

**Clinical Edits by Code List  
Complete 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                 | 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. |
| 0010U | Infectious disease strain type whole gen seq                | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0011M | Onc prstate cancer mma 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.                     |
| 0014M | Liver ds alys 3 bmrk srm alg                                | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |

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|-------|--|---------------------------|--|
| 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 | Admnl cortcl tum bchm asy 25                       | 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. |
| 0018M | Trnsplyj Rnl Meas Cd154+CII                        | 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                       | HTCC Decision             | Possible HTCC decision denial  |
| 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                                  | HTCC Decision             | Possible HTCC decision denial  |
| 0038U | Vitamin D serum microsample quan                   | Medical Necessity         | Review for medical necessity   |
| 0050U | Targeted genomic sequence DNA 194 genes            | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0054T | Bone Surgery Using Computer                        | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation   |
| 0055T | Bone Surgery Using Computer                        | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation   |
| 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. |

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|-------|---|-------------------------|--|
| 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. |
| 0068U | Candida species panel amplified probe         | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0069U | Oncology colorectal microRNA miR-31-3p        | HTCC Benefit Denial     | Not a covered benefit per HTCC   |
| 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 | Crd hrt trnspl mrna 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. |
| 0089U | Onc mlnma prame & linc00518                   | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0090U | Onc cutan mlnma mrna 23 gene                  | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0091U | Onc clrct scr whl bld alg                     | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0092U | Onc lng 3 prt n 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. |

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|-------|-------------------------------|------------------------|--|
| 0101T | Extracorp Shockwv Tx,hi Enrg  | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 0101U | Hered colon ca do 15 genes    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0102T | Extracorp Shockwv Tx,anesth   | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 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. |
| 0108U | Gi barrett esoph 9 prtn bmrk  | 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&tmprss2- 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. |
| 0118U | Trnsply don-drv cli-fr dna    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0129U | Hered brst ca rlted do panel  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0130U | Hered colon ca do mma pnl     | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0131U | Hered brst ca rlted do pnl 13 | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0132U | Hered ova ca rlted do pnl 17  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0133U | Hered prst8 ca rlted do 11    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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|-------|------------------------------|---------------------------|--|
| 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. |
| 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        |
| 0153U | Onc breast mrna 101 genes    | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0163T | Lumb Artif Diskectomy Addl   | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| 0163U | Onc clrct scr 3 prtn alg     | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0164T | Remove Lumb Artif Disc Addl  | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| 0165T | Revise Lumb Artif Disc Addl  | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| 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. |

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|-------|--|---------------------------|---|
| 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. | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 0201T | Percutaneous sacral augmentation bilateral injec   | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| 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.  |

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|-------|---------------------------------------|-------------------------|--|
| 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. |
| 0232T | Inj plasma IMG guide harvest and prep | HTCC Benefit Denial     | Not a covered benefit per HTCC   |
| 0234T | Trlum1 prph athrc rnl art             | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0235T | Trlum1 prph athrc visc art            | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0236T | Trlum1 prph athrc abdl aorta          | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0237T | Trlum1 prph athrc brchcphlc           | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0238T | Trlum1 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. |
| 0243U | Ob pe biochem assay pgf alg           | 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. |

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|-------|---|------------------------|--|
| 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. |
| 0258U | Ai Psor Mrna 50-100 Gen Alg                     | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0261U | Onc Clrct Ca Img Alys W/Ai                      | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0263T | IM B1 MRW cell therapy complete                 | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 0263U | Neuro Asd Meas 16 C Metblt                      | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0264T | IM B1 MRW cell therapy excluding harvest        | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 0265T | IM B1 MRW cell therapy harvest only             | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 0265U | Rar Do Whl Gn&Mtdrl Dna Als                     | 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. |
| 0266U | Unxpl Cnst Hrtbl Do Gn Xprsn                    | 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. |
| 0267U | Rare Do Id Opt Gen Mapg&Seq                     | 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. |
| 0269T | Revision/Remvl carotid sinus device total       | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0269U | Hem Aut Dm Cgen Trmbctpna 14                    | 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. |
| 0270U | Hem Cgen Coagj Do 20 Genes                      | Investigational Denial | Always considered investigational; investigational services are denied member liability. |



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| 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. |
| 0272U | Hem Genetic Bld Do 51 Genes                   | 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. |
| 0273U | Hem Gen Hyprfibrnlysis 8 Gen                  | 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. |
| 0274U | Hem Gen Pltlt Do 43 Genes                     | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0275T | Percutaneous laminotomy/laminectomy lumbar    | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 0276U | Hem Inh Thrombocytopenia 23                   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0277U | Hem Gen Pltlt Funcj Do 31                     | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0278T | Tempr   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0278U | Hem Gen Thrombosis 12 Genes                   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0285U | Onc Rsp Radj Cll Fr Dna Tox                   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0288U | Onc Lung Mrna Quan Pcr 11&3                   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0289U | Neuro Alzheimer Mrna 24 Gen                   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0290U | Pain Mgmt Mrna Gen Xprsn 36                   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0291U | Psyc Mood Do Mrna 144 Genes                   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0292U | Psyc Strs Do Mrna 72 Genes                    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0293U | Psyc Suicidal Idea Mrna 54                    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0294U | Lngvty&Mrtlty Rsk Mrna 18Gen                  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| 0295U | Onc Brst Dux Carc 7 Proteins | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0296U | Onc Orl&/Orop Ca 20 Mlc Feat | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0297U | Onc Pan Tum Whl Gen Seq Dna  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0298U | Onc Pan Tum Whl Trns Seq Rna | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0300U | Onc Pan Tum Whl Gen Seq&Opt  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0306U | Onc Mrd Nxt-Gnrj Alys 1St    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0307U | Onc Mrd Nxt-Gnrj Alys Sbsq   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0308U | Crd Cad Alys 3 Prtn Plsm Alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0309U | Crd Cv Ds Aly 4 Prtn Plm Alg | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0310U | Ped VscIts Kd Alys 3 Bmrks   | 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. |
| 0312U | Ai Ds Sle Alys 8 Igg Autoant | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0313T | Laps rmlv nstim array vagus  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0313U | Onc Pncrs Dna&Mrna Seq 74    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0314T | Laps rmlv vgl arry & pls gen | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0314U | Onc Cutan Mlnma Mrna 35 Gene | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0315T | Rmlv vagus nerve pls gen     | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0315U | Onc Cutan Sq Cll Ca Mrna 40  | 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. |

**Clinical Edits by Code List  
Complete List  
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| Code  | Description                                    | Edit Type               | Comment  |
|-------|--|-------------------------|--|
| 0316U | U B Brgdrferi Lyme Ds Ospa Evl                 | 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. |
| 0317U | Onc Lung Ca 4-Prb Fish Assay                   | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0319U | Neph Rna Pretrnspl Perph Bld                   | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0320U | Neph Rna Pstrnspl Perph Bld                    | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0322U | Neuro Asd Meas 14 Acyl Carn                    | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0323U | Iadna Cns Pthgn Next Gen Seq                   | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0324U | Onc Ovar Sphrd Cell 4 Rx Pnl                   | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0325U | Onc Ovar Sphrd Cell Parp                       | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0326U | Trgt Gen Seq Alys Pnl 83+                      | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0328U | Drug Assay 120+ Rx&Metablt                     | Not Medically Necessary | Always considered not medically necessary. Will be denied as a provider write-off        |
| 0329T | Mntr IO pressure 24 hrs/> unilateral/bilateral | Investigational Denial  | Always considered investigational; investigational services are denied member liability. |
| 0329U | Onc Neo Xome&Trns Seq Alys                     | 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. |
| 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. |

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| Code  | Description                                 | Edit Type              | Comment  |
|-------|---|------------------------|--|
| 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. |
| 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. |
| 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. |
| 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. |

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| Code  | Description                   | Edit Type              | Comment  |
|-------|-------------------------------|------------------------|--|
| 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 | Prgmng 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 compl | 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. |
| 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. |
| 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. |

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| Code  | Description                                       | Edit Type              | Comment  |
|-------|---|------------------------|--|
| 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 uxttr/peripheral nerve              | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 0441T | Ablation perc lxttr/perphl nerve                  | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 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. |
| 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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| 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                          | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| 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 | Xrtnl 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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| 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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| 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 | Prgmng 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 | Prgmng 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 reprt 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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| 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 | Gluco 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. |
| 0550F | Cytopathology report non-gyn specimen | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |
| 0551F | Cytopathology report non-routine      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |
| 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. |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 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   | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| 0566T | Autol cell implt adps njx    | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| 0567T | Perm flap 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. |
| 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. |

**Clinical Edits by Code List  
Complete 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                 | Comment  |
|-------|-----------------------------------|---------------------------|--|
| 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. |
| 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. |

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| Code  | Description                    | Edit Type              | Comment  |
|-------|--------------------------------|------------------------|--|
| 0612T | Mrs discogenic pain l & R      | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0613T | Perq tcat intratrl 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. |
| 0627T | Perq njx algc fluor lmr 1st    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0628T | Perq njx algc fluor lmr ea     | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0629T | Perq njx algc ct lmr 1st       | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0630T | Perq njx algc ct lmr 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. |

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| Code  | Description                  | Edit Type              | Comment  |
|-------|------------------------------|------------------------|--|
| 0638T | Ct breast w/3d bi c-/c+      | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0639T | WrIs 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/Rpicmt W/Prstc Viv 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. |
| 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 lo 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. |

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| Code  | Description                  | Edit Type              | Comment  |
|-------|------------------------------|------------------------|--|
| 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. |
| 0672T | Ndovag Cryg Rf Remdl Tiss    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0674T | Laps Insj Nw/Rpcmt Prm Isdss | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0675T | Laps Insj Nw/Rpcmt Isdss 1Ld | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0676T | Laps Insj Nw/Rpcmt Isdss Ea  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0677T | Laps Repos Lead Isdss 1St Ld | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0678T | Laps Repos Lead Isdss Ea Add | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0679T | Laps Rmvl Lead Isdss         | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0680T | Insj/Rplcmt Pg Only Isdss    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0681T | Rlcj Pulse Gen Only Isdss    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0682T | Removal Pulse Gen Only Isdss | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0683T | Prgmg Dev Eval Isdss Ip      | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0684T | Peri-Px Dev Eval Isdss Ip    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0685T | Interrog Dev Eval Isdss Ip   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0686T | Histotripsy Mal Hepatcel Tis | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0687T | Tx Amblyopia Dev Setup 1St   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |

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| Code  | Description                  | Edit Type              | Comment  |
|-------|------------------------------|------------------------|--|
| 0688T | Tx Amblyopia Assmt W/Report  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0691T | Auto Alys Xst Ct Std Vrt Fx  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0697T | Quan Mr Tis Wo Mri Mlt Orgn  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0698T | Quan Mr Tiss W/Mri Mlt Orgn  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0700T | Molec Fluor Img Sus Nev 1St  | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0701T | Molec Fluor Img Sus Nev Ea   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0704T | Rem Tx Amblyopia Setup&Edu   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0705T | Rem Tx Amblyopia Tech Sprt   | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0706T | Rem Tx Amblyopia I&R Phy/Qhp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0710T | N-Invas Artl Plaq Alys       | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0711T | N-Nvs Artl Plaq Alys Dat Prp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0712T | N-Nvs Artl Plaq Alys Quan    | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0713T | N-Nvs Artl Plaq Alys Rvw I&R | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0714T | Tprnl Lsr Ablt B9 Prst8 Hypr | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0715T | Perq Trluml Coronry Lithotrp | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0716T | Car Acous Wavfrm Rec Cad Rsk | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0717T | Adrc Ther Prtl Rc Tear       | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 0718T | Adrc Ther Prtl Rc Tear Njx   | HTCC Benefit Denial    | Not a covered benefit per HTCC   |
| 0719T | Pst Vrt Jt Rplcmt Lmbr 1 Sgm | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 0723T | Qmrcp W/O Dx Mri Sm Anat Ses | Investigational Denial | Always considered investigational; investigational services are denied member liability. |



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| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 0724T | Qmrcp W/Dx Mri Same Anatomy  | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0725T | Vestibular Dev Impltj Uni    | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0726T | Rmvl Implt Vstibular Dev Uni | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0727T | Rmvl&Rplcmt Implt Vstblr Dev | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0728T | Dx Alys Vstblr Implt Uni 1St | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0729T | Dx Alys Vstblr Implt Uni Sbj | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0730T | Trabeculotomy Lsr W/Oct Gdn  | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0731T | Augmnt Ai-Based Fcl Phnt A/R | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0732T | Immntx Admn Electroporatn Im | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| 0737T | Xenograft Impltj Artclr Surf | 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 Ovrld 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.                     |
| 1006F | Osteoarthritis Assess        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |
| 1007F | Anti-inflm/angisc 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.                     |

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| Code  | Description                   | Edit Type                 | Comment  |
|-------|-------------------------------|---------------------------|--|
| 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. |
| 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. |

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| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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. |
| 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 | Fxnl Status Assessed                               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 1175F | Function stat assessed rwd                         | 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. |

**Clinical Edits by Code List  
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| Code  | Description                              | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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 rwd 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.            |
| 15775 | Hair Transplant Punch Grafts             | Medical Necessity         | Review for medical necessity  |
| 15776 | Hair Transplant Punch Grafts             | Medical Necessity         | Review for medical necessity  |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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. |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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 Ovrlid 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.  |
| 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.  |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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 | H20 Stat Doc'd Normal                              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 2031F | H20 Stat Doc'd Dehydrated                          | 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.  |
| 20552 | Inj Trigger Point, 1/2 Muscl                       | HTCC Decision             | Possible HTCC decision denial   |
| 20553 | Inject Trigger Points, =/> 3                       | HTCC Decision             | Possible HTCC decision denial   |
| 20560 | Ndl insj w/o njx 1 or 2 musc                       | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 20561 | Ndl insj w/o njx 3+ musc                           | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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                                | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 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.   |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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. |
| 22510 | Perq cervicothoracic inject  | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22511 | Perq lumbosacral injection   | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22512 | Vertebroplasty addl inject   | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22513 | Perq vertebral augmentation  | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22514 | Perq vertebral augmentation  | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22515 | Perq vertebral augmentation  | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22526 | Idet, Single Level           | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22527 | Idet, 1 Or More Levels       | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22586 | Prescrl 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      | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22862 | Revise Lumbar Artif Disc     | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22865 | Remove Lumb Artif Disc       | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 22867 | Insj stablj dev w/dcmprn     | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |



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| Code  | Description                 | Edit Type              | Comment   |
|-------|-----------------------------|------------------------|---|
| 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 | HTCC Benefit Denial    | Not a covered benefit per HTCC  |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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. |
| 29874 | Knee Arthroscopy/surgery     | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 29877 | Knee Arthroscopy/surgery     | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.                     |

**Clinical Edits by Code List  
Complete List  
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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                         | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 31661 | Bronch thermoplasty 2/> lobes                      | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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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Complete List  
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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<br>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<br>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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| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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 rqstd                          | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |
| 33250 | Ablate Heart Dysrhythm Focus                       | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation   |
| 33251 | Ablate Heart Dysrhythm Focus                       | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation   |
| 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 (bkp)2                       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |
| 3331F | Imaging Study Not Ordered (bkp)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.                     |

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| Code  | Description                                     | Edit Type                 | Comment   |
|-------|---|---------------------------|---|
| 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.  |
| 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.  |



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| Code  | Description                              | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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. |
| 34839 | Plinning 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 <lmts 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. |

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| Code  | Description                                   | Edit Type                 | Comment   |
|-------|---|---------------------------|---|
| 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.  |
| 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 | Ptnotrvcngsteroid>=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.  |

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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   |
|-------|---|---------------------------|---|
| 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.  |
| 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. |
| 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/tnk                    | 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.  |

**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  |
|-------|------------------------------|---------------------------|--|
| 4013F | Statin therapy/currently tkn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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/anglsc 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. |

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\*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   |
|-------|------------------------------|---------------------------|---|
| 4058F | Ped Gastro Ed Given Caregvr  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 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.  |

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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   |
|-------|--|---------------------------|---|
| 4131F | Syst Antimicrobial Thx Rx                          | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 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 Alcoho                     | 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.  |

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| Code  | Description   | Edit Type                 | Comment   |
|-------|---|---------------------------|---|
| 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.  |
| 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<br>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. |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 4189F | Appropriate Digoxin Therapeutic Monitoring Test Or | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 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.  |



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| Code  | Description                                       | Edit Type                 | Comment   |
|-------|---|---------------------------|---|
| 4260F | Wound Srfc Culturetech Used                       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 4261F | Tech Other Than Surf Cult                         | 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.  |

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| Code  | Description                                       | Edit Type                 | Comment   |
|-------|---|---------------------------|---|
| 43257 | Uppr Gi Scope W/thrml Txmnt                       | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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.  |
| 43497 | Transorl Lwr Esophgl Myotomy                      | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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. |

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| Code  | Description                        | Edit Type                 | Comment   |
|-------|------------------------------------|---------------------------|---|
| 43770 | Lap, Place Gastr Adjust Band       | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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.  |
| 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.  |
| 44705 | Prepare fecal microbiota           | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 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. |

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| Code  | Description                                  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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. |
| 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 liffe issues  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 4554F | Pt receiveed 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 dartlczj 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. |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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. |
| 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 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. |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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.  |
| 5250F | Asthma discharge plan presnt | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 53451 | Tprnl Balo Cntnc Dev Bi      | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 53452 | Tprnl Balo Cntnc Dev Uni     | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 53453 | Tprnl Balo Cntnc Dev Rmvl Ea | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 53454 | Tprnl Balo Cntnc Dev Adjmt   | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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. |
| 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. |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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.  |
| 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.  |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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      | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 62292 | Injection Into Disk Lesion   | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 64505 | N Block, Spenopalatine Gangl | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 64628 | Trml Dstrj los Bvn 1St 2 L/S | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 64629 | Trml Dstrj los Bvn Ea Addl   | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 64640 | Injection Treatment Of Nerve | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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. |



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|-------|--|---------------------------|---|
| 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. |
| 69420 | Incision Of Eardrum                                | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 69421 | Incision Of Eardrum                                | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 69424 | Remove Ventilating Tube                            | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 69433 | Create Eardrum Opening                             | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 69436 | Create Eardrum Opening                             | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 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. |
| 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.  |
| 74263 | Ct colonography, screen                            | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 75571 | Ct hrt w/o dye w/ca test                           | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |

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| Code  | Description                  | Edit Type           | Comment   |
|-------|------------------------------|---------------------|---|
| 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. |
| 76801 | Ob Us < 14 Wks, Single Fetus | HTCC Decision       | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 76805 | Ob Us >= 14 Wks, Sngl Fetus  | HTCC Decision       | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 76813 | Ob Us Nuchal Meas, 1 Gest    | HTCC Decision       | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 76817 | Transvaginal Us, Obstetric   | HTCC Decision       | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 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. |
| 77063 | Breast tomosynthesis bi      | HTCC Decision       | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |
| 77085 | Dxa bone density study       | HTCC Benefit Denial | Not a covered benefit per HTCC  |
| 77086 | Fracture assessment via dxa  | HTCC Benefit Denial | Not a covered benefit per HTCC  |
| 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. |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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. |
| 80299 | Quantitative Assay, 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. |
| 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.  |

**Clinical Edits by Code List  
Complete List  
Applies to Uniform Medical Plan (UMP)**

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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  |
|-------|------------------------------|---------------------------|--|
| 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. |

**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).\*

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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 | Methylenedioxyamphetamines    | 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. |
| 80503 | Path Clin Constlj Sf 5-20     | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 80504 | Path Clin Constlj Mod 21-40   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 80505 | Path Clin Constlj High 41-60 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 80506 | Path Clin Constlj Prolng Svc | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 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     | HTCC Decision             | Possible HTCC decision denial   |
| 81227 | Cyp2c9 gene com variants     | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 81230 | CYP3A4 Gene common variants  | HTCC Decision             | Possible HTCC decision denial   |
| 81231 | CYP3A5 Gene common variants  | HTCC Decision             | Possible HTCC decision denial   |
| 81232 | DPYD Gene common variants    | HTCC Decision             | Possible HTCC decision denial   |
| 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.  |
| 81327 | Sept9 methylation analysis   | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 81328 | SLCO1B1 Gene common variants | HTCC Decision             | Possible HTCC decision denial   |
| 81332 | Serpina1 gene                | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 81346 | TYMS Gene common variants    | HTCC Decision             | Possible HTCC decision denial   |
| 81355 | Vkorc1 gene                  | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 81422 | Fetal chrmoml microdeltj     | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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.  |

**Clinical Edits by Code List  
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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 81436 | Hereditary colon ca synd     | 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.  |
| 81525 | Oncology colon mrna          | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 81529 | Onc cutan mlmma mrna 31 gene | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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.  |
| 81554 | Pulm ds ipf mrna 190 gen alg | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 81560 | Onc Brst Mrna 70 Cnt 31 Gene | 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.  |

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| Code  | Description                                       | Edit Type                 | Comment   |
|-------|---|---------------------------|---|
| 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.  |
| 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 antib SARSCOV2 SCR                       | Not Medically Necessary   | Always considered not medically necessary. Will be denied as a provider write-off   |
| 86409 | Neutrlz antib 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. |



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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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.  |
| 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.  |
| 87913 | Nfct Agt Gntyp Alys Sarscov2 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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. |
| 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.  |

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| Code  | Description                  | Edit Type                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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.  |
| 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.  |

**Clinical Edits by Code List  
Complete 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                 | Comment   |
|-------|------------------------------|---------------------------|---|
| 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.  |
| 92562 | Loudness Balance 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.  |
| 92618 | Ex for nonspeech dev rx add  | 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.  |

**Clinical Edits by Code List  
Complete 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                 | Comment   |
|-------|--|---------------------------|---|
| 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.  |
| 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 nrv 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.  |

**Clinical Edits by Code List  
Complete 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                 | Comment   |
|-------|---|---------------------------|---|
| 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. |
| 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. |
| 97124 | Massage Therapy                                   | HTCC Decision             | Possible HTCC decision denial   |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 97810 | Acupunct W/o Stimul 15 Min   | HTCC Decision             | Possible HTCC decision denial  |
| 97811 | Acupunct W/o Stimul Addl 15m | HTCC Decision             | Possible HTCC decision denial  |
| 97813 | Acupunct W/stimul 15 Min     | HTCC Decision             | Possible HTCC decision denial  |
| 97814 | Acupunct W/stimul Addl 15m   | HTCC Decision             | Possible HTCC decision denial  |
| 98926 | Osteopathic Manipulation     | HTCC Decision             | Possible HTCC decision denial  |
| 98927 | Osteopathic Manipulation     | HTCC Decision             | Possible HTCC decision denial  |
| 98928 | Osteopathic Manipulation     | HTCC Decision             | Possible HTCC decision denial  |
| 98929 | Osteopathic Manipulation     | HTCC Decision             | Possible HTCC decision denial  |
| 98940 | Chiropractic Manipulation    | HTCC Decision             | Possible HTCC decision denial  |
| 98941 | Chiropractic Manipulation    | HTCC Decision             | Possible HTCC decision denial  |
| 98942 | Chiropractic Manipulation    | HTCC Decision             | Possible HTCC decision denial  |
| 98943 | Chiropractic Manipulation    | HTCC Decision             | Possible HTCC decision denial  |
| 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.                             |
| 98975 | Rem Ther Mntr 1St Setup&Edu  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 98976 | Rem Ther Mntr Dev Sply Resp  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 98977 | Rem Ther Mntr Dv Sply Mscskl | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 98980 | Rem Ther Mntr 1St 20 Min     | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 98981 | Rem Ther Mntr Ea Addl 20 Min | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 99000 | Specimen Handling            | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                             |
| 99001 | Specimen Handling            | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                             |
| 99002 | Device Handling              | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                             |
| 99024 | Postop Follow-up Visit       | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                             |
| 99026 | In-hospital On Call Service  | Non-Reimbursable Services | Not considered a payable service. 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.                             |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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                        | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| 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.  |



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| Code  | Description                                       | Edit Type                 | Comment   |
|-------|---|---------------------------|---|
| 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 interfacilty transport                      | Non-Reimbursable Services | CMS Status B, not reimbursed separately.  |
| 99486 | Suprv interfac trnsport addl                      | Non-Reimbursable Services | CMS Status B, not reimbursed separately.  |
| 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.  |
| A0140 | Nonemerg Trnsprt & Air Travel                     | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| A2001 | Innovamatrix Ac, Per Sq Cm                        | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2002 | Mirragen Adv Wnd Mat Per Sq                       | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2004 | Xcellistem, Per Sq Cm                             | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2005 | Microlyte Matrix, Per Sq Cm                       | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2006 | Novosorb Synpath Per Sq Cm                        | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2007 | Restrata, Per Sq Cm                               | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |

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| Code  | Description                              | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| A2008 | Theragenesis, Per Sq Cm                  | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2009 | Symphony, Per Sq Cm                      | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2010 | Apis, Per Square Centimeter              | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2011 | Supra Sdrm, Per Sq Cm                    | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2012 | Suprathel, Per Sq Cm                     | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| A2013 | Innovamatrix Fs, Per Sq Cm               | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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.  |
| 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/phisohex 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 Ml/>-hr        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| A4306 | Dispbl Rx Del Sys Rate 5 Ml/<-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. |

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| Code  | Description                         | Edit Type                 | Comment   |
|-------|-------------------------------------|---------------------------|---|
| 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.  |
| A4555 | Ca tx e-stim electr/transduc        | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| A4556 | Electrodes Per Pair                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| A4575 | Topical Hyprbr Oxygen Chamb Dispbl  | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| A4595 | Elec Stim Supplies 2 Lead Per Month | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| A4630 | Repl Battry Trnsq Elec Stim Ownd Pt | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |

**Clinical Edits by Code List  
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| Code  | Description                                      | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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.  |
| 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.  |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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.  |
| A9901 | Dme Del Set&dspns Srv 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. |
| C1062 | Intravertebral fx aug impl                         | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| C1821 | Interspinous Implant                               | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| 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.  |

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| Code  | Description                                    | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| C1833 | Cardiac Monitor Sys                            | 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.  |
| 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.  |
| 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.  |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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.  |
| C9775 | Revasc lith-sten-ath tib/per                       | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| C9781 | Arthro/Shoul Surg; W/Spacer                        | 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/tab/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                        | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| E0720 | Tens Two Lead Localized Stimulation                | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| E0730 | Tens Devc 4/more Leads Mx Nerv Stim                | HTCC Benefit Denial       | Not a covered benefit per HTCC  |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| E0731 | Form Fit Conduct Garm Tens/nmes                    | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| E0766 | Elec stim cancer treatment                         | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| 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.  |



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| Code  | Description                         | Edit Type                 | Comment   |
|-------|-------------------------------------|---------------------------|---|
| 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. |
| G0028 | Doc Med Rsn No Scr Tob              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0029 | No Tob Scr/Cess Int                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0030 | Pt Scr Tob & Cess Int               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0031 | Pall Serv During Meas               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0032 | 2+ Antipsy Schiz                    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0033 | 2+ Benzo Seiz                       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0034 | Pall Serv During Meas               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0035 | Pt Ed Pos 23                        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0036 | Pt/Ptn Decln Assess                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0037 | Pt Not Able To Participate          | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0038 | Clin Pt No Ref                      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0039 | Pt No Ref, Rn Spec                  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0040 | Pt Phys/Occ Therapy                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0041 | Pt/Ptn Decln Referral               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0042 | Ref To Therapy                      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0043 | Pt Mech Pros Ht Valv                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0044 | Pt Mitral Stenosis                  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0045 | Mrs 90 Days Post Stk                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0046 | No Mrs 90 Days Post Stk             | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0047 | Ped Blunt Hd Traum                  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0048 | Pall Serv During Meas               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| G0049 | Main Hemo In-Cntr                   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |

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|-------|------------------------------|---------------------------|--|
| G0050 | Pt W/ Lmtd Life Expec        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0051 | Pt Hospice Mnth              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0052 | Pt Peri Dialysis Dur Mo      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0053 | Adv Rheum Pt Care Mvp        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0054 | Strk Cr Prev Pos Outcme Mvp  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0055 | Adv Care Heart Dx Mvp        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0056 | Opt Chronic Dx Mang Mvp      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0057 | Best Pct Pt Safety Em Mvp    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0058 | Imprv Care Le Jnt Repr Mvp   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0059 | Pt Sfty Pos Exp W Aneth Mvp  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0060 | Allergy/Immunology Ss        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0061 | Anesthesiology Ss            | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0062 | Audiology Ss                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0063 | Cardiology Ss                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0064 | Cert Nurse Midwife Ss        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0065 | Chiropractic Ss              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0066 | Clinical Social Work Ss      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G0067 | Dentistry Ss                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 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. |

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| Code  | Description                          | Edit Type                 | Comment   |
|-------|--------------------------------------|---------------------------|---|
| 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 Intradiscipln 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/> Chm 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.  |
| G0289 | Scpe Knee Remv Fb Tm Surg Diff Comp  | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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 | Electmagnet Tx 1/>area Not G0329/oth | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| G0308 | 180 D Implant Glucose Sensor         | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| G0309 | Rem/Inser Glu Sensor Dif Sit         | 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.  |
| G0455 | Fecal microbiota prep instil         | HTCC Decision             | Possible HTCC decision denial Review may be required. Submit appropriate documentation  |

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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   |
|-------|---------------------------------|---------------------------|---|
| G0460 | Autologous PRP for ulcers       | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.              |
| 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 |
| 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.              |
| 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 evidencicare               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.              |
| G1014 | Cdsm inveniqqa                  | 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.              |

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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  |
|-------|--|---------------------------|--|
| G1020 | Cdsm curbside                              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| G1024 | Cdsm Radrite                               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1025 | Pt Mnth 1 Mcp Prov                         | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1026 | Pt Hemo > 3Mo                              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G1027 | Pt Hemo < 3Mo                              | 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 mintues | 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 vist 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. |

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| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| 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. |
| 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. |

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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  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |

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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  |
|-------|-----------------------------|---------------------------|--|
| 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. |
| 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 ptfef    | 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. |



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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  |
|-------|--------------------------|---------------------------|--|
| 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. |
| G2202 | No rsn no brief couns    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2203 | Med rsn 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 | Rsn 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 rsn   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G2211 | Complex e/m visit add on | Non-Reimbursable Services | CMS Status B, not reimbursed separately.                             |
| G4000 | Dermatology Ss           | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4001 | Diagnostic Rad Ss        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4002 | Ep Cardio Ss             | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4003 | Emergency Med Ss         | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4004 | Endocrinology Ss         | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4005 | Family Medicine Ss       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4006 | Gastroenterology Ss      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4007 | General Surgery Ss       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4008 | Geriatrics Ss            | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4009 | Hospitalists Ss          | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4010 | Infectious Disease Ss    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4011 | Internal Medicine Ss     | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4012 | Interventional Rad Ss    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4013 | Mentl/Behav Health Ss    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

**Clinical Edits by Code List  
Complete List  
Applies to Uniform Medical Plan (UMP)**

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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  |
|-------|--|---------------------------|--|
| G4014 | Nephrology Ss                                      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4015 | Neurology Ss                                       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4016 | Neurosurgical Ss                                   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4017 | Nutrition/Dietician Ss                             | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4018 | Ob/Gyn Ss  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4019 | Oncology/Hema Ss                                   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4020 | Ophthalmology Ss                                   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4021 | Orthopedic Surgery Ss                              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4022 | Otolaryngology Ss                                  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4023 | Pathology Ss                                       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4024 | Pediatric Ss                                       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4025 | Physical Medicine Ss                               | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4026 | Phys/Occ Therapy Ss                                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4027 | Plastic Surgery Ss                                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4028 | Podiatry Ss  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4029 | Preventive Medicine Ss                             | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4030 | Pulmonology Ss                                     | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4031 | Radiation Oncology Ss                              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4032 | Rheumatology Ss                                    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4033 | Skilled Nursing Facility Ss                        | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4034 | Speech Language Path Ss                            | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4035 | Thoracic Surgery Ss                                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4036 | Urgent Care Ss                                     | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4037 | Urology Ss   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G4038 | Vascular Surgery Ss                                | 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. |

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Complete List  
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| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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. |
| 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. |
| 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. |

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Complete List  
Applies to Uniform Medical Plan (UMP)**

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| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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. |
| 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. |

**Clinical Edits by Code List  
Complete List  
Applies to Uniform Medical Plan (UMP)**

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| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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. |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |

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| Code  | Description                            | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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. |
| 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 cncr 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 cncr 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. |



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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  |
|-------|--|---------------------------|--|
| 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 lvsd                             | 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. |
| 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. |
| 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. |
| 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 gyn                   | 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. |

**Clinical Edits by Code List  
Complete List  
Applies to Uniform Medical Plan (UMP)**

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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  |
|-------|-------------------------------------|---------------------------|--|
| G8967 | Wfrn or oral anticoag 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. |
| 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 Diffr 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. |

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| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| 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; Nsclc; St I No Progrsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9064 | Onc; Status; Nsclc;st Ii No Progrsn | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9065 | Onc;nsclc; St Iii A No Progressn    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9066 | Onc; Status; Nsclc; St Iii B-4 Met  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9067 | Onc; Status; Nsclc; Extent Dz Unkn  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9068 | Onc; Status; Sc&comb;ltd 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. |
| 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. |

**Clinical Edits by Code List  
Complete List  
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| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| 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. |
| 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; Ii;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. |

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| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| 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.                     |
| 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.                     |

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| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| 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. |
| 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. |
| G9273 | Sys<140 and dia<90          | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9274 | Bp out of nrm 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. |

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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  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |

**Clinical Edits by Code List  
Complete 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                 | Comment  |
|-------|----------------------------------|---------------------------|--|
| 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. |
| 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. |
| 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. |



**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  |
|-------|------------------------------|---------------------------|--|
| 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 bipol, death, nhres, hosp | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 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/diph      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9417 | No tdap or td or 1tet/diph   | 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. |

**Clinical Edits by Code 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  |
|-------|------------------------------|---------------------------|--|
| G9425 | Spec rpt no doc class histo  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 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 srn            | 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. |
| 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. |

**Clinical Edits by Code 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  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |

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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  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |

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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  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |
| 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. |
| 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. |

**Clinical Edits by Code List  
Complete 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                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |
| G9642 | Current cig smoker           | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |
| 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 ascvcd  | 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. |

**Clinical Edits by Code List  
Complete 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                 | Comment  |
|-------|--|---------------------------|--|
| G9665 | No statin/no order statin                | 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. |
| 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. |
| 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. |

**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  |
|-------|--------------------------------|---------------------------|--|
| 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. |
| 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. |



**Clinical Edits by Code List  
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  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |

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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  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |
| 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. |

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| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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. |

**Clinical Edits by Code List  
Complete 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                 | Comment  |
|-------|--|---------------------------|--|
| 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. |
| 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. |

**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  |
|-------|-------------------------------|---------------------------|--|
| 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 rsits doc       | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9900 | Scrn mam perf rsits 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. |
| G9905 | No pt tbco scrn rng           | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9906 | Pt rcv 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 assesed 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 documntd 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. |

**Clinical Edits by Code 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  |
|-------|-------------------------------|---------------------------|--|
| 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. |
| 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 prohypyl 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 reprd 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. |

**Clinical Edits by Code 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).\*

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| Code  | Description                           | Edit Type                 | Comment  |
|-------|---------------------------------------|---------------------------|--|
| 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. |
| 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. |
| G9988 | Pall Serv During Meas                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9989 | Med Rsn No Pneum Vax                  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9990 | No Pneum Vax Admin 60+                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9991 | Pneum Vax Admin 60+                   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9992 | Pall Serv During Meas                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9993 | Pall Serv During Meas                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9994 | Pall Serv During Meas                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9995 | Pall Serv During Meas                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9996 | Doc Pt Pal Or Hospice                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9997 | Doc Pt Preg Dur Msrmt Pd              | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9998 | Doc Med Rsn <3 Colon                  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| G9999 | Doc Sys Rsn <3 Colon                  | 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. |

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\*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  |
|-------|---------------------------------------|---------------------------|--|
| H0004 | Behavioral Health Cnsl&tx-15 Min      | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0005 | Alcohol&rx Srvc; Grp Cnsl Clinician   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0008 | Alcohol&rx Srvc;sub-ac Dtox Hosp Ip   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0009 | Alcohol&rx Srvc; Acute Dtox Hosp Ip   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0010 | Alcohol&rx Srvc; Sub-ac Dtox Res Ip   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0011 | Alcohol&rx Srvc;ac Dtox Res Prog Ip   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0012 | Alcohol&rx Srvc; Sub-ac Dtox Res Op   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0013 | Alcohol&rx Srvc;ac Dtox Res Prog Op   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0014 | Alcohol &/ Rx Srvc; Amb Dtoxication   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| H0016 | Alcohol &or Rx Srvc; 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 Srvc 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. |
| 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 Facil 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. |



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| Code  | Description                          | Edit Type                 | Comment   |
|-------|--------------------------------------|---------------------------|---|
| H2038 | Skill Train And Dev/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 Aprotinin 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 Calcgm 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.            |
| 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.            |

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| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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 GonadoreIn 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 Droprid&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&promethzin 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 Ml                     | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| J2650 | Inj Prednisolone Acetate To 1 Ml                   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |

**Clinical Edits by Code List  
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   |
|-------|--------------------------------------|---------------------------|---|
| J3305 | Inj Trimetrexate Glucuronate 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 Spctnomycn Dhydrochlorid 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.  |
| 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. |

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| Code  | Description                         | Edit Type                 | Comment   |
|-------|-------------------------------------|---------------------------|---|
| 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.  |
| 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 Difttox 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 Inترفn Alfacon-1 Recomb 1 Mcg   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| J9213 | Inترفeron Alfa-2a Recombinant 3 M U | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |

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| Code  | Description                         | Edit Type                 | Comment   |
|-------|-------------------------------------|---------------------------|---|
| 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. |
| 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        | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| K1019 | Monthly supp use with k1018         | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| K1023 | Trans Elec Nerv Periph Nerv         | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |

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| Code  | Description                         | Edit Type                 | Comment   |
|-------|-------------------------------------|---------------------------|---|
| K1028 | Control Unit Neuromuscul Osa        | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| K1029 | Oral Dv/App Neuromus Mouthpi        | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| K1030 | Ext Recharge Bat Replacement        | 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        | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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         | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| L5969 | Ak/ft power asst incl motors        | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| L5973 | Ank-foot sys dors-plant flex        | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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. |
| 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. |

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| Code  | Description                        | Edit Type                 | Comment   |
|-------|------------------------------------|---------------------------|---|
| 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.  |
| 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 sm 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.  |

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| Code  | Description                  | Edit Type                 | Comment  |
|-------|------------------------------|---------------------------|--|
| 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. |
| 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 systm rsn 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. |



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| Code  | Description                 | Edit Type                 | Comment  |
|-------|-----------------------------|---------------------------|--|
| 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. |
| 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. |

**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  |
|-------|-------------------------------------|---------------------------|--|
| 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.                     |
| 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.                     |
| M1144 | Oc no ind pt 1-2 vis                | 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      | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| 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 Srvc | 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. |

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| Code  | Description  | Edit Type                 | Comment   |
|-------|--|---------------------------|---|
| 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.  |
| 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, sevices/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.  |

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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  |
|-------|---|------------------------|--|
| 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. |
| 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. |
| Q4140 | Biodfence 1cm                                   | 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. |

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| Code  | Description                  | Edit Type              | Comment  |
|-------|------------------------------|------------------------|--|
| 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. |
| 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 | Dermapure 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. |

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| Code  | Description                  | Edit Type              | Comment  |
|-------|------------------------------|------------------------|--|
| 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. |
| Q4168 | Amnioband, 1 mg              | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| 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 promatrx         | 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. |

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| Code  | Description                  | Edit Type              | Comment  |
|-------|------------------------------|------------------------|--|
| 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. |
| 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. |
| Q4199 | Cygnus Matrix, Per Sq Cm     | 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 | Kerxxx (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. |

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| Code  | Description                  | Edit Type              | Comment  |
|-------|------------------------------|------------------------|--|
| 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. |
| 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. |
| Q4224 | Hhf10-P Per Sq Cm            | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4225 | Amniobind, 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. |



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| Code  | Description                  | Edit Type              | Comment  |
|-------|------------------------------|------------------------|--|
| Q4227 | Amniocore 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. |
| Q4234 | Xcellerate, per sq cm        | Investigational Denial | Always considered investigational; investigational services are denied member liability. |
| Q4235 | Amniorepair or altipty 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. |

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| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| Q4249 | Amnioly, 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. |
| Q4251 | Vim, Per Square Centimeter           | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| Q4252 | Vendaje, Per Square Centimet         | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| Q4253 | Zenith Amniotic Membrane Psc         | 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. |
| Q4256 | Mlg Complet, Per Sq Cm               | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| Q4257 | Relese, Per Sq Cm                    | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| Q4258 | Enverse, Per Sq Cm                   | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| Q4259 | Celera Per Sq Cm                     | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| Q4260 | Signature Apatch, Per Sq Cm          | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| Q4261 | Tag, Per Square Centimeter           | 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.                     |
| Q9003 | Va chaplain counsel group            | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |
| Q9004 | Va Whole Health Partner Serv         | 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.                     |

**Clinical Edits by Code 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  |
|-------|---|---------------------------|--|
| 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 | Colistmthate 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.                     |
| 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.                     |
| S0601 | Screening Proctoscopy                       | Investigational Denial    | Always considered investigational; investigational services are denied member liability. |
| S0630 | Remv Suturs; Md Not Md Who Clos Wnd         | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |

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| Code  | Description                                    | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| S1015 | Iv Tubing Extension Set                        | 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. |
| S2118 | Total Hip Resurfacing                          | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| S2348 | Decomp Perq Disc Rf 1/mx Lumb                  | HTCC Benefit Denial       | Not a covered benefit per HTCC   |
| S2900 | Surg Tech Rqr Use Robotic Surg Sys             | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |
| S3005 | Pfrfm 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. |
| S3852 | Dna Analy Apoe Epsilon 4 Allele Alz            | 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&mgs04 1000 MI            | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |
| S5014 | 5% Dxtros/45% N/s Kci&mgs04 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/nebulizir;no Mask           | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.                     |

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| Code  | Description                         | Edit Type                 | Comment   |
|-------|-------------------------------------|---------------------------|---|
| 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        | HTCC Decision             | Possible HTCC decision denial   |
| S8940 | Equestrian/hippothrapy Per Session  | Investigational Denial    | Always considered investigational; investigational services are denied member liability.  |
| S8990 | Phys/manip Tx Maint Not Restoration | HTCC Decision             | Possible HTCC decision denial   |
| S8999 | Resuscitation Bag                   | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off.  |
| S9055 | Procuren/oth Growth Factor Prep     | HTCC Benefit Denial       | Not a covered benefit per HTCC  |
| 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.  |
| S9475 | Amb Set Sbstnc Abs Tx/dtox Srvc Day | 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.  |

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| Code  | Description  | Edit Type                 | Comment  |
|-------|--|---------------------------|--|
| 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&/substnc 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 Srvc                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1010 | Meals Rec Alcohol&/substnc Abs Srvc                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1012 | Alcohol&/substnc Abs Srvc Skl Dvlp                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1013 | Sign Lange/oral Inteptr Srvc-15 Min                | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1014 | Telehealth Trans Min Prof Srvc                     | 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. |
| 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 | Mxdiscplin Child Cmplx Impair Diem                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T1026 | Mxdiscplin Child W/cmplx Impair Hr                 | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |

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| Code  | Description                          | Edit Type                 | Comment  |
|-------|--------------------------------------|---------------------------|--|
| 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 Attndnt/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 Prevocational Waivr;diem  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| 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. |

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| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| 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 | Srvc 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 | Splized Childcare Waiver; Per Diem  | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| T2027 | Splized 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 Sif-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. |
| 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. |
| T2050 | Financial Mgt Waiver/Diem           | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |



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| Code  | Description                         | Edit Type                 | Comment  |
|-------|-------------------------------------|---------------------------|--|
| T2051 | Support Broker Waiver/Diem          | 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. |
| V5262 | Hearing Aid Dispbl Type Monaural    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| V5263 | Hearing Aid Dispbl Type Binaural    | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |
| V5265 | Ear Mold/insert Disposable Any Type | Non-Reimbursable Services | Not considered a payable service. Will be denied provider write-off. |