

Clinical Edits by Code List
Edit Add 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 |
|-------|-------------------------------|------------------------|
| 0356U | Onc Orop 17 Dna Ddpcr Alg | Investigational Denial |
| 0357U | Onc Mlnma Ai Quan Alys 142 | Investigational Denial |
| 0358U | Neuro Alys B-Amyl 1-42&1-40 | Investigational Denial |
| 0359U | Onc Prst8 Ca Alys All Psa | Investigational Denial |
| 0360U | Onc Lung Elisa 7 Autoant Alg | Investigational Denial |
| 0361U | Neurflmnt Lt Chn Dig Ia Quan | Investigational Denial |
| 0362U | Onc Pap Thyr Ca Rna 82&10 | Investigational Denial |
| 0363U | Onc Urthl Mrna 5 Gen Alg | Investigational Denial |
| 0738T | Tx Pln Mag Fld Abltj Prst8 | Investigational Denial |
| 0739T | Abltj Mal Prst8 Mag Fld Ndct | Investigational Denial |
| 0743T | B1 Str & Fx Rsk Vrt Fx Assmt | Investigational Denial |
| 0744T | Insj Bioprostc Vlv Fem Vn | Investigational Denial |
| 0745T | Car Ablt Rad Arr N-Invas Loc | Investigational Denial |
| 0746T | Car Ablt Rad Arr Cnv Loc Map | Investigational Denial |
| 0747T | Car Ablt Rad Arrhyt Dlvr Rad | Investigational Denial |
| 0748T | Njx Stm Cl Prdct Anl Sft Tis | Investigational Denial |
| 0749T | B1 Str&Fx Rsk Assmt Dxr-Bmd | Investigational Denial |
| 0750T | B1 Str&Fx Rsk Asmt Dxr bmd1Vw | Investigational Denial |
| 0764T | Asstv Alg Ecg Rsk Asmt Cncrt | Investigational Denial |
| 0765T | Asstv Alg Ecg Rsk Asmt Prev | Investigational Denial |

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| 0766T | Tc Mag Stimj Pn 1St Tx 1Nrv | Investigational Denial |
| 0767T | Tc Mag Stimj Pn 1St Tx Ea | Investigational Denial |
| 0768T | Tc Mag Stimj Pn Sbsq Tx 1Nrv | Investigational Denial |
| 0769T | Tc Mag Stimj Pn Sbsq Tx Ea | Investigational Denial |
| 0770T | Vr Technology Assist Therapy | Investigational Denial |
| 0771T | Vr Px Dissoc Svc Sm Phy 1St | Investigational Denial |
| 0772T | Vr Px Dissoc Svc Sm Phy Ea | Investigational Denial |
| 0773T | Vr Px Dissoc Svc Oth Phy 1St | Investigational Denial |
| 0774T | Vr Px Dissoc Svc Oth Phy Ea | Investigational Denial |
| 0776T | Ther Indctj Ntrabrn Hypthrm | Investigational Denial |
| 0779T | Gi Myoelectrical Actv Study | Investigational Denial |
| 0781T | Brnchsc Rf Dstrj Pulm Nrv Bi | Investigational Denial |
| 0782T | Brnchsc Rf Dstrj Plm Nrv Uni | Investigational Denial |
| 0783T | Tc Auriculr Neurostimulation | Investigational Denial |
| 22860 | Tot Disc Arthrp 2Ntrspc Lmbr | Investigational Denial |
| 30469 | Rpr Nsl Vlv Collapse W/Rmdlg | Investigational Denial |
| 43290 | Egd Flx Trnsorl Dplmnt Balo | Investigational Denial |
| 43291 | Egd Flx Trnsorl Rmvl Balo | Investigational Denial |
| 81418 | Rx Metab Gen Seq Alys Pnl 6 | Investigational Denial |
| A4230 | Infus Set Ext Insulin Pump Nonndle | Non-Reimbursable Services |

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| A4231 | Infus Set Ext Insulin Pump Needle | Non-Reimbursable Services |
| M0001 | Advancing Cancer Care Mvp | Non-Reimbursable Services |
| M0002 | Opt Care Kidney Hlth Mvp | Non-Reimbursable Services |
| M0003 | Opt Care Episod Neuro Mvp | Non-Reimbursable Services |
| M0004 | Support Care Neur Cond Mvp | Non-Reimbursable Services |
| M0005 | Promot Wellness Mvp | Non-Reimbursable Services |
| M1150 | Lvef <=40% Or Mod/Sev L Vsf | Non-Reimbursable Services |
| M1151 | Pt W/ Hx Trnsplt Or Lvad | Non-Reimbursable Services |
| M1152 | Pt W/ Hx Trnsplt Or Lvad | Non-Reimbursable Services |
| M1153 | Pt W/ Dx Osteo Doe | Non-Reimbursable Services |
| M1154 | Hospc Serv Dur Meas Pd | Non-Reimbursable Services |
| M1155 | Pt Anphx Due To Pneum | Non-Reimbursable Services |
| M1156 | Pt Recd Actv Chemo Any Time | Non-Reimbursable Services |
| M1157 | Pt Recd Bone Mar Trnsplt | Non-Reimbursable Services |
| M1158 | Pt Hx Immcomp Prior/Dur Pd | Non-Reimbursable Services |
| M1159 | Hospc Serv Dur Meas Pd | Non-Reimbursable Services |
| M1160 | Pt Anphx Due To Mengb Bef 13 | Non-Reimbursable Services |
| M1161 | Pt Anphx Due To Dtp Bef 13 | Non-Reimbursable Services |
| M1162 | Pt Enceph Due To Dtp Bef 13 | Non-Reimbursable Services |
| M1163 | Pt Anphx Due To Hpv Bef 13 | Non-Reimbursable Services |

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| M1164 | Pt W/ Dementia Any Time | Non-Reimbursable Services |
| M1165 | Pt Use Hspc Dur Meas Pd | Non-Reimbursable Services |
| M1166 | Path Rpt Tis Spec Wle/Reexc | Non-Reimbursable Services |
| M1167 | Hspc Dur Meas Pd | Non-Reimbursable Services |
| M1168 | Pt Recd Flu Vax 7/1-6/30 | Non-Reimbursable Services |
| M1169 | Doc Med Rsn No Flu Vax | Non-Reimbursable Services |
| M1170 | Pt W/O Flu Vax 7/1-6/30 | Non-Reimbursable Services |
| M1171 | Pt Recd 1 Td/Tdap 9Yrs Prior | Non-Reimbursable Services |
| M1172 | Doc Med Rsn No Td/Tdap | Non-Reimbursable Services |
| M1173 | Pt No Rec Td/Tdap 9Yrs Prior | Non-Reimbursable Services |
| M1174 | Pt W/ 1 Hzv Lv Or 2 Hzv Recm | Non-Reimbursable Services |
| M1175 | Doc Med Rsn No Hzv | Non-Reimbursable Services |
| M1176 | Pt W/O Hzv On/Aft Age 50 | Non-Reimbursable Services |
| M1177 | Pt Recd Pcv On/Aft 60 | Non-Reimbursable Services |
| M1178 | Doc Med Rsn No Pcv | Non-Reimbursable Services |
| M1179 | No Pcv Recd | Non-Reimbursable Services |
| M1180 | Pt Imm Ckpt Inhib Therapy | Non-Reimbursable Services |
| M1181 | Gr 2 Or> Dia Or Gr2 Or> Col | Non-Reimbursable Services |
| M1182 | Not Elg Pre Ex Ibd/Uc/Crohn | Non-Reimbursable Services |
| M1183 | Doc Imm Ckpt Inhib Hld | Non-Reimbursable Services |

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| M1184 | Doc Med Rsn No Cst/Ist Rx | Non-Reimbursable Services |
| M1185 | Imm Ckpt Inhib Not Hld No Rx | Non-Reimbursable Services |
| M1186 | Pt W/ Rx For Hspc/Plltv Care | Non-Reimbursable Services |
| M1187 | Pt W/ Esrd | Non-Reimbursable Services |
| M1188 | Pt W/ Ckd Stg 5 | Non-Reimbursable Services |
| M1189 | Doc Khe Pef W/Efgr/Uacr | Non-Reimbursable Services |
| M1190 | Doc Khe Not Pef W/Efgr/Uacr | Non-Reimbursable Services |
| M1191 | Hspc Svc Any Time In Meas Pd | Non-Reimbursable Services |
| M1192 | Pt W/ Dx Sq Cell Ca Of Esoph | Non-Reimbursable Services |
| M1193 | Rpts W/ Imp/Con Mmr/Msi | Non-Reimbursable Services |
| M1194 | Med Rsn No Imp/Con Mmr/Msi | Non-Reimbursable Services |
| M1195 | Rpt Wo Imp/Con Mmr/Msi | Non-Reimbursable Services |
| M1196 | Ixv Nrs Vrs Iqa >=4 | Non-Reimbursable Services |
| M1197 | Isa Red >=2 Fr Ixv | Non-Reimbursable Services |
| M1198 | Isa Not Red 2Pts Fr Ixv | Non-Reimbursable Services |
| M1199 | Pt Rec'G Rrt | Non-Reimbursable Services |
| M1200 | Ace-I/Arb Rx | Non-Reimbursable Services |
| M1201 | Med Rsn No Ace-I/Arb Rx | Non-Reimbursable Services |
| M1202 | Pt Rsn No Ace-I/Arb Rx | Non-Reimbursable Services |
| M1203 | No Rsn Ace-I/Arb Rx | Non-Reimbursable Services |

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| M1204 | Ixv Nrs Vrs Iqa >=4 | Non-Reimbursable Services |
| M1205 | Isa Red >=2 Fr Ixv | Non-Reimbursable Services |
| M1206 | Isa Not Red 2Pts Fr Ixv | Non-Reimbursable Services |
| M1207 | #Pts Scrn Sdoh | Non-Reimbursable Services |
| M1208 | #Pts No Scrn Sdoh | Non-Reimbursable Services |
| M1209 | >=2 Same Hi-Rsk Med W/O Diag | Non-Reimbursable Services |
| M1210 | >=2 Same Meds Tbl4 Not Ord | Non-Reimbursable Services |
| Q4236 | Carepatch per sq cm | Investigational Denial |
| Q4262 | Dual Layer Impax, Per Sq Cm | Investigational Denial |
| Q4263 | Surgraft TI, Per Sq Cm | Investigational Denial |
| Q4264 | Cocoon Membrane, Per Sq Cm | Investigational Denial |