reminder System | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 75571 | Ct hrt w/o dye w/ca test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 76140 | X-ray Consultation | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 76390 | Mr Spectroscopy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 76496 | Fluoroscopic Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 76497 | Ct Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 76498 | Mri Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 76499 | Radiographic Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 76999 | Echo Examination Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 77085 | Dxa bone density study | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 77086 | Fracture assessment via dxa | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 77299 | Radiation Therapy Planning | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 77399 | External Radiation Dosimetry | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 77499 | Radiation Therapy Management | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 77799 | Radium/radioisotope Therapy | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78099 | Endocrine Nuclear Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78199 | Blood/lymph Nuclear Exam | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78299 | Gi Nuclear Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78399 | Musculoskeletal Nuclear Exam | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78499 | Cardiovascular Nuclear Exam | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78599 | Respiratory Nuclear Exam | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78699 | Nervous System Nuclear Exam | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78799 | Genitourinary Nuclear Exam | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 78999 | Nuclear Diagnostic Exam | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 79999 | Nuclear Medicine Therapy | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 80320 | Drug screen quantalcohols | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80321 | Alcohols biomarkers 1or 2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| 80322 | Alcohols biomarkers 3/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80323 | Alkaloids nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80324 | Drug screen amphetamines 1/2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80325 | Amphetamines 3or 4 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80326 | Amphetamines 5 or more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80327 | Anabolic steroid 1 or 2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80328 | Anabolic steroid 3 or more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80329 | Analgesics non-opioid 1 or 2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80330 | Analgesics non-opioid 3-5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80331 | Analgesics non-opioid 6/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80332 | Antidepressants class 1 or 2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80333 | Antidepressants class 3-5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80334 | Antidepressants class 6/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80335 | Antidepressant tricyclic 1/2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80336 | Antidepressant tricyclic 3-5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80337 | Tricyclic & cyclicals 6/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80338 | Antidepressant not specified | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80339 | Antiepileptics nos 1-3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80340 | Antiepileptics nos 4-6 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80341 | Antiepileptics nos 7/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80342 | Antipsychotics nos 1-3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80343 | Antipsychotics nos 4-6 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80344 | Antipsychotics nos 7/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80345 | Drug screening barbiturates | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80346 | Benzodiazepines 1-12 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80347 | Benzodiazepines 13 or more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80348 | Drug screening buprenorphine | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80349 | Cannabinoids natural | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80350 | Cannabinoids synthetic 1-3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|-------------------------------|---------------------------|--|
| 80351 | Cannabinoids synthetic 4-6 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80352 | Cannabinoid synthetic 7/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80353 | Drug screening cocaine | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80354 | Drug screening fentanyl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80355 | Gabapentin non-blood | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80356 | Heroin metabolite | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80357 | Ketamine and norketamine | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80358 | Drug screening methadone | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80359 | Methylenedioxymphetamines | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80360 | Methylphenidate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80361 | Opiates 1 or more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80362 | Opioids & opiate analogs 1/2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80363 | Opioids & opiate analogs 3/4 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80364 | Opioid & opiate analog 5/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80365 | Drug screening oxycodone | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80366 | Drug screening pregabalin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80367 | Drug screening propoxyphene | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80368 | Sedative hypnotics | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80369 | Skeletal muscle relaxant 1/2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80370 | Skel musc relaxant 3 or more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80371 | Stimulants synthetic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80372 | Drug screening tapentadol | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80373 | Drug screening tramadol | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80374 | Stereoisomer analysis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80375 | Drug/substance nos 1-3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80376 | Drug/substance nos 4-6 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80377 | Drug/substance nos 7/more | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80500 | Lab Pathology Consultation | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80502 | Lab Pathology Consultation | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|----------------------------|---|
| 81099 | Urinalysis Test Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 81171 | Aff2 gene detc abnor alleles | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81172 | Aff2 gene charac alleles | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81226 | Cyp2d6 gene com variants | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| 81227 | Cyp2c9 gene com variants | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81230 | CYP3A4 Gene common variants | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81231 | CYP3A5 Gene common variants | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81232 | DPYD Gene common variants | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81291 | Mthfr gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81313 | Pca3/klk3 antigen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81324 | Pmp22 gene dup/delet | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81325 | Pmp22 gene full sequence | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81326 | Pmp22 gene known fam variant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81327 | Sept9 methylation analysis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81328 | SLCO1B1 Gene common variants | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 81332 | Serpina1 gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81346 | TYMS Gene common variants | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81355 | Vkorc1 gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81422 | Fetal chr moml microdelitj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|------------------------|---|
| 81425 | Genome sequence analysis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81426 | Genome sequence analysis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81427 | Genome re-evaluation | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81435 | Hereditary colon cancer | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81436 | Hereditary colon ca synd | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81440 | Mitochondrial gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81448 | Hrdtry perph neurphy panel | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81460 | Whole mitochondrial genome | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81465 | Whole mitochondrial genome | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81479 | Unlisted molecular pathology | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 81490 | Autoimmune rheumatoid arthr | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81500 | Onco (ovar) two proteins | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81503 | Onco (ovar) five proteins | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81504 | Oncology tissue of origin | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81513 | Nfct ds bv rna vag flu alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81514 | Nfct ds bv&vaginits dna alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81520 | Onc breast mrna 58 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81525 | Oncology colon mrna | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81529 | Onc cutan mlnma mrna 31 gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|---|
| 81535 | Oncology gynecologic | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81536 | Oncology gynecologic | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81538 | Oncology lung | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81539 | Oncology prostate prob score | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81540 | Oncology tum unknown origin | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81541 | Onc prostate mrna 46 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81542 | Onc prostate mrna 22 cnt gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81551 | Onc prostate 3 genes | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81554 | Pulm ds ipf mrna 190 gen alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81595 | Cardiology hrt trnspl mrna | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81596 | Nfct ds chrnc hcv 6 assays | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 81599 | MAA | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 82075 | Assay Of Breath Ethanol | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 82077 | Assay spec xcp ur&breath ia | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 82306 | Assay Of Vitamin D | Medical Necessity | Review for medical necessity |
| 82523 | Collagen Crosslinks | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 82652 | Assay Of Dihydroxyvitamin D | Medical Necessity | Review for medical necessity |
| 83698 | Lipoprotein-associated Phospholipase A2 (lp-pla2) | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 83951 | Oncoprotein; Des-gamma-carboxy-prothrombin (dcp) | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 83987 | Exhaled breath condensate | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------------|---------------------------|---|
| 83992 | Assay For Phencyclidine | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 84112 | Placenta alpha micro ig c/v | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 84999 | Clinical Chemistry Test (oncotype) | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 85999 | Hematology Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 86001 | Allergen Specific Igg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 86152 | Cell enumeration & id | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 86153 | Cell enumeration phys interp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 86343 | Leukocyte Histamine Release | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 86408 | Neutrlzg antb SARSCOV2 SCR | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 86409 | Neutrlzg antb SARSCOV2 titer | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 86849 | Immunology Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 86999 | Transfusion Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 87472 | Bartonella, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87482 | Candida, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87483 | Cns dna amp probe type 12-25 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87487 | Chylmd Pneum, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87510 | Gardner Vag, Dna, Dir Probe | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87511 | Gardner Vag, Dna, Amp Probe | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|------------------------|---|
| 87512 | Gardner Vag, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87525 | Hepatitis G, Dna, Dir Probe | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87526 | Hepatitis G, Dna, Amp Probe | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87527 | Hepatitis G, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87530 | Hsv, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87542 | Legion Pneumo, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87552 | Mycobacteria, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87557 | M.tuberculo, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87562 | M.avium-intra, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87582 | M.pneumon, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87592 | N.gonorrhoeae, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87652 | Strep A, Dna, Quant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 87999 | Microbiology Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 88099 | Necropsy (autopsy) Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 88199 | Cytopathology Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 88299 | Cytogenetic Study | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 88399 | Surgical Pathology Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 88749 | In vivo lab service | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 89240 | Pathology Lab Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 89398 | Unlisted reprod med lab proc | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 9001F | Aortic aneurysm<5cm diam ct | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 9002F | Aortic aneurysm 5-5.4cm diam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 9003F | Aortic anrysm5.5-5.4cm diam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 9004F | Aortic anrysm 6/grtr cm diam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 9005F | Asympt carot/vrtbrbas sten | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 9006F | Sympt sten-tia/strk<120days | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 9007F | Other carot sten120days/grtr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90393 | Vaccina Ig, Im | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90399 | Immune Globulin | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 90476 | Adenovirus Vaccine, Type 4 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90477 | Adenovirus Vaccine, Type 7 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90634 | Hep A Vacc, Ped/adol, 3 Dose | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90654 | Flu vaccine no preserv, id | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90655 | Flu Vaccine No Preserv 6-35m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90657 | Flu Vaccine, 6-35 Mo, Im | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90660 | Flu Vaccine, Nasal | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90676 | Rabies Vaccine, Id | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90749 | Vaccine Toxoid | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 90863 | Pharmacologic mgmt w/psytx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 90865 | Narcosynthesis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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Complete List
Applies to All Commercial Products (excl. Medicare)

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 90882 | Environmental Manipulation | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 90899 | Psychiatric Service/therapy | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 91112 | Gi wireless capsule measure | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 91299 | Gastroenterology Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 92132 | Cmptr ophth dx img ant segmt | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 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. |
| 92499 | Eye Service Or Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 92517 | Vemp test i&r cervical | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 92518 | Vemp test i&r ocular | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 92519 | Vemp tst i&r cervical&ocular | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 92531 | Spontaneous Nystagmus Study | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 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. |
| 92560 | Bekesy Audiometry, Screen | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 92561 | Bekesy Audiometry, Diagnosis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 92562 | Loudness Balance Test | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 92564 | Sisi Hearing Test | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 92700 | Ent Procedure/service | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 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. |
| 93264 | Rem mntr wrls p-art prs snr | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 93278 | Ecg/signal-averaged | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| 93356 | Myocrd strain img spckl trck | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 93701 | Bioimpedance, Thoracic | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 93702 | Bis xtracell fluid analysis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 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. |
| 93799 | Cardiovascular Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 93895 | Carotid intima atheroma eval | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 93998 | Noninvas vasc dx study proc | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 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. |
| 94760 | Measure Blood Oxygen Level | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 94761 | Measure Blood Oxygen Level | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 94799 | Pulmonary Service/procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 95060 | Eye Allergy Tests | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 95065 | Nose Allergy Test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 95120 | Immunotherapy, One Injection | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 95125 | Immunotherapy, Many Antigens | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 95130 | Immunotherapy, Insect Venom | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 95131 | Immunotherapy, Insect Venoms | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 95132 | Immunotherapy, Insect Venoms | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 95133 | Immunotherapy, Insect Venoms | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 95134 | Immunotherapy, Insect Venoms | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 95199 | Allergy Immunology Services | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 95803 | Actigraphy Testing, Recording, Analysis, Interpret | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 95905 | Motor/sens nrve conduct test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 95999 | Neurological Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 96040 | Genetic Counseling, 30 Min | Benefit | Possibly a benefit exclusion Review may be required. |
| 96379 | Unlisted Therapeutic, Prophylactic, Or Diagnostic | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 96549 | Chemotherapy, Unspecified | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 96902 | Trichogram | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 96904 | Whole Body Photography | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 96931 | Rcm celulr subcelulr img skn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 96932 | Rcm celulr subcelulr img skn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 96933 | Rcm celulr subcelulr img skn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 96934 | Rcm celulr subcelulr img skn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 96935 | Rcm celulr subcelulr img skn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 96936 | Rcm celulr subcelulr img skn | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 96999 | Dermatological Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 97010 | Hot Or Cold Packs Therapy | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 97039 | Physical Therapy Treatment | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 97139 | Physical Medicine Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 97602 | Wound(s) Care Non-selective | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 97610 | Low frequency non-thermal us | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 97799 | Physical Medicine Procedure | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 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. |
| 99000 | Specimen Handling | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 99001 | Specimen Handling | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|---|
| 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. Will be denied provider write-off. |
| 99027 | Out-of-hosp On Call Service | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 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 | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 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. |
| 99190 | Special Pump Services | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99191 | Special Pump Services | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99192 | Special Pump Services | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99199 | Special Service/proc/report | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 99288 | Direct Advanced Life Support | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 99339 | Domicil/r-home Care Supervis | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 99340 | Domicil/r-home Care Supervis | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 99360 | Physician Standby Services | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| 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. |
| 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. Will be denied provider write-off. |
| 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. Will be denied provider write-off. |
| 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. |
| 99429 | Unlisted Preventive Service | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 99453 | Rem mntr physiol param setup | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99454 | Rem mntr physiol param dev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99457 | Rem physiol mntr 20 min mo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99458 | Rem physiol mntr ea addl 20 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99485 | Suprv interfacility transport | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 99486 | Suprv interfac trnsport addl | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 99488 | Cmplx chron care w/ pt vsit | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| 99499 | Unlisted E&m Service | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| 99605 | Medication Therapy Management Service(s) Provided | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99606 | Medication Therapy Management Service(s) Provided | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99607 | Medication Therapy Management Service(s) Provided | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4210 | Needle-free Injection Device Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4212 | Noncoring Needle/stylet W/wo Cath | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| A4220 | Refill Kit Implantable Infus Pump | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4223 | Infus Spl No Ext Infus Pump Cas/bag | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4244 | Alcohol Or Peroxide Per Pint | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4246 | Betadine/phisohehex Solution Per Pint | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4247 | Betadine/iodine Swabs/wipes Per Box | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4248 | Chlorhexidine Containing Antiseptic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4250 | Urine Test/reagent Strips/tablets | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4252 | Blood Ketone Test Or Reagent Strip, Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| A4268 | Contracept Supply Condom Female Ea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4270 | Disposable Endoscope Sheath Each | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| A4300 | Impl Acss 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. Will be denied provider write-off. |
| A4306 | Dispbl Rx Del Sys Rate 5 MI/<-hr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4335 | Incontinence Supply; Miscellaneous | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| A4421 | Ostomy Supply; Miscellaneous | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| A4465 | Nonelastic Binder For Extremity | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4467 | Belt strap sleeve grmnt cover | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4490 | Surg Stocking Above Knee Length Ea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4495 | Surgical Stocking Thigh Length Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4500 | Surg Stocking Below Knee Length Ea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4510 | Surgical Stocking Full-length Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4550 | Surgical Trays | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| A4553 | Nondisp underpads, all sizes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4556 | Electrodes Per Pair | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|---|
| A4575 | Topical Hyprbr Oxygen Chamb Dispbl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| A4580 | Cast Supplies | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4590 | Special Casting Material | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4600 | Sleeve, inter limb comp dev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4612 | Battry Cables; Repl Pt-owned Vent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4649 | Surgical Supply; Miscellaneous | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| A4651 | Calibrated Microcapillary Tube Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4652 | Microcapillary Tube Sealant | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4657 | Syringe With Or Without Needle Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4674 | Chems/antisptc Sol Clean/sterl 8oz | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4714 | Treated H2o Periton Dialysis-gallon | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4722 | Dialysate Fl>1999<=2999cc Dialysis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4725 | Dialysate Fl>4999<=5999cc Dialysis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4750 | Bld Tubing Art/venous Hemodial Ea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4770 | Bld Collection Tube Vac Dialysis-50 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4772 | Bld Glu Test Strips Dialysis Per 50 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4774 | Ammonia Test Strips Dialysis Per 50 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4860 | Dispbl Cath Tip Periton Dialysis-10 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4911 | Drain Bag/bottle For Dialysis Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4913 | Miscellaneous Dialysis Supplies Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| A4918 | Venous Pressure Clamp Hemodial Ea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4927 | Gloves Non-sterile Per 100 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4928 | Surgical Mask Per 20 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A4930 | Gloves Sterile Per Pair | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A5508 | Dm Only Delux Featur Shoe/cstm Mold | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6025 | Gel Sheet Dermal/epidrmal Applic Ea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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Complete List
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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| A6205 | Compos Dress >48sq W/adhes Bordr Ea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6218 | Gauze Non-impreg Nonsterl > 48 Sq | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6250 | Skn Sealnt Protct Moisturzr Ointmnt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6256 | Spclty Absorb Dress > 48 Sq W/adhes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6260 | Wound Cleansers Any Type Any Size | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6261 | Wound Filler Gel/paste-fl Ounce Nec | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| A6262 | Wound Filler Dry Form Per Gram Nec | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| A6404 | Gauz Non-impreg Strl >48sq No Adhes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6412 | Eye Patch Occlusive Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6413 | Adhesive Bandage, First Aid Type, Any Size, Each | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A6512 | Compression Burn Garment Noc | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| A6549 | Gradient Compression Stocking Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| A9150 | Nonprescription Drug | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9152 | 1 Vit/minerl/trace Elem Orldose Nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9153 | Multiple Vitamins Oral Per Dose Nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9272 | Disposable mech wound suct | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9273 | Hot/cold h2obot/cap/col/wrap | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9275 | Home Glu Dispbl Mon W/test Strips | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9279 | Monitoring feature/deviceNOC | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9280 | Alert Or Alarm Device Noc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9284 | Spirometer, Non-electronic, Includes All Accessori | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9286 | Any hygienic item, device | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| A9900 | Dme Sup/access/srv-compon/oth Hcpcs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|----------------------------|---|
| A9901 | Dme Del Set&/dspns Srvc Anoth Hcpcs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| B9999 | Noc For Parenteral Supplies | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| C1748 | Endoscope, single, ugi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| C1754 | Catheter Intradiscal | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| C1761 | Cath, Trans Intra Litho/Coro | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C1767 | Generator Neurostimulator | Medical Necessity | Review for medical necessity |
| C1820 | Generator, Neurostimulator (implantable), With Rec | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| C1821 | Interspinous Implant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C1822 | Gen, neuro, hf, rechg bat | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| C1824 | Generator, ccm, implant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C1825 | Gen, neuro, carot sinus baro | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C1841 | Retinal prosth int/ext comp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C1842 | Retinal prosth int/ext comp; add-on to C1841 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C1890 | No device w/dev-intensive px | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| C2596 | Probe, robotic, water-jet | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C2614 | Probe Percut Lumbar Discectomy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C2624 | Wireless pressure sensor | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C8937 | Cad breast mri | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| C9356 | Tendoglide Tendon Prot, Cm2 (tenoglide) | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9358 | SurgiMend, fetal | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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|-------|--|---------------------------|---|
| C9360 | Dermal substitute, neonatal bovine | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9363 | Skin sub., Integra Meshed Bilayer Wound Matrix | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9364 | Porcine implant, Permacol, per sq centimeter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9399 | Unclassified Drugs Or Biologicals | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| C9727 | Insert Palate Implants | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9734 | U/S treatment, not leiomyomata | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9752 | Intraosseous des lumb/sacrum | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9753 | Intraosseous destruct addl | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9760 | Non-blind interatrial shunt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| C9762 | Cardiac MRI seg dys strain | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9763 | Cardiac MRI seg dys stress | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9764 | Revasc intravasc lithotripsy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9765 | Revasc intra lithotrip-stent | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9766 | Revasc intra lithotrip-ather | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9767 | Revasc lithotrip-stent-ather | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9771 | Nsl/sins cryo post nasal tis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9772 | Revasc lithotrip tibi/perone | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9773 | Revasc lithotr-stent tib/per | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9774 | Revasc lithotr-ather tib/per | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| C9775 | Revasc lith-sten-ath tib/per | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| C9899 | Implanted Prosthetic Device, Payable Only For Inpa | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| E0172 | Seat Lift Mech Place Ovr/top Toilet | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0231 | Non-cntc Wnd Warm Devc W/card&covr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0232 | Wound Warming Wound Cover | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0274 | Over-bed Table | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0315 | Bed Access: Board/tabl/supprt Devc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0352 | Dispbl Pack W/elec Bowel Irrig/evac | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0430 | Prtble Gaseous O2 Sys Purchase; | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0440 | Station Liquid O2 Sys Purchase; | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0446 | Topical Ox Deliver sys, nos | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0485 | Orl Devc/appl Rduc Ua Collaps Prfab | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0676 | Inter Limb Compress Dev Nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0740 | Incont Tx Sys Pelv Flr Stim &/trner | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0744 | Neuromuscular Stimulator Scoliosis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0745 | Neuromusc Stim Elec Shock Unit | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0755 | Elec Salivary Reflex Stimulator | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E0761 | Non-thrml Puls Radiowave Elecmagnet | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0762 | Transcut Elec Joint Stim Devc Sys | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0764 | Func Neuromusc Stim Cmpt Sc Inj | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0769 | Estim/elecmagnet Wound Tx Devc Noc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| E0770 | Functional Electrical Stimulator, Transcutaneous S | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| E1130 | Std Whlchair; Fix Arm Dtach Footrst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1140 | Whlchair; Dtachble Arms Footrests | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1220 | Whlchair; Spclly Sized/constructed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1229 | Wheelchair Pediatric Size Nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1239 | Power Wheelchair Pediatric Size Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| E1260 | Lghtwt Whlchair; Dtach Arms Footrst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1354 | Oxygen Accessory, Wheeled Cart For Portable Cylind | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1356 | Oxygen Accessory, Battery Pack/cartridge For Porta | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1357 | Oxygen Accessory, Battery Charger For Portable Con | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1358 | Oxygen Accessory, Dc Power Adapter For Portable Co | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| E1399 | Dme Miscellaneous | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| E1699 | Dialysis Equipment Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| E2599 | Access Speech Generating Device Noc | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| G0071 | Comm svcs by rhc/fqhc 5 min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0076 | Care manag h vst new pt 20 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0077 | Care manag h vst new pt 30 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0078 | Care manag h vst new pt 45 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0079 | Care manag h vst new pt 60 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0080 | Care manag h vst new pt 75 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0081 | Care man h v ext pt 20 mi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0082 | Care man h v ext pt 30 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0083 | Care man h v ext pt 45 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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|-------|--------------------------------------|---------------------------|---|
| G0084 | Care man h v ext pt 60 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0085 | Care man h v ext pt 75 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0086 | Care man home care plan 30 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0087 | Care man home care plan 60 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0175 | Sched Intrdiscipln Team Conf Pt Prs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0177 | Trn&ed Pts Disabl Mentl Hlth-sess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0179 | Phys Re-cert Mcr-covr Hom Hlth Srvc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0180 | Phys Cert Mcr-covr Hom Hlth Srvc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0181 | Phys Supv Pt Recv Mcr-covr Hom Hlth | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0182 | Phys Supv Pt Und Mcr-apprvd Hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0235 | Pet Imaging Any Site Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| G0255 | Cpt/snct Per Limb Any Nerve | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| G0269 | Plcmt Occl Devc Post Surg/intrvnl | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| G0276 | Pild/placebo control clinical trial | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0281 | E-stim 1/> Chrn Stage Iii&iv Ulcrs | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| G0282 | E-stim 1/> Areas Wnd Care Not G0281 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| G0293 | Noncovr Surg Sedat Anes-mcr Qual | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0294 | Noncovr Proc No Anes/loc-mcr Qual | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0295 | Elec magnet Tx 1/>area Not G0329/oth | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| G0327 | Colon Ca Scrn;Bld-Bsd Biomrk | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| G0329 | Em Tx Ulcers Not Healing 30 Da Care | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| G0460 | Autologous PRP for ulcers | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| G0463 | Hospital outpt clinic visit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0471 | Venous blood collection SNF/HHA | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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|-------|------------------------------|---------------------------|---|
| G0482 | Drug test definitive | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| G0483 | Drug test definitive | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| G0500 | Mod sedat endo service >5yrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0501 | Resource-inten svc during ov | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| G0913 | Improve visual funct | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0914 | Survey not complete | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0915 | No improve visual funct | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0916 | Satisfy with care | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0917 | Satisfy survey not complete | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0918 | No satisfy with care | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1001 | Cdsm evicore | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1002 | Cdsm medcurrent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1003 | Cdsm medicalis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1004 | Cdsm ndsc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1007 | Cdsm aim | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1008 | Cdsm cranberry pk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1009 | Cdsm sage health | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1010 | Cdsm stanson | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1011 | Cdsm qualified nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1012 | Cdsm agilemd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1013 | Cdsm evidencecare | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1014 | Cdsm inveniq | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1015 | Cdsm reliant | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1016 | Cdsm speed of care | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1017 | Cdsm healthhelp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1018 | Cdsm infinx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1019 | Cdsm logicnets | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1020 | Cdsm curbside | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| G1021 | Cdsm ehealthline | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1022 | Cdsm intermountain | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1023 | Cdsm persivia | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2001 | Post D/C home visit new pt 20 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2002 | Post D/C home visit new pt 30 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2003 | Post D/C home visit new pt 45 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2004 | Post D/C home visit new pt 60 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2005 | Post D/C home visit new pt 75 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2006 | Post D/C home visit existing pt 20 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2007 | Post D/C home visit existing pt 30 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2008 | Post D/C home visit existing pt 45 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2009 | Post D/C home visit existing pt 60 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2013 | Post D/C home visit existing pt 75 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2014 | Post D/C care plan oversight 30 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2015 | Post D/C care plan oversight 60 minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2020 | Hi inten serv for sip model | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2021 | Hea care pract tx in place | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2022 | Benef refuses service, mod | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2067 | Med assist tx meth wk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2068 | Med assist tx bupre oral | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2069 | Med assist tx inject | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2070 | Med assist tx implant | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2071 | Med tx remove implant | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2072 | Med tx insert/remove imp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2073 | Med tx naltrexone | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2074 | Med assist tx no drug | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2075 | Med tx meds nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2076 | Intake act w/med exam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2077 | Periodic assessment | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
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| Code | Description | Edit Type | Comment |
|-------|-----------------------------|---------------------------|--|
| G2078 | Take-home meth | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2079 | Take-hom buprenorphine | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2080 | Add 30 mins counsel | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2081 | Pt 66+ snp or ltc pos > 90d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2086 | Off base opioid tx 70min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2087 | Off base opioid tx, 60 m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2088 | Off base opioid tx, add30 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2090 | Pt 66+ frailty and med dem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2091 | Pt 66+ frailty and adv ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2092 | Ace arb arni | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2093 | Med doc rsn no ace arn arni | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2094 | Pt rsn no ace arn arni | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2095 | Sys rsn no ace arn arni | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2096 | No rsn ace arb arni | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2097 | Child dx uri 3d of other dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2098 | Pt 66+ frailty and med dem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2099 | Pt 66+ frailty and adv ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2100 | Pt 66+ frailty and med dem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2101 | Pt 66+ frailty and adv ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2105 | Pt 66+ lt ints > 90 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2106 | Pt 66+ lt ints > 90 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2107 | Pt 66+ frailty and adv ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2108 | Pt 66+ lt ints > 90 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2109 | Pt 66+ frailty and med dem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2110 | Pt 66+ frailty and adv ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2112 | Pred<=5 mg ra glu <6m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2113 | Pred>5 mg >6m, no chg da | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2115 | Pt 66+ frailty and med dem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2116 | Pt 66+ frailty and adv ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G2118 | Pt 81+ frailty | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2121 | Psy dep anx ap and icd asse | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2122 | Psy/dep/anx/apandicd noasse | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2125 | Pt 81+ frailty | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2126 | Pt 66+ frailty adv ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2127 | Pt 66+ frailty med dem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2128 | No aspirin med rsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2129 | No bp outpt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2136 | Bk pain vas 6-20wk = 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2137 | Bk pain vas 6-20wk > 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2138 | Bk pain vas 9-15mo = 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2139 | Bk pain vas 9-20mo > 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2140 | Leg pain vas 6-20wk = 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2141 | Leg pain vas 6-20wk > 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2142 | Fs odi 9-15mo postop<= 22 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2143 | Fs odi 9-15mo > 22 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2144 | Fs odi 6-20wk postop > 22 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2145 | Fsodi 6-20wk >22 or chg 30pt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2146 | Leg pain vas 9-15mo <= 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2147 | Leg pain vas 9-15mo > 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2148 | Mpm used | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2149 | No mpm med rsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2150 | No mpm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2151 | Dx degen neuro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2152 | Res change sc =0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2167 | Res change sc < 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2168 | Svs by pt in home health | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2169 | Svs by ot in home health | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2172 | Tx for opioid use demo proj | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|---------------------------|---------------------------|--|
| G2173 | Uri w comorb 12m oth dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2174 | Uri new rx antibiotic 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2175 | Pt comorb dx 12m of epi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2176 | Outpt ed obs w inpt admit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2177 | Bronch w rx antibx 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2178 | Pt not elig low neuro ex | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2179 | Med doc rsn no low ex | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2180 | Inelig footwr eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2181 | Bmi not doc medrsn ptref | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2182 | Pt 1st biolog antirheum | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2183 | Doc pt unable comm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2184 | No caregiver | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2185 | Caregiver dem trained | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2186 | Pt ref app rsrcs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2187 | Clin ind img hd trauma | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2188 | Pt 50 yrs w/clin ind hd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2189 | Img hd abnml neuro exam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2190 | Ind img hd rad neck | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2191 | Ind img hd pos hd ache | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2192 | >55 yrs temp hd ache | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2193 | <6yr new onset hd ache | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2194 | New hdache ped pt dis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2195 | Occip hdache child | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2196 | Screen unhlthy etoh use | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2197 | Screen hlthy etoh use | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2198 | Med rsn no unhlthy etoh | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2199 | Not scrn etoh no rsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2200 | Unhlthy etoh rcvd couns | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2201 | Med rsn no brief couns | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| G2202 | No rsu no brief couns | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2203 | Med rsu no etoh couns | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2204 | Pt 50-85 w/ scope | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2205 | Preg drng adjv trtmt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2206 | Adjv trtmt chemo her2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2207 | Rsu no trtmt chem her2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2208 | No trtmt chemo and her2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2209 | Refused to participate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2210 | No neck fs prom no rsu | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2211 | Complex e/m visit add on | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8395 | Left Ventricular Ejection Fraction (Ivef) >= 40% O | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8396 | Left Ventricular Ejection Fraction (Ivef) Not Perf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8397 | Dilated Macular Or Fundus Exam Performed, Includin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8399 | Patient With Central Dual-energy X-ray Absorptiome | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8400 | Patient With Central Dual-energy X-ray Absorptiome | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8404 | Lower Extremity Neurological Exam Performed And Do | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8405 | Lower Extremity Neurological Exam Not Performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8410 | Footwear Evaluation Performed And Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8415 | Footwear Evaluation Was Not Performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8416 | Clinician Documented That Patient Was Not An Eligi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8417 | Bmi >= 30 Was Calculated And A Follow-up Plan Was | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8418 | Bmi < 22 Was Calculated And A Follow-up Plan Was D | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8419 | Bmi >= 30 Or < 22 Was Calculated, But No Follow-up | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| G8420 | Bmi < 30 And >= 22 Was Calculated And Documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8421 | Bmi Not Calculated | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8422 | Patient Not Eligible For Bmi Calculation | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8427 | Written Provider Documentation Was Obtained Confir | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8428 | Current Medications With Dosages (includes Prescri | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8430 | Documentation That Patient Is Not Eligible For Med | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8431 | Documentation Of Clinical Depression Screening Usi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8432 | No Documentation Of Clinical Depression Screening | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8433 | Patient Not Eligible/not Appropriate For Clinical | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8450 | Beta-blocker Therapy Prescribed For Patients With | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8451 | Clinician Documented Patient With Left Ventricular | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8452 | Beta-blocker Therapy Not Prescribed For Patients W | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8465 | High Risk Of Recurrence Of Prostate Cancer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8473 | Angiotensin Converting Enzyme (ace) Inhibitor Or A | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8474 | Angiotensin Converting Enzyme (ace) Inhibitor Or A | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8475 | Angiotensin Converting Enzyme (ace) Inhibitor Or A | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8476 | Most Recent Blood Pressure Has A Systolic Measurem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8477 | Most Recent Blood Pressure Has A Systolic Measurem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8478 | Blood Pressure Measurement Not Performed Or Docume | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8482 | Influenza Immunization Was Ordered Or Administered | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8483 | Influenza Immunization Was Not Ordered Or Administ | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|---|---------------------------|--|
| G8484 | Influenza Immunization Was Not Ordered Or Administ | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8506 | Patient Receiving Angiotensin Converting Enzyme (a | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8510 | Negative Screen For Clinical Depression Using A St | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8511 | Screen For Clinical Depression Using A Standardize | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8535 | No Documentation Of An Elder Maltreatment Screen, | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8536 | No Documentation Of An Elder Maltreatment Screen, | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8539 | Documentation Of A Current Functional Outcome Asse | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8540 | Documentation That The Patient Is Not Eligible For | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8541 | No Documentation Of A Current Functional Outcome A | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8542 | Documentation Of A Current Functional Outcome Asse | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8543 | Documentation Of A Current Functional Outcome Asse | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8559 | Pt ref doc oto eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8560 | Pt hx act drain prev 90 days | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8561 | Pt inelig for ref oto eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8562 | Pt no hx act drain 90 d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8563 | Pt no ref oto reas no spec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8564 | Pt ref oto eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8565 | Ver doc hear loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8566 | Pt inelig ref oto eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8567 | Pt no doc hear loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8568 | Pt no ref otolo no spec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8569 | Prol intubation req | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8570 | No prol intub req | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G8575 | Postop ren insuf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8576 | No postop ren insuf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8577 | Reop req bld grft oth | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8578 | No reop req bld grft oth | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8598 | Asp therp used | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8599 | No asp therp used | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8600 | tPA initi w/in 3 hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8601 | No elig tPA init w/in 3 hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8602 | No tPA init w/in 3 hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8633 | Pharm ther osteo rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8635 | No pharm ther osteo rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8647 | Fun stat score knee >= 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8648 | Fun stat score knee < 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8650 | Fun stat score knee not done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8651 | Fun stat score hip >= 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8652 | Fun stat score hip < 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8654 | Fun stat score hip not done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8655 | Fun stat score LE >= 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8656 | Fun stat score LE < 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8658 | Fun stat score LE not done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8659 | Fun stat score LS >= 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8660 | Fun stat score LS < 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8661 | Fun stat score LS pt no elg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8662 | Fun stat score LS not done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8663 | Fun stat score shdl >=0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8664 | Fun stat score shdl < 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8666 | Fun stat score shdl not done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8667 | Fun stat score UE >=0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8668 | Fun stat score UE < 0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|-----------------------------|---------------------------|--|
| G8670 | Fun stat score UE not done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8694 | Lvef <40% | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8708 | Antibiotic not pres | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8709 | Med reas antibiotic pres | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8710 | Pt pres antibiotic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8711 | Pres antibiotic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8712 | Not pres antibiotic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8721 | Pt, pn, hist grade doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8722 | Med reas pt, pn, not doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8723 | Spec sit not prim tumor | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8724 | Pt, pn, hist grade not doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8733 | Doc pos elder mal scrn plan | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8734 | Doc neg elder mal no plan | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8735 | Eld mal scrn pos no plan | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8749 | Signs of melanoma absent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8752 | Sys bp less 140 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8753 | Sys bp > or = 140 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8754 | Dias bp less 90 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8755 | Dias bp > or = 90 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8756 | No bp measure doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8783 | Bp scrn perf rec interval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8785 | Bp scrn no perf at interval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8797 | Specimen site not esophagus | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8798 | Specimen site not prostate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8806 | Transab or transvag us | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8807 | Doc reas no us | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8808 | No transab or transvag us | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8815 | Doc reas no statin therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8816 | Statin med pres at disch | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G8817 | Doc reas no statin med disch | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8818 | Pt disch to home by day#7 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8825 | Pt not disch to home day#7 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8826 | Pt disch home day #2 evar | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8833 | Pt not disch home day#2 evar | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8834 | Pt disch home day #2 cea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8838 | Not disch home by day #2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8839 | Sleep apnea assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8840 | Doc reas no sleep apnea | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8841 | No sleep apnea assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8842 | Ahi or rdi initial dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8843 | Doc reas no ahi or rdi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8844 | No ahi or rdi initial dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8845 | Pos airway press prescribed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8846 | Mod or severe osa | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8849 | Doc reas no pos air press | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8850 | No pap prescribed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8851 | Adhere pos air press therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8852 | Pos air press prescribe | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8854 | Reas no adhere pos air pres | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8855 | Pos air press adhere no perf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8856 | Ref for oto eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8857 | No elig ref for oto eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8858 | Not ref for oto eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8863 | No assess bone loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8864 | Pneumococcal vaccine admin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8865 | Doc med reas no pneumococcal | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8866 | Doc pt reas no pneumococcal | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8867 | No pneumococcal admin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| G8869 | Doc immun hep b 1st antitnf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8875 | Breast cancer dx min invsive | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8876 | Doc reas no min inv dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8877 | No brst cnrc dx min invasive | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8878 | Sent lymph node biopsy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8880 | Doc reas no lymph node biop | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8881 | Brst cnrc stage > t1n0m0 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8882 | No sent lymph node biopsy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8883 | Rev, comm, track, doc biopsy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8884 | Doc reas biopsy not review | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8885 | No rev, comm, track biopsy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8907 | Pt doc no events on discharge | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8908 | Pt doc with burn prior to discharge | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8909 | Pt doc with no burn prior to discharge | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8910 | Pt doc to have fall in ASC | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8911 | Pt doc no fall in ASC | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8912 | Pt doc with wrong event | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8913 | Pt doc with no wrong event | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8914 | Pt trans to hospital post discharge from ASC | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8915 | Pt not trans to hospital at discharge from ASC | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8916 | Pt with IV AB given on time | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8917 | Pt with IV AB not given on time | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8918 | Pt w/o preop order IV AB prop | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8923 | LVEF < 40% or lvstd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8924 | Spiro EV1/FVC <60% COPD sym | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8925 | Spiro>=60% or pt no COPD sym | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8926 | Spiro no perf or doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8934 | LVEF <40% or dep lv sys fcn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8935 | Rx ACE or ARB therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|--|
| G8936 | Pt not eligible ACE/ARB | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8937 | No rx ACE/ARB therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8938 | BMI calc, pt no f/u plan elg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8941 | No doc elder scrn, pt no el | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8942 | Doc fcn/care plan w/30 days | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8944 | AJCC Mel cnr stg 0 - IIC | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8946 | MIBM but no dx of breast CA | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8950 | Pre-htn or htn doc, f/u indc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8952 | Pre-htn/htn, no f/u, not gvn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8955 | Most recent assess vol mgmt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8956 | Pt rcv HeDia outpt dyls fac | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8958 | Assess vol mgmt not doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8961 | CSIT lowrisk surg pts preop | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8962 | CSIT on pt any reas 30 days | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8963 | CSI per asx pt w/PCI 2 yrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8964 | CSI any other than PCI 2 yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8965 | CSIT perf on low CHD rsk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8966 | CSIT perf sx or high CHD rsk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8967 | Wfrn or oral antioag pres | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8968 | Md rsn no pres Wfrn or othr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8969 | Pt rsn no pres Wfrn or othr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G8970 | No rsk fac or 1 mod risk TE | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9001 | Coordinated Care Fee Initial Rate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9002 | Coordinated Care Fee Maint Rate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9003 | Coord Care Fee Risk Adjustd Hi Init | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9004 | Coord Care Fee Risk Adjustd Lw Init | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9005 | Coord Care Fee Risk Adjusted Maint | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9006 | Coord Care Fee Home Monitoring | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9007 | Coord Care Fee Schedule Team Conf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--------------------------------------|---------------------------|--|
| G9008 | Coord Care Fee Phys Ovrsght Srvc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9009 | Coord Care Fee Risk Adj Maint Lvl 3 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9010 | Coord Care Fee Risk Adj Maint Lvl 4 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9011 | Coord Care Fee Risk Adj Maint Lvl 5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9012 | Coord Care Fee Risk Adj Maint Oth | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9013 | Esrd Demo Basic Bundle Level I | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9014 | Esrd Demo Expnd Bundle W/venus Acss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9016 | Smok Cessatn Cnsl Ind Absnc/add E&m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9050 | Onc; Prim Focus; Wrkup Eval/stag | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9051 | Onc; Prim Focus; Tx Decision Optns | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9052 | Onc; Prim; Surveillance Recur; | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9053 | Onc; Prim; Expect Mgmt Evidence Ca; | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9054 | Onc;prim;sup Pt Term Ca;palliatv Tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9055 | Onc;prim;oth Uns Not Otherwise List | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9056 | Onc;prac Guide;mgmt Adhers To Guide | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9057 | Onc; Prac; Mgmt Differ Clin Trial | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9058 | Onc; Mgmt Difr Phys Disagree Guide | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9059 | Onc;prac;mgmt Differs Pt Opt Alt Tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9060 | Onc; Prac; Mgmt Differ Comorbid Ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9061 | Onc; Pts Cond Not Addressed Guide | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9062 | Onc; Prac; Mgmt Differs Oth Reason | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9063 | Onc; Status; Nslc; St I No Progrsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9064 | Onc; Status; Nslc;st li No Progrsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9065 | Onc;nslc; St Iii A No Progressn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9066 | Onc; Status; Nslc; St Iii B-4 Met | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9067 | Onc; Status; Nslc; Extent Dz Unkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9068 | Onc; Status; Sc&comb;ltld No Progrsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9069 | Onc; Status; Sclc Sc&comb; Ext Met | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9070 | Onc;status;sclc Sc&comb;extent Unkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|--|
| G9071 | Onc; Brst; Aca;st I/ii;pos; No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9072 | Onc; Brst; Aca; St I/ii;neg;no Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9073 | Onc; Brst; Aca; St Iii; Pos;no Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9074 | Onc; Brst; Aca; St Iii; Neg;no Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9075 | Onc; Status; F Brst Ca; Aca; M1 Met | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9077 | Onc;pros Ca;t1-t2c& Psa<=20no Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9078 | Onc; Pros Ca; T2 Psa >20 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9079 | Onc;pros Ca; T3b-t4 N; T N1 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9080 | Onc; Pros Ca; Tx Rising Psa | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9083 | Onc; Pros Ca Aca; Extent Unkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9084 | Onc; Colon Ca; T1-3 N0 M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9085 | Onc; Colon Ca; T4 N0 M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9086 | Onc; Colon Ca; T1-4 N1-2 M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9087 | Onc; Colon Ca; M1 Met W/curr Dz | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9088 | Onc; Colon Ca; M1 Met No Curr Dz | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9089 | Onc; Status; Colon Ca; Extent Unk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9090 | Onc; Rectal Ca; T1-2 N0 M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9091 | Onc; Rectal Ca; T3 N0 M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9092 | Onc; Rectal Ca;t1-3 N1-2 M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9093 | Onc; Rectal Ca; T4 Any N M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9094 | Onc; Status; Rectal Ca; M1 Met | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9095 | Onc; Status; Rectal Ca; Extent Unk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9096 | Onc;esoph Ca;t1-t3 N0-n1/nx No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9097 | Onc; Esoph Ca; T4 Any N M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9098 | Onc; Status; Esoph Ca ; M1 Metastat | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9099 | Onc; Status; Esoph Ca; Extent Unk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9100 | Onc; Gastr Ca; R0 Resect No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9101 | Onc; Gastr Ca; R1/r2 Resect No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9102 | Onc; Gastr Ca; M0 Unresect No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|--|
| G9103 | Onc; Status; Gastr Ca; Clin M1 Met | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9104 | Onc; Status; Gastr Ca ; Extent Unk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9105 | Onc; Pan Ca; R0 Resect No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9106 | Onc; Pan Ca; R1/r2 Resect No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9107 | Onc; Pan Ca; Unresectbl M1 Met | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9108 | Onc; Status; Pan Ca; Extent Dz Unk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9109 | Onc; H&n Ca; T1-t2&n0 M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9110 | Onc;h&n Ca; T3-4&/n1-3 M0 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9111 | Onc; Status; H&n Ca; M1 Met Loc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9112 | Onc; Status; H&n Ca; Extent Unkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9113 | Onc; Ov Ca; St Ia-b Gr 1 No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9114 | Onc; Ov Ca; St Ia-b; Ic; li;no Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9115 | Onc; Ov Ca; St Iii-iv; No Prog | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9116 | Onc; Ov Ca; Progrssn&/platinm Rsist | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9117 | Onc; Status; Ov Ca; Extent Unkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9123 | Onc; Nhl Transto Dlbcl; Relapsed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9124 | Onc; Nhl; Relapsed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9125 | Onc;nhl; Stage Not Detrm Poss Relap | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9126 | Onc; Status; Ov Ca; Stage Ia/ib | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9128 | Onc; Status; Mm; Stage Ii /higher | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9129 | Onc; Cml; Extnt Unk Tx Opt Considrd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9130 | Onc; Status; Mx Myeloma; Extent Unk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9131 | Onc Dx Brst Unknown Nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9132 | Onc Dx Prostate Mets No Cast | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9133 | Onc Dx Prostate Clinical Mets | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9134 | Onc Nhlstg 1-2 No Relap No | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9135 | Onc Dx NI Stg 3-4 Not Relap | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9136 | Onc Dx Nhl Trans To Ig Bcell | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9137 | Onc Dx Nhl Relapse/refractor | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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Complete List
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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|-----------------------------------|---------------------------|--|
| G9138 | Onc Dx Nhl Stg Unknown | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9139 | Onc Dx Coml. Dx Status Unknown | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9140 | Frontier Extended Stay Clin Demo; | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9143 | Warfarin respon genetic test | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| G9148 | Medical Home Level I | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9149 | Medical Home Level II | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9150 | Medical Home Level III | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9151 | MAPCP demo state | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9152 | MAPCP demo community | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9153 | MAPCP demo physician | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9187 | BPCI home visit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9188 | Beta not given no reason | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9189 | Beta pres or already taking | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9190 | Medical reason for no beta | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9191 | Pt reason for no beta | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9192 | System reason for no beta | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9196 | Med reason for no ceph | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9197 | Order for ceph | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9198 | No order for ceph no reason | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9212 | Doc of dsm-iv init eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9213 | No doc of dsm-iv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9223 | Pjp proph ordered cd4 low | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9225 | Norsn no foot exam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9226 | 3 comp foot exam completed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9227 | Docrsn no care plan | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9228 | Gc chl syp documented | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9229 | Ptrsn no gc chl syp test | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9230 | Norsn for gc chl syp test | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9231 | Doc esrd dia trans preg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9242 | Doc viral load >=200 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9243 | Doc viral load <200 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9246 | No med visit in 24mo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9247 | 1 med visit in 24mo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9250 | Doc of pain comfort 48hr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9251 | Doc no pain comfort 48hr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9254 | Doc pt dischg >2d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9255 | Doc pt dischg <=2d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9267 | Doc comp or mort w in 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9268 | Doc comp or mort w in 90d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9269 | Doc no comp or mort w in 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9270 | Doc no comp or mort w in 90d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9273 | Sys<140 and dia<90 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9274 | Bp out of nrml limits | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9275 | Doc of non tobacco user | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9276 | Doc of tobacco user | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9277 | Doc daily aspirin or contra | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9278 | Doc no daily aspirin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9279 | Pne scrn done doc vac done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9280 | Pne not given norsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9281 | Pne scrn done doc not ind | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9282 | Doc medrsn no histo type | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9283 | Hist type doc on report | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9284 | No hist type doc on report | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9285 | Site not small cell lung ca | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9286 | Doc antibio order w in 7d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9287 | No doc antibio order w in 7d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9288 | Doc medrsn no hist type rpt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9289 | Doc type nsm lung ca | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9290 | No doc type nsm lung ca | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9291 | Not nsm lung ca | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9292 | Medrsn no pt category | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9293 | No pt category on report | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9294 | Pt cat and thck on report | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9295 | Non cutaneous loc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9296 | Doc share dec prior proc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9297 | No doc share dec prior proc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9298 | Eval risk vte card 30d prior | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9299 | No eval riskk vte card prior | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9305 | No interv req for leak | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9306 | Interv req for leak | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9307 | No ret for surg w in 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9308 | Unplnd ret to surg w in 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9309 | No unplnd hosp readm in 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9310 | Unplnd hosp readm in 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9311 | No surg site infection | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9312 | Surgical site infection | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9313 | Docrsn not first line amox | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9314 | Norsn not first line amox | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9315 | Doc first line amox | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9316 | Doc comm risk calc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9317 | No doc comm risk calc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9318 | Image std nomenclature | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9319 | Image not std nomenclature | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9321 | Doc count of ct in 12mo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9322 | No doc count of ct in 12mo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9341 | Srch for ct w in 12 mos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|----------------------------------|---------------------------|--|
| G9342 | No srch for ct in 12mo norsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9344 | Sysrsn no dicom srch | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9345 | Follow up pulm nod | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9347 | No follow up pulm nod norsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9348 | Docrsn no sinus ct dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9349 | Doc sinus ct 28d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9350 | No doc sinus ct 28d or dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9351 | Doc >1 sinus ct w 90d dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9352 | Not >1 sinus ct w 90d dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9353 | Medrsn >1 sinus ct w 90d dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9354 | Norsn >1 sinus ct w 90d dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9355 | No early ind/delivery | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9356 | Early ind/delivery | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9357 | Pp eval/edu perf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9358 | Pp eval/edu not perf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9359 | Doc of neg or man pos tb scn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9360 | No doc of neg or man pos tb | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9361 | Medical indication for induction | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9364 | Sinus caus bac inx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9367 | 2high risk med ord | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9368 | 2high risk no ord | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9380 | Off assis eol iss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9382 | No off assis eol | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9383 | Recd scrn hcv infec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9384 | Doc med reas no offer eol | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9385 | Doc pt reas not rec hcv srn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9386 | Scrn hcv infec not recd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9393 | Ini phq9 >9 remiss <5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9394 | Dx bipolar, death, nhres, hosp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9395 | Ini phq9 >9 no remiss >=5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9396 | Ini phq9 >9 not assess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9399 | Doc disc tx choices | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9400 | Doc reas no disc tx opt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9401 | No disc tx choices | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9402 | Recd f/u w/in 30d disch | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9403 | Doc reas no 30 day f/u | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9404 | No 30 day f/u | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9405 | Recd f/u w/in 7d disch | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9406 | Doc reas no 7d f/u | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9407 | No 7d f/u | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9408 | Card tamp w/in 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9409 | No card tamp e/in 30d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9410 | Admit w/in 180d req remov | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9411 | No admit w/in 180d req remov | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9412 | Admit w/in 180d req surg rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9413 | No admit req surg rev | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9414 | 1dose menig vac btwn 11 & 13 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9415 | No 1dose meni vac btwn 11&13 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9416 | Tdap or td or 1tet/dipth | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9417 | No tdap or td or 1tet/dipth | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9418 | Lungcx bx rpt docs class | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9419 | Med reas no rpt histo type | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9420 | Spec site no lung | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9421 | Lung cx bx rpt no doc class | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9422 | Rpt doc class histo type | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9423 | Med reas rpt no histo type | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9424 | Site no lung or lung cx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9425 | Spec rpt no doc class histo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9426 | Impr med time edarr pain med | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9427 | No impro med time pain med | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9428 | Rpt pt cat and pt1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9429 | Doc med reas no pt cat | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9430 | Spec site no cutaneous | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9431 | No pt cat and pt1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9432 | Asth controlled | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9434 | Asth not controlled | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9448 | Born 1945-1965 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9449 | Hx bld transf b/f 1992 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9450 | Hx injec drug use | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9451 | 1x scrn hcv infect | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9452 | Doc med reas no scrn hcv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9453 | Pt reas no hcv infect | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9454 | No hcv infect scrn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9455 | Abd imag w/us, ct or mri | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9456 | Doc med pt reas no hcc scrn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9457 | No abd imag w/o reason | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9458 | Tob user recd cess interv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9459 | Tob non-user | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9460 | No tob assess or cess inter | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9468 | No recd cortico>=10mg/d >60d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9470 | No rec cortico>60d 1rx 600mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9471 | W/in 2yr dxa not order | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9474 | Diet counsel at hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9475 | Other counselor at hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9476 | Volun service at hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9477 | Care coord at hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9478 | Othe therapist at hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9479 | Pharmacist at hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9480 | Admission to mccm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9481 | Remote E/M new pt 10 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9482 | Remote E/M new pt 20 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9483 | Remote E/M new pt 30 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9484 | Remote E/M new pt 45 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9485 | Remote E/M new pt 60 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9486 | Remote E/M est. pt 10 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9487 | Remote E/M est. pt 15 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9488 | Remote E/M est. pt 25 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9489 | Remote E/M est. pt 40 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9490 | Joint replac mod home visit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9497 | Preop anes or proxy b/4 surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9498 | Abx reg prescribed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9500 | Rad exp time w/fluor doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9501 | Rad exp time w/o fluor doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9502 | Med reas no perf foot exam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9504 | Doc reas no hbv status | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9505 | Abx pres w/in 10 dys of symp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9506 | Bio imm resp mod presc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9507 | Doc reas on statin or contra | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9508 | Doc pt not on statin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9509 | Remis 12m phq-9 score <5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9510 | Remis 12m not phq-9 score <5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9511 | Phq-9 >9 during 12m time | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9512 | Indiv pdc > 0.8 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9513 | Indiv pdc not > 0.8 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9514 | Req ret or w/in 90d of surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9515 | No reas, no ret or w/in 90d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9516 | Impr vis acuit w/in 90d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9517 | No impr vis acuit w/in 90d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9518 | Doc active inj drug use | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9519 | Final refract +/- 1.0 in 90d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9520 | Refract not +/- 1.0 w/in 90d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9521 | Er and ip hosp <2 in 12 mos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9522 | Er/ip hosp =>2 in 12 mos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9529 | Minor blunt trauma w/head ct | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9530 | Min hd traum gcs=15 w/ct ed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9531 | Indic for head ct valid | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9533 | Indic for head ct not valid | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9534 | Adv brain image not ordered | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9535 | Normal neuro exam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9536 | Doc med reas adv brain image | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9537 | Doc system reas adv imaging | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9538 | Adv brain image ordered | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9539 | Intent pot remv time placemt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9540 | Pt alive 3 mos post proc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9541 | Filter gone aft 3mos placmt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9542 | Doc reass appr remo filt 3ms | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9543 | Doc 2x re-assess filt remov | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9544 | No filt remov w/in 3mos plcm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9547 | Incid ct liver/kid/adre fdg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9548 | Abd imag and followup rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9549 | Doc med reas no follow imag | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9550 | Abd imag and followup no rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9551 | Abd imag w/o liv/kid/adr les | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9552 | Inc thyr node <1.0 in rpt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9553 | Prior thyroid dise dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9554 | Ct/mri chest/neck follup rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9555 | Doc med reas no follow imag | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9556 | Ct/mri chest follup not rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9557 | Ct/mri chest/neck no thy nod | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9561 | Presc opiates >6 wks | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9562 | Foll-up eval q3mo opioid tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9563 | No f/u eval q3mo opioid tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9577 | Presc opiates >6 wks | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9578 | Doc opioid tx 1x during ther | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9579 | No doc opioid tx 1x at ther | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9580 | Door to punc time <2hrs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9582 | Door to punc time >2hr, nrg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9583 | Presc opiates >6 wks | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9584 | Eval opioid use instr/pt int | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9585 | No eval opi use instr/intv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9593 | Low pecarn ped head trauma | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9594 | Gsc >15 & hd ct by ed md | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9595 | Val rsn hd ct ord reg indic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9596 | Hd inj >24h/gcs >15/no res | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9597 | No low pecarn ped head traum | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9598 | Aor ane 5.5-5.9 cm max diam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9599 | Aor ane >=6.0 cm max diam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9603 | Pt surv improv bsline tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9604 | Pt surv results not avail | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9605 | Surv score no improv w/tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9606 | Intraop cyst eval trac inj | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9607 | Pt not elig | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9608 | Intraop cyst eval not done | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9609 | Doc order anti-plat or p2y12 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9610 | Doc md rsn no antipla/p2y12 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9611 | No antipla/p2y12 ord, rs nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9612 | Pho doc >1 cecal ldmk com ex | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9613 | Doc post surg anatomy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9614 | No photodoc cecal ldmk exam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9618 | Doc scr uter mal or us/samp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9620 | No scr utr malig/us/samp rng | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9621 | Scr unheal etoh w/counsel | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9622 | No unheal etoh user | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9623 | Doc med rsn no scr etoh use | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9624 | No etoh scr/no councl/nrg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9625 | Bld inj at surg/1mos post | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9626 | Pt not elig | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9627 | No bld inj at surg/1mos post | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9628 | Vis inj at surg/1mos post | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9629 | Pt not elig | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9630 | No vis inj at surg/1mos post | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9631 | Urtr inj at surg/1mos post | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9632 | Pt not elig | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9633 | No urtr inj at surg/1ms post | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9634 | Qual life tool 2x same/impr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9635 | No doc rsn do qual life assm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9636 | No life asst 2x same/decr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9637 | Doc >1 dose reduc tech | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9638 | No doc >1 dose reduc tech | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9639 | Amp no reqd in48h ieler proc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9640 | Doc plan hybrid/stage proc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9641 | Amp reqd w/in 48h ieler proc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9642 | Current cig smoker | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| G9643 | Elective surgery | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9644 | No smok b/4 anes day of surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9645 | Had smoke b/4 anes day surg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9646 | Pt w/90d mrs 0-2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9647 | No mrs score in 90d followup | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9648 | Pt w/90d mrs >2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9649 | Psori tool doc w/benchmk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9651 | Psori tool doc/no bnchmk met | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9654 | Mon anesth care | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9655 | Toc tool incl key elem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9656 | Pt direct anesth loc to pacu | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9658 | Toc tool incl elem not used | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9659 | >85y no hx colo ca/rsn scope | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9660 | Doc med rsn scope pt >85y | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9661 | >85y scope othr rsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9662 | Prior dx/active clin ascvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9663 | Fast/dir ldl = 190 mg/dl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9664 | Taking statin or rec'd order | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9665 | No statin/no order statin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9666 | Fas/dir ldl 70-189mg/dl mst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9674 | Pt w/clin ascvd dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9675 | Pt w/fast/dir lab ldl-c >190 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9676 | 40-75y w/type 1/2 w/ldl-c rs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9678 | Oncology Care Model service | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9679 | Acute care pneumonia | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9680 | Acute care congestive heart | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9681 | Acute care chronic obstruct | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9682 | Acute care skin infection | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9683 | Actue care fluid or electrolyte disorder | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------------|---------------------------|--|
| G9684 | Acute care urinary tract infection | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9685 | Acute nursing facility care | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9687 | Hospice anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9688 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9689 | Inpt elect carotid intervent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9690 | Pt rec hospice dur msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9691 | Pt hosp dur msmt period | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9692 | Hosp recd by pt dur msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9693 | Pt use hosp during msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9694 | Hosp srv used pt in msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9695 | Long act inhal bronchdil pre | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9696 | Med rsn no presc bronchdil | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9697 | Pt rsn no presc bronchdil | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9698 | Sys rsn no presc bronchdil | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9699 | Long inhal bronchdil no pres | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9700 | Pt is w/hosp during msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9702 | Pt use hosp during msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9703 | Child anbx 30 prior dx phary | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9704 | Ajcc br ca stg i: t1 mic/t1a | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9705 | Ajcc br ca stg ib | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9706 | Low recur prost ca | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9707 | Pt had hosp dur msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9708 | Bilat mast/hx bi /unilat mas | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9709 | Hosp srv used pt in msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9710 | Pt prov hosp srv msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9711 | Pt hx tot col or colon ca | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9712 | Doc med rsn presc anbx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9713 | Pt use hosp during msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9714 | Pt is w/hosp during msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--------------------------------|---------------------------|--|
| G9715 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9716 | Bmi not norm, no follow, doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9717 | Doc dx depr/dx bipolar, no scr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9718 | Hospice anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9719 | Pt not ambul/immob/wc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9720 | Hospice anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9721 | Pt not ambul/immob/wc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9722 | Doc hx renal fail or cr+ >4 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9723 | Hosp recd by pt dur msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9724 | Pt w/doc use anticoag mst yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9725 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9726 | Refused to participate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9727 | No knee intake prom, no prox | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9728 | Refused to participate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9729 | No hip intake prom, no proxy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9730 | Refused to participate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9731 | No foot prom, no proxy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9732 | Refused to participate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9733 | No back intake prom, no prox | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9734 | Refused to participate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9735 | Pt no foto knee and no proxy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9736 | Refused to participate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9737 | Pt no foto elbow, no proxy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9740 | Hosp srv to pt dur msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9741 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9742 | Psych sympt assessed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9743 | Psych symp not assessed, rns | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9744 | Pt not elig, dx htn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9745 | Doc rsn no scr high bp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9746 | Mit sten, valve or trans af | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9751 | Pt died w/in 24 mos rpt time | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9752 | Urgent surgery | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9753 | Doc no dicom, ct other fac | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9754 | Incid pulm nodule | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9755 | Doc med rsn for imaging | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9756 | Surg proc w/silicone oil | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9757 | Surg proc w/silicone oil | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9758 | Hospice or term phase | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9760 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9761 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9762 | Pt had hpv b/t 9-13 yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9763 | Pt no hpv b/t 9-13 yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9764 | Pt tx oral syst/bio med psor | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9765 | Pt decl chan/conind or <6m | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9766 | Cva stroke dx tx transf fac | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9767 | Hosp new dx cva consid evst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9768 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9769 | Bn den 2yr/got ost med/ther | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9770 | Perip nerve block | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9771 | Anes end, 1 temp >35.5(95.9) | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9772 | Doc temp >35.5(95.9), anest | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9773 | No temp >35.5(95.9), anes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9774 | Pt had hyst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9775 | Recd 2 anti-emet pre/intraop | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9776 | Doc med rsn no proph antiem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9777 | Pt no antiemet pre/intraop | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9778 | Pts dx w/pregn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9779 | Pts breastfeeding | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9780 | Pts dx w/rhabdomyolysis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9781 | Doc rsn no statin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9782 | Hx dx fam/pure hypercholes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9783 | Doc dx dm, fast <70, no stat | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9784 | Path/derm 2nd opin bx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9785 | Path rpt snt path/derm in 7d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9786 | No path rpt sent in 7d | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9787 | Pt alive 1st day msmt yr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9788 | Most rct bp <= 140/90 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9789 | Record bp ip, er, urg/self | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9790 | Most rct bp >= 140/90 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9791 | Most rct tob stat free | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9792 | Most rct tob stat not free | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9793 | Pt on daily asa/antiplat | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9794 | Doc med rsn no asa/antiplat | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9795 | Pt no daily asa/antiplat | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9796 | Pt not currently on statin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9797 | Pt currently on statin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9805 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9806 | Pt recd cerv cyto/hpv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9807 | Pt no recd cerv cyto/hpv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9808 | Pt no asthm cont med mst per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9809 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9810 | Pdc 75% w/asth cont med | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9811 | No pdc 75% w/asth cont med | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9812 | Pt died during inpt/30d aft | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9813 | Pt not died w/in 30d of proc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9818 | Doc sex activity | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9819 | Pt w/hosp anytime msmt per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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Complete List
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| Code | Description | Edit Type | Comment |
|-------|---------------------------------------|---------------------------|--|
| G9820 | Doc chlam scr test w/follow | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9821 | No doc chlam scr ts w/follow | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9822 | Endo abl proc yr prev ind dt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9823 | Endo smpl/hyst bx res doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9824 | Endo smpl/hyst bx res no doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9830 | Her-2 pos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9831 | Ajcc stg brt ca dx ii or iii | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9832 | Brt ca dx i, no t1/t1a/t1b | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9838 | Pt met dis at dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9839 | Anti-egfr mon anti ther | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9840 | Kras tst bfr beg anti moab | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9841 | No kras tst bfr beg ant moab | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9842 | Pt met dis at dx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9843 | Kras gene mut | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9844 | Pt no recd anti-egfr ther | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9845 | Pt recd anti-egfr ther | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9846 | Pt died from cancer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9847 | Pt recd chemo last 14d life | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9848 | Pt no chemo last 14d life | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9852 | Pt died from cancer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9853 | Icu stay last 30d life | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9854 | No icu stay last 30d life | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9858 | Pt enroll hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9859 | Pt died from cancer | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9860 | Pt less 3d hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9861 | Pt more than 3d hospice | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9862 | Doc rsn no 10 yr follow | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9868 | Asynch telehealth derm/opth 10 min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9869 | Asynch telehealth derm/opth 10-20 min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| G9870 | Asynch telehealth derm/opth 20 or> min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9873 | 1 EM core session | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9874 | 4 EM core sessions | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9875 | 9 EM core sessions | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9876 | 2 EM core MS mo 7-9 no weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9877 | 2 EM core MS mo 10-12 no weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9878 | 2 EM core MS mo 7-9 weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9879 | 2 EM core MS mo 10-12 weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9880 | EM 5 percent weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9881 | EM 9 percent weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9882 | 2 EM ongoing MS mo 13-15 weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9883 | 2 EM ongoing MS mo 16-18 weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9884 | 2 EM ongoing MS mo 19-21 weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9885 | 2 EM ongoing MS mo 22-24 weight loss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9890 | EM Bridge Payment | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9891 | EM session reporting | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9892 | Doc pt rsn no dil mac exam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9893 | No mac exam | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9894 | Adr dep thrpy prescribed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9895 | Doc med rsn no adr dep thrpy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9896 | Doc pt rsn no adr dep thrpy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9897 | Pt nt prsc adr dep thrpy rng | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9898 | Snplg trm cre pt w/pos cde | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9899 | Scrn mam perf rsults doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9900 | Scrn mam perf rsults not doc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9901 | Snplg trm cre pt w/pos cde | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9902 | Pt scrn tbco and id as user | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9903 | Pt scrn tbco id as non user | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9904 | Doc med rsn no tbco scrn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| G9905 | No pt tbco scrn rng | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9906 | Pt recv tbco cess interv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9907 | Doc med rsn no tbco interv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9908 | No pt tbco cess interv rng | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9909 | Doc med rsn no tbco interv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9910 | Snplg trm cre pt w/pos cde | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9911 | Node neg pre/post syst ther | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9912 | Hbv status assesed and int | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9913 | No hbv status assesd and int | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9914 | Pt receiving anti-tnf agent | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9915 | No documtd hbv results rcd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9916 | Funct status past 12 months | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9917 | Doc med rsn no funct status | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9918 | No funct stat perf, rsn nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9919 | Scrn nd pos nd prov of rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9920 | Scrnng perf and negative | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9921 | No or part scrn nd rng or os | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9922 | Sfty cncrns scrn nd mit recs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9923 | Safty cncrns scrn and neg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9925 | No scrn prov rsn nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9926 | Sfty cncrns scrn but no recs | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9927 | Doc no warf /fda pt trial | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9928 | No warf or fda drug presc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9929 | Trs/rev af | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9930 | Com care | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9931 | No chad or chad scr 0 or 1 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9932 | Doc pt rsn no tb scrn recrds | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9938 | Snplg trm cre pt w/pos cde | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9939 | Same path/derm perf biopsy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--------------------------------|---------------------------|--|
| G9940 | Doc reas no statin therapy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9942 | Adtl spine proc on same date | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9943 | Bk pn nt msr vas scl pre/pst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9945 | Pt w/cancer scoliosis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9946 | Bk pn nt msr vas pre-pst 1y | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9948 | Adtl spine proc on same date | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9949 | Lg pn nt msr vas scl pre/pst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9954 | Pt >2 rsk fac post-op vomit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9955 | Inhlnt anesth only for induc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9956 | Combo thrpy of >= 2 prophly | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9957 | Doc med rsn no combo thrpy | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9958 | No combo prohpyl thrp for pt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9959 | Systemic antimicro not presc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9960 | Med rsn sys antimi nt rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9961 | Systemic antimicro presc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9962 | Embolization doc separatly | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9963 | Embolization not doc separat | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9964 | Pt recv >=1 well-chld visit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9965 | No well-chld vist recv by pt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9968 | Pt refrd 2 pvdr/spclst in pp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9969 | Pvdr rfrd pt rpt rcvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9970 | Pvdr rfrd pt no rpt rcvd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9974 | Dil mac exam performed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9975 | Doc med rsn no mac exm perf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9976 | Doc pat rsn no mac exm perf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9977 | Dil mac exam no perf rsn nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9978 | Remote E/M new patient 10 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9979 | Remote E/M new patient 20 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9980 | Remote E/M new patient 30 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
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Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|---------------------------------------|---------------------------|--|
| G9981 | Remote E/M new patient 45 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9982 | Remote E/M new patient 60 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9983 | Remote E/M est. patient 10 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9984 | Remote E/M est. patient 15 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9985 | Remote E/M est. patient 25 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9986 | Remote E/M est. patient 40 mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9987 | BPCI advanced in home visit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0001 | Alcohol And/or Drug Assessment | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0003 | Alcohol&/rx Scr;lab Analy Alcohol&/rx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0004 | Behavioral Health Cnsl&tx-15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0005 | Alcohol&/rx Svc; Grp Cnsl Clinician | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0008 | Alcohol&/rx Svc;sub-ac Dtox Hosp Ip | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0009 | Alcohol&/rx Svc; Acute Dtox Hosp Ip | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0010 | Alcohol&/rx Svc; Sub-ac Dtox Res Ip | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0011 | Alcohol&/rx Svc;ac Dtox Res Prog Ip | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0012 | Alcohol&/rx Svc; Sub-ac Dtox Res Op | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0013 | Alcohol&/rx Svc;ac Dtox Res Prog Op | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0014 | Alcohol &/ Rx Svc; Amb Dtoxication | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0016 | Alcohol &/or Rx Svc; Medical/somatic | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0017 | Bhval Health; Res W/o Room&bd-diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0018 | Bhval Hlth; Shrt-term Res Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0019 | Bhval Hlth; Lng-term Res Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0031 | Mental Health Assess Non-physician | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0032 | Mentl Hlth Svc Plan Dvlp Non-phys | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0035 | Mental Health Part Hosp Tx < 24 Hr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0046 | Mental Health Services Nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0049 | Alcohol/drug Screening | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0050 | Alcohol/drug Service 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H1000 | Prenatal Care At-risk Assessment | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|---------------------------------------|---------------------------|---|
| H1001 | Prenatal at risk Enhncd Srvc; Antprtm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H1002 | Prenatal at risk Enhncd Srvc; Coord | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H1003 | Prenatal at risk Enhncd Srvc; Ed | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H1004 | Prenatal at risk Enhncd Srvc; F/u Hom | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H1005 | Prenatal at risk Enhncd Srvc Pkg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H2013 | Psyc Health Faci Service Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H2014 | Skills Training&dvlp Per 15 Minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H2035 | Alcohol &or Oth Drug Tx Progm-hour | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H2036 | Alcohol &or Oth Drug Tx Progm-diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0120 | Injection Tetracycline Up To 250 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0190 | Injection Biperiden Lactat Per 5 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0200 | Inj Alatrofloxacin Mesylate 100 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0205 | Injection Alglucerase Per 10 Units | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0288 | Inj Amphotericin B Cholesteryl 10 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0350 | Injection Anistreplase Per 30 Units | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0365 | Injection Aprotonin 10000 Kiu | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0380 | Inj Metaraminol Bitartrate 10 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0390 | Injection Chloroquine Hcl Up 250 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0395 | Injection Arbutamine Hcl 1 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0400 | Aripirazole Injection | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0520 | Inj Bethanechol Chlorid Up 5 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0591 | Inj deoxycholic acid, 1 mg | Cosmetic Denial | Always considered cosmetic; cosmetic services are denied member responsibility. |
| J0620 | Inj Calcm Glycrophsphte&lactat-10ml | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0710 | Inj Cephapirin Sodium To 1 Gm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0715 | Inj Ceftizoxime Sodium Per 500 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0745 | Inj Codeine Phosphate Per 30 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0890 | Peginesatide injection | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J0945 | Inj Brompheniramine Maleate-10 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| J1094 | Injection Dexamethasone Actat 1 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1180 | Injection Dyphylline Up To 500 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1320 | Inj Amitriptyline Hcl To 20 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1330 | Inj Ergonovine Maleate Up To 0.2 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1435 | Injection Estrone Per 1 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1436 | Inj Etidronate Disodium Per 300 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1452 | Inj Fomivirsen Sodium lo 1.65 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1457 | Injection Gallium Nitrate 1 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1562 | Immune Globulin Subcutaneo/brand Name - Vivaglobin | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1600 | Inj Gold Sodium Thiomalate To 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1620 | Inj Gonadoreln Hydrochlorid 100 Mcg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1642 | Injection Heparin Sodium 10 Units | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1655 | Injection Tinzaparin Sodium 1000 Iu | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1675 | Inj Histrelin Actat 10 Microgms | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1700 | Inj Hydrocortisone Actat To 25 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1710 | Inj Hydrocortison Sod Phos To 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1730 | Injection Diazoxide Up To 300 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1810 | Inj Dropridl&fentanyl Citrat To 2ml | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1835 | Injection Itraconazole 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1890 | Inj Cephalothin Sodium To 1 Gm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1945 | Injection Lepirudin 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1960 | Inj Levorphanol Tartrate To 2 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J1990 | Inj Chlordiazepoxide Hcl To 100 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2180 | Inj Mepridin&promthzin Hcl To 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2320 | Inj Nandrolone Decanoate To 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2460 | Inj Oxytetracycline Hcl To 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2513 | Inj Pentastarch 10% Sol 100 MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2650 | Inj Prednisolone Acetate To 1 MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--------------------------------------|---------------------------|---|
| J2670 | Injection Tolazoline Hcl To 25 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2725 | Injection Protirelin Per 250 Mcg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2910 | Injection Aurothioglucose To 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2940 | Injection Somatrem 1 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2950 | Injection Promazine Hcl Up To 25 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2995 | Inj Streptokinase Per 250000 Iu | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3280 | Inj Thiethylprazine Maleat To 10 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3302 | Inj Triamcinolone Diactat 5 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3305 | Inj Trimetrexate Glucoronate 25 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3310 | Injection Perphenazine Up To 5 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3320 | Inj Spctnomycin Dhydrochlord To 2 Gm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3350 | Inj Urea Up To 40 Gm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3364 | Injection Urokinase 5000 Iu Vial | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3400 | Inj Triflupromazine Hcl To 20 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3472 | Inj Hyaluronidase Ovine 1000 Usp U | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3490 | Unclassified Drugs | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J3520 | Edetate Disodium Per 150 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3530 | Nasal Vaccine Inhalation | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J3535 | Drug Admin Thru Metered Dose Inhal | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3570 | Laetrile Amygdalin Vitamin B17 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J3590 | Unclassified Biologics | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J7110 | Infusion Dextran 75 500 Ml | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7191 | Factor Viii Ahf Procine Per Iu | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7196 | Antithrombin recombinant | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|---|
| J7199 | Hemophilia Clotting Factor Noc | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J7306 | Levonorgestrel Contraceptv Impl Sys | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7402 | Mometasone sinus sinuva | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| J7505 | Muromonab-cd3 Parenteral 5 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7513 | Daclizumab Parenteral 25 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7599 | Immunosuppressive Drug Noc | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J7633 | Budesonide Inhal Sol Dme-0.25 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7648 | Isoetharine Hcl Inhal Sol Conc-mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7649 | Isoetharine Hcl Inhal Sol U-mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7658 | Isoproterenol Hcl Inhal Sol Conc-mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7659 | Isoproterenol Hcl Inhal Sol U-mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7668 | Metaproterenol Inhal Sol Conc-10 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7669 | Metaproterenol Inhal Sol U-10 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J7699 | Noc Rx Inhal Sol Admined Thru Dme | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J7799 | Noc Rx Not Inhal Rx Admned Thru Dme | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J7999 | Compounded drug, noc | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J8498 | Antiemetic Drug Rectal/supp Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J8499 | Prsc Rx Oral Nonchemothapeutic Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J8562 | Oral fludarabine phosphate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J8565 | Gefitinib Oral 250 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|---|
| J8597 | Antiemetic Drug Oral Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J8999 | Prsc Drug Oral Chemothapeutic Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| J9160 | Denileukin Diftitox 300 Mcg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J9165 | Diethylstilbestrol Diphoshat 250 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J9212 | Inj Infrfern Alfacon-1 Recomb 1 Mcg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J9213 | Intrferon Alfa-2a Recombinant 3 M U | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J9219 | Leuprolide Acetate Implant 65 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J9270 | Plicamycin 2.5 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J9999 | Not Othwise Class Antineoplstc Drug | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| K0008 | Cstm manual wheelchair/base | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| K0009 | Other Manual Wheelchair/base | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| K0014 | Oth Motorized/power Wheelchair Base | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| K0108 | Wc Component/accessory Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| K0669 | Wc Accss Seat/back Cushn No Sadmerc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| K0740 | Repair/service oxygen equipment | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| K0743 | Portable home suction pump | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| K0898 | Power Wheelchair Noc | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| K0900 | Custom DME other than wheelchair | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|---|
| K1002 | Ces system w/supplies access | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| K1007 | Bil hkaf pc s/d micro sensor | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| K1016 | Trans elec nerv for trigemin | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| K1017 | Monthly supp use with k1016 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| K1018 | Ext up limb tremor stim wris | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| K1019 | Monthly supp use with k1018 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| K1020 | Non-invasive vagus nerv stim | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| L0999 | Addition To Spinal Orthosis Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L1499 | Spinal Orthosis Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L2006 | Kaf sng/dbl swg/stn mcpr cus | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| L2861 | Torsion mechanism knee/ankle | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| L2999 | Lower Extremity Orthoses Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L3257 | Orthoped Footwear Add Chrg Split Sz | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| L3649 | Orthoped Shoe Mod Add/transfer Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L3999 | Upper Limb Orthosis Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L5859 | Knee-shin pro flex/ext cont | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| L5969 | Ak/ft power asst incl motors | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|----------------------------|---|
| L5973 | Ank-foot sys dors-plant flex | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| L5999 | Lower Extremity Prosthesis Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L7499 | Upper Extremity Prosthesis Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L7510 | Rep Pros Devc Rep/repl Minor Part | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| L8039 | Breast Prosthesis Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L8048 | Uns Maxlofce Prosth Br Prov Non-md | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L8499 | Unlisted Proc Misc Prosth Services | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L8605 | Inj bulking agent anal canal | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| L8608 | Arg ii ext com/sup/acc misc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| L8679 | Imp neurosti pls gn any type | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| L8680 | Impl Neurostimulator Electrode Ea | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| L8682 | Impl Neurostimulator Radiofreq Recv | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| L8683 | Rf Trnsmt W/impl Neurostim Rf Recv | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| L8685 | Impl Neurostim 1 Array Rechargeable | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| L8686 | Impl Neurostim 1 Array Non-recharge | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| L8687 | Impl Neurostim 2 Array Rechargeable | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| L8688 | Impl Neurostim 2 Array Non-recharge | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |

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| Code | Description | Edit Type | Comment |
|-------|---------------------------------|---------------------------|---|
| L8699 | Prosthetic Implant Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L8701 | Pow ue rom dev ewh uprt cust | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| L8702 | Pow ue rom dev ewhf uprt cus | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| L9900 | Ortho/prosth Supp Acces &/ Serv | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| L9900 | Ortho/prosth Supp Acces &/ Serv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M0076 | Prolotherapy | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| M1003 | Tb scr 12 mo pri fst bio dz | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1004 | Doc med rsn no srn tb | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1005 | Tb scr no perf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1006 | Dz not ases, no rsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1007 | >=50% total pt outpt ra enct | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1008 | <50% total pt outpt ra encts | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1009 | Pt tx and final eval comp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1010 | Pt tx and final eval comp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1011 | Pt tx and final eval comp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1012 | Pt tx and final eval comp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1013 | Pt tx and final eval comp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1014 | Pt tx and final eval comp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1016 | Pt dx meop or sur steri | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1017 | Pt admt to palitve serv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1018 | Pt dx hst cr pt sk lg cr scr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1019 | Adl pt mj dep ds rs 12 phq<5 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1020 | Adl pt mj dep ds no rs 12 mo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1021 | Pt uc in pp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1022 | Pt hospice during perf pd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| M1025 | Pt hospice during perf pd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1026 | Pt hospice during perf pd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1027 | Img head (ct or mri) obtnd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1028 | Doc of pt prm hda dx and otr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1029 | Doc sysm rsn img hd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1031 | Pt clin ind img hd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1032 | Adt tkng pharmthry for oud | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1034 | Adt 180 dys pharmthry oud | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1035 | Adt pd out mat pr 180 dys tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1036 | Adt no 180 dys pharmthry oud | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1037 | Pt dx lum sp reg cacr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1038 | Pt dx lum sp reg fract | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1039 | Pt dx lum sp reg inf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1040 | Pt dx lum idi or cong scol | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1041 | Pt cr ft inf lm or pt id sl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1043 | Ftl st mea sco no ot odi | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1045 | Fsm wth scr oks pre and post | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1046 | Fsm wth scr no oks pre and p | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1049 | Fsm wth scr no odi pre and p | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1051 | Pt w/cancer scoliosis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1052 | Lg pn nt msr vas scl pre/pst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1054 | Pt uc in pp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1055 | Aspirin used | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1056 | Presc antico med in pp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1057 | Aspirin not used, no rsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1058 | Pt prm nurs hm res in pp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1059 | Pt no prm nurs hm res in pp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1060 | Pt died in pp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1067 | Hspc pt prv time meam per | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|-----------------------------|---------------------------|--|
| M1068 | Pt not ambulatory | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1069 | Pt scr ft fall rsk | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1070 | Pt not scrn fut fall no rsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1071 | Pt had addl sp pcr perf | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1106 | Start eoc doc med rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1107 | Docu dx degen neuro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1108 | Oc ni pt 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1109 | Oc ni pt dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1110 | Oc ni pt selfdc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1111 | Start eoc doc med rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1112 | Docu dx degen neuro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1113 | Oc ni pt 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1114 | Oc ni pt dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1115 | Oc ni pt selfdc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1116 | Start eoc doc med rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1117 | Docu dx degen neuro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1118 | Oc ni pt 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1119 | Oc ni pt dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1120 | Oc ni pt selfdc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1121 | Start eoc doc med rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1122 | Docu dx degen neuro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1123 | Oc ni pt 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1124 | Oc ni pt dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1125 | Oc ni pt selfdc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1126 | Start eoc doc med rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1127 | Docu dx degen neuro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1128 | Oc ni pt 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1129 | Oc ni pt dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1130 | Oc ni pt self dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|--|
| M1131 | Docu dx degen neuro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1132 | Oc ni pt 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1133 | Oc ni pt dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1134 | Oc ni pt self dc 1-2 vis | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1135 | Start eoc doc med rec | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1141 | Fs no oks | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1142 | Emerge cases | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1143 | Ni rehab med chiro | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1145 | Mfn drug add-on, per dose | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1146 | Ongoing care not ind | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1147 | Care not poss med rsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1148 | Pt self dschg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| M1149 | No neck fs prom incap | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| P2028 | Cephalin Flocculation Blood | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| P2029 | Congo Red Blood | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| P2031 | Hair Analysis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| P2033 | Thymol Turbidity Blood | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| P2038 | Mucoprotein Blood | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| P9020 | Platelet Rich Plasma Each Unit | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| P9603 | Travl 1 Way Nec Lab Spec; Actl Mile | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| P9604 | Travl 1 Way Nec Lab Spec; Trip Chrg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| P9612 | Cath Clct Spec 1 Pt All Places Svc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| P9615 | Catheterization Collection Specimen | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q0035 | Cardiokymography | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q0091 | Scr Pap Smer; Obtain Prep&convy-lab | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q0173 | Trimethobenzamide Hcl 250 Mg Oral | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q0174 | Thiethylperazine Maleate 10 Mg Oral | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|---|
| Q0181 | Uns Oral Anti-emetic Not>48 Hr Dose | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| Q0515 | Inj Sermorelin Actate 1 Mcg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q2034 | Influenza virus vaccine, split virus, for IM use | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q2036 | Flulaval vacc, 3 yrs & >, im | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q2038 | Fluzone vacc, 3 yrs & >, im | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q2039 | NOS flu vacc, 3 yrs & >, im | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| Q2052 | IVIG demo, services/supplies | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q3031 | Collagen Skin Test | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| Q4050 | Cast Spl Unlist Types&matl Casts | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| Q4051 | Splint Supplies Miscellaneous | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| Q4082 | Drug/bio NOC part B drug CAP | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| Q4103 | Skin Substitute, Oasis Burn Matrix, Per Square Cen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4104 | Skin Substitute, Integra Bilayer Matrix Wound Dres | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4108 | Skin Substitute, Integra Matrix, Per Square Centim | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4110 | Skin Substitute, Primatrix, Per Square Centimeter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4111 | Skin Substitute, Gammagraft, Per Square Centimeter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4112 | Allograft, Cymetra, Injectable, 1cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4113 | Allograft, Graftjacket Express, Injectable, 1cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4115 | Skin substitute, alloskin, per sq centimeter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|------------------------|--|
| Q4117 | Hyalomatrix | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4118 | Matristem micromatrix | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4121 | Theraskin | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4123 | Alloskin | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4124 | Oasis tri-layer wound matrix | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4125 | Arthroflex | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4126 | Memoderm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4127 | Talymed | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4130 | Strattice tm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4134 | hMatrix | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4135 | Mediskin | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4136 | EZderm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4137 | Amnioexcel or biodexcel, 1cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4138 | Biodfence dryflex, 1cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4139 | Amnio or biodmatrix, inj 1cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4141 | Alloskin ac, 1 cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4142 | Xcm biologic tiss matrix 1cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4143 | Repriza, 1cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4145 | Epifix, inj, 1mg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|------------------------|--|
| Q4146 | Tensix, 1cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4147 | Architect ecm, 1cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4148 | Neox 1k, 1cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4149 | Excellagen, 0.1 cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4150 | Allowrap ds or dry 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4152 | Dermasure 1 square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4153 | Dermavest 1 square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4155 | Neoxflo or clarixflo 1 mg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4156 | Neox 100 1 square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4157 | Revitalon 1 square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4158 | Marigen 1 square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4160 | Nushield 1 square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4161 | Bio-connekt per square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4162 | Amnio bio and woundex flow | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4163 | Amnio bio and woundex sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4164 | Helicoll, per square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4165 | Keramatrix, per square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4166 | Cytal, per square centimeter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4167 | Truskin, per sq centimeter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|------------------------------|------------------------|--|
| Q4169 | Artacent wound, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4170 | Cygnus, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4171 | Interfyl, 1 mg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4173 | Palingen or palingen xplus | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4174 | Palingen or promatrux | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4175 | Miroderm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4176 | Neopatch, per sq centimeter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4177 | Floweramnioflo, 0.1 cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4178 | Floweramniopatch, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4179 | Flowerderm, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4180 | Revita, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4181 | Amnio wound, per square cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4182 | Transcyte, per sq centimeter | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4183 | Surgigraft, 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4184 | Cellesta, 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4185 | Cellesta flowab amnion 0.5cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4188 | Amnioarmor 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4189 | Artacent ac, 1 mg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4190 | Artacent ac 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|------------------------|--|
| Q4191 | Restorigin 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4192 | Restorigin, 1 cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4193 | Coll-e-derm 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4194 | Novachor 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4195 | Puraply 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4196 | Puraply am 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4197 | Puraply xt 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4198 | Genesis amnio membrane 1sqcm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4200 | Skin te 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4201 | Matrion 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4202 | Keroxx (2.5g/cc), 1cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4203 | Derma-gide, 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4204 | Xwrap 1 sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4205 | Membrane graft or wrap sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4206 | Fluid flow or fluid gf 1 cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4208 | Novafix per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4209 | Surgraft per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4210 | Axolotl graf dualgraf sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4211 | Amnion bio or axobio sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|------------------------|--|
| Q4212 | Allogen, per cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4213 | Ascent, 0.5 mg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4214 | Cellesta cord per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4215 | Axolotl ambient, cryo 0.1 mg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4216 | Artacent cord per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4217 | Woundfix biowound plus xplus | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4218 | Surgicord per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4219 | Surgigraft dual per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4220 | Bellacell HD, Surederm sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4221 | Amniowrap2 per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4222 | Progenamatrix, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4226 | Myown harv prep proc sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4227 | Amniocore per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4228 | Bionextpatch, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4229 | Cogenex amnio memb per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4230 | Cogenex flow amnion 0.5 cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4231 | Corplex P, per cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4232 | Corplex, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4233 | Surfactor /nudyn per 0.5 cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|------------------------------|---------------------------|--|
| Q4234 | Xcellerate, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4235 | Amniorepair or altiply sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4236 | Carepatch per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4237 | Cryo-cord, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4238 | Derm-maxx, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4239 | Amnio-maxx or lite per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4240 | Corecyte topical only 0.5 cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4241 | Polycyte, topical only 0.5cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4242 | Amniocyte plus, per 0.5 cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4244 | Procenta, per 200 mg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4245 | Amniotext, per cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4246 | Coretext or protext, per cc | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4247 | Amniotext patch, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4248 | Dermacyte amn mem allo sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4249 | Amniplly, per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4250 | Amnioamp-mp per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4254 | Novafix dl per sq cm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4255 | Reguard, topical use per sq | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q9001 | Va chaplain assessment | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q9002 | Va chaplain counsel individu | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--------------------------------------|---------------------------|--|
| Q9003 | Va chaplain counsel group | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q9951 | Locm 400/> Mg/ml Iodine Conc MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q9953 | Inj Ironbased Mr Contrast Agent MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q9954 | Oral Mr Contrast Agent MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q9955 | Inj Perflexane Lipid Microspheres MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q9959 | Hocm 150-199 Mg/ml Iodine Conc MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q9962 | Hocm 300-349 Mg/ml Iodine Conc MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| Q9964 | Hocm 400 Or > Mg/ml Iodine Conc MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| R0076 | Trans Prtble Ekg Faci/location-pt | Non-Reimbursable Services | CMS Status B, not reimbursed separately. |
| S0014 | Tacrine Hydrochloride 10 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0021 | Injection Ceftoperazone Sodium 1 Gm | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0023 | Inj Cimetidine Hydrochloride 300 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0034 | Injection Ofloxacin 400 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0081 | Inj Piperacillin Sodium 500 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0140 | Saquinavir 200 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0142 | Colisthmthate Soduim Inhal Conc-mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0177 | Levamisole Hydrochloride Oral 50 Mg | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0220 | Med Conf Md W/team Hlth Prof;30 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0221 | Med Conf Md W/team Hlth Prof;60 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0260 | Hx & Phys Related To Surgical Proc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0265 | Genetic Cnsl Phys Sup Ea 15 Mins | Benefit | Possibly a benefit exclusion Review may be required. |
| S0270 | Home Std Case Rate 30 Days | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0271 | Home Hospice Case 30 Days | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0272 | Home Episodic Case 30 Days | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0273 | Md Home Visit Outside Cap | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0274 | Nurse Practr Visit Outs Cap | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0280 | Medical home, initial plan | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0281 | Medical home, maintenance | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0310 | Hospitalist Services | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| S0311 | Comprehensive management care coord adv ill | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0320 | Tel Calls Rn Dz Mgmt Memb Monitr;mo | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0353 | Cancer treatment plan initial | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0354 | Cancer treatment plan change | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S0630 | Remv Sutures; Md Not Md Who Clos Wnd | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S1015 | Iv Tubing Extension Set | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S1030 | Cont Noninvas Glu Mon Devc Purchase | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S1031 | Cont Noninvas Glu Mon Devc Rental | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S1035 | Artificial pancreas invasive disposable sensor | Medical Necessity | Review for medical necessity |
| S1036 | Artificial pancreas external transmitter | Medical Necessity | Review for medical necessity |
| S1037 | Artificial pancreas external receiver | Medical Necessity | Review for medical necessity |
| S1091 | Stent non-coronary propel | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S2080 | Laser-assisted Uvulopalatoplasty | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S2102 | Islet Cell Tiss Tplnt Panc; Allogen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S2103 | Adrenal Tissue Transplant To Brain | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S2107 | Adoptive Immunotx Course Treatment | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S2117 | Arthroereisis Subtalar | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S2348 | Decomp Perq Disc Rf 1/mx Lumb | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S2900 | Surg Tech Rqr Use Robotic Surg Sys | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S3005 | Prfrm Msr Eval Pt Self Assess Dprss | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S3600 | Stat Laboratory Request | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S3601 | Emerg Stat Lab Chrg Pt Hb/nrs Faci | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S3650 | Saliva Test Hormone Level;menopause | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S3722 | Dose optimization auc - 5fu | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|----------------------------|---|
| S3852 | Dna Analy Apoe Epsilon 4 Allele Alz | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S3900 | Surface Electromyography | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S4989 | Contracept Iud Incl Impl&supplies | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S5013 | 5% Dxtros/45% N/s Kci&mgso4 1000 MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S5014 | 5% Dxtros/45% N/s Kci&mgso4 1500 MI | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8096 | Portable Peak Flow Meter | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8100 | Hold Chamb W/inhal/nebulizr;no Mask | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8101 | Hold Chamb W/inhal/nebulizr; W/mask | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8110 | Peak Expiratory Flow Rate | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8120 | O2 Cntn Gaseous 1 U = 1 Cubic Foot | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8130 | Interferential stim 2 chan | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| S8131 | Interferential stim 4 chan | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off |
| S8185 | Flutter Device | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8186 | Swivel Adaptor | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8301 | Infection Control Supplies Nos | Unlisted Code | Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review. |
| S8431 | Compression Bandage Roll | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8450 | Splint Prefabricated Digit | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8451 | Splint Prefabricated Wrist Or Ankle | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8452 | Splint Prefabricated Elbow | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S8930 | Auricular electrostimulation | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S8940 | Equestrian/hippotherapy Per Session | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S8948 | Applic Modal 1/more Areas; Lw-level | Potential Investigational* | Possibly investigational Review may be required. Submit appropriate documentation |
| S8999 | Resuscitation Bag | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S9055 | Procuren/oth Growth Factor Prep | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code | Description | Edit Type | Comment |
|-------|--|---------------------------|--|
| S9083 | Global Fee Urgent Care Centers | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S9088 | Services Prov An Urgent Care Center | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S9090 | Vert Axial Decomprs Per Session | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| S9145 | Insulin Pump Init Instruct Use Pump | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S9150 | Evaluation By Occularist | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S9430 | Pharm Compounding & Dispensing Serv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S9480 | Intensive Op Psyc Services Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S9529 | Routine veinpuncture for collection of specimen(s) | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| S9981 | Medical Records Copying Fee Admin | | Review may be required. Submit appropriate documentation |
| S9982 | Medical Records Copying Fee-page | | Review may be required. Submit appropriate documentation |
| T1000 | Priv Duty/independent Nrs To 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1001 | Nursing Assessment/evaluation | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1002 | Rn Services Up To 15 Minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1003 | Lpn/lvn Services Up To 15 Minutes | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1004 | Srvc Qualified Nrs Aide To 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1005 | Srvc Qual Nursing Aide Up To 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1006 | Alcohol&/sbstnc Abs Fam/couple Cnsl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1007 | Alcohol&/substance Abuse Services | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1009 | Child Sit Ind Alc&/substnc Abs Srv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1010 | Meals Rec Alcohol&/substnc Abs Srv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1012 | Alcohol&/sbstnc Abs Srv Skl Dvlp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1013 | Sign Lange/oral Intep Srv-15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1014 | Telehealth Trans Min Prof Srv | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1015 | Clinic Vst/encounter All-inclusive | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1016 | Case Management Each 15 Mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1017 | Targeted Case Management Ea 15 Mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1018 | School-basd Ind Ed Prog Serv Bundld | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1019 | Personal Care Services Per 15 Mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|--|
| T1020 | Personal Care Services Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1021 | Home Hlth Aide/cert Nurse Asst Vst | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1022 | Contract Home Health Agcy Srvc Day | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1023 | Scr Ind Particip Spec Prog Proj/tx | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1024 | Eval&tx Team Mx/sev Handicap Child | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1025 | Mxdisciplin Child Cmplx Impair Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1026 | Mxdisciplin Child W/cmplx Impair Hr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1027 | Fam Train & Cnsl Child Dvlp 15 Mins | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1028 | Assess Home Physical & Family Envir | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1029 | Comp Envir Lead Investigat-dwell | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1030 | Nrs Care Home Registered Nurse-diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1031 | Nursing Care The Home Lpn Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1040 | Comm bh clinic svc per diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1041 | Comm bh clinic svc per month | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1502 | Admn Orl Im&/subq Med Hlth Prof | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1503 | Med Admin Other Than Oral | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1505 | Elec med comp dev, noc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1999 | Misc Tx Items&supplies Retail Noc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2001 | N-emerg Trnsprt; Pt Attendnt/escort | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2002 | Non-emerg Transportation; Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2003 | Non-emerg Trnsprt; Encounter/trip | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2004 | N-emerg Trnsprt;commer Carr Mx-pass | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2005 | Nonemergency Trnsprt; Stretcher Van | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2007 | Trnsprt Wait Time Non-er Veh 1/2 Hr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2010 | Pasrr Level I Id Screen Per Screen | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2011 | Pasrr Level Ii Evaluation Per Eval | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2012 | Habilitation Ed Waiver; Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2013 | Habilitation Ed Waiver; Hour | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2014 | Habilitatn Prevocationl Waivr;diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|--------------------------------------|---------------------------|--|
| T2015 | Habilitation Prevocational Waivr;hr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2016 | Habilitation Res Waiver; Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2017 | Habilitation Res Waiver; Per 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2018 | Habilitatn Supp Emplmnt Waivr;diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2019 | Habilitatn Supp Emplmnt Waivr;15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2020 | Day Habilitation Waiver; Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2021 | Day Habilitation Waiver; Per 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2022 | Case Management; Per Month | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2023 | Targeted Case Management; Per Month | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2024 | Srvs Assess/plan Care Dvlp Waiver | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2025 | Waiver Services; Nos | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2026 | Spclized Childcare Waiver; Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2027 | Spclized Childcare Waiver; 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2028 | Specialized Supply Nos Waiver | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2029 | Specialized Medical Eqp Nos Waiver | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2030 | Assisted Living Waiver; Per Month | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2031 | Assisted Living Waiver; Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2032 | Res Care Nos Waiver; Per Month | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2033 | Res Care Nos Waiver; Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2034 | Crisis Interven Waiver; Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2035 | Utility Services Med Eqp Waiver | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2036 | Tx Camping Ovrngt Waiver; Ea Sess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2037 | Tx Camping Da Waiver; Ea Sess | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2038 | Cmty Transition Waiver; Per Service | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2039 | Vehicle Mod Waiver; Per Service | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2040 | Financial Mgmt Waiver; 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2041 | Supp Broker Slf-dired Waivr; 15 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2042 | Hospice Routine Home Care Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2043 | Hospice Continuous Home Care Per Hr | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

Clinical Edits by Code List
Complete List
Applies to All Commercial Products (excl. Medicare)

Based on Medical Policy, potential investigational codes may be denied as investigational (member liability) or not medically necessary (provider liability).

In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

| Code | Description | Edit Type | Comment |
|-------|-------------------------------------|---------------------------|--|
| T2044 | Hospice Inpat Respite Care Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2045 | Hospice General Inpat Care Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2046 | Hospice Lt Care Rm And Bd Per Diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2047 | Hab prevo waiver per 15 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2048 | Bhval Hlth; Ltc Res W/room&bd-diem | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2049 | Non-emerg Trnsprt; Van Mileage;mile | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2101 | Humn Brst Milk Prc Stor&dstrb Only | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T4545 | Incon disposable penile wrap | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T5001 | Pstn Seat Pers W/spcl Orthoped Need | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T5999 | Supply, Not Otherwise Specified | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |