

Clinical Edits by Code List
Edit Add List
Applies to Uniform Medical Plan (UMP)

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
43842	V-band Gastroplasty	Not Medically Necessary
S1015	Iv Tubing Extension Set	Non-Reimbursable Services
S8096	Portable Peak Flow Meter	Non-Reimbursable Services
S8100	Hold Chamb W/inhal/nebulizr;no Mask	Non-Reimbursable Services
S8101	Hold Chamb W/inhal/nebulizr; W/mask	Non-Reimbursable Services
S8120	O2 Cntn Gaseous 1 U = 1 Cubic Foot	Non-Reimbursable Services
S8185	Flutter Device	Non-Reimbursable Services
S8186	Swivel Adaptor	Non-Reimbursable Services
S8431	Compression Bandage Roll	Non-Reimbursable Services
S8450	Splint Prefabricated Digit	Non-Reimbursable Services
S8451	Splint Prefabricated Wrist Or Ankle	Non-Reimbursable Services
S8452	Splint Prefabricated Elbow	Non-Reimbursable Services