

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

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

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

Code	Description	Edit Type
0019M	Cv Ds Plasma Alys Prtn Bmrk	Investigational Denial
0403U	Onc Prst8 Mrna 18 Gen Dre Ur	Investigational Denial
0404U	Onc Brst SemiQ Meas Thym Kn	Investigational Denial
0405U	Onc Pncrtc 59 Mthltn Blk Mrk	Investigational Denial
0406U	Onc Lung Flow Cytmetry 5 Mrk	Investigational Denial
0407U	Neph Dbtc Ckd Mult Eclia Alg	Investigational Denial
0410U	Onc Pncrtc Dna Whl Gn Seq 5-	Investigational Denial
0411U	Psyc Genom Alys Pnl 15 Gen	Investigational Denial
0412U	Beta Amyloid Aβ42/40 Imprcip	Investigational Denial
0414U	Onc Lng Aug Alg Aly Whl Sld8	Investigational Denial
0415U	Cv Ds Acs Bld Alg 5 Yr Score	Investigational Denial
0416U	Iadna Gu Pthgn 20Bct&Fng Org	Investigational Denial
0418U	Onc Brst Aug Alg Aly Whl SI8	Investigational Denial
0419U	Nrpsyc Gen Seq Vrnt Aly 13	Investigational Denial
A2022	Innovabrn/Innovamatx XI Sqcm	Investigational Denial
A2023	Innovamatrix Pd, 1 Mg	Investigational Denial
A2024	Resolve Matrix Per Sq Cm	Investigational Denial
A2025	Miro3D Per Cubic Cm	Investigational Denial
C9788	Uni Breas Optoacoustic Imag	Investigational Denial
C9790	Kidney Histotripsy W/Image	Investigational Denial

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

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

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

Code	Description	Edit Type
E0490	Control Unit Nm Hw Remote	Investigational Denial
E0491	Oral Dv Nm Mouthpc Hw Remote	Investigational Denial
H2040	Coord Specialty Care, Month	Non-Reimbursable Services
H2041	Coord Special Care Encounter	Non-Reimbursable Services
Q4285	Nudyn DI Or DI Mesh Pr Sq Cm	Investigational Denial
Q4286	Nudyn SI Or Slw, Per Sq Cm	Investigational Denial