

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
0003U	Oncology ovarian 5 proteins ser alg scor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0005F	Osteoarthritis Composite	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0012F	Cap Bacterial Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0014F	Comprehensive Preoperative Assessment Performed Fo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0015F	Melanoma Follow Up Completed (includes Assessment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0054T	Bone Surgery Using Computer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0055T	Bone Surgery Using Computer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0062T	Rep Intradisc Annulus;1 Lev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0063T	Rep Intradisc Annulus;>1lev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0066T	Ct Colonography;screen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0098T	Rev Artific Disc Addl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0165T	Revise Lumb Artif Disc Addl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0174T	Cad Cxr With Interp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0175T	Cad Cxr Remote	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0213T	Us facet jt inj cerv/t 1 lev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0214T	Us facet jt inj cerv/t 2 lev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0215T	Us facet jt inj cerv/t 3 lev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0216T	Us facet jt inj ls 1 level	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0217T	Us facet jt inj ls 2 level	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0218T	Us facet jt inj ls 3 level	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0443T	R-T spectral analysis prostate tissue	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
0444T	1st placement drug-eluting ocular insert	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0445T	Subsequent placement drug-eluting ocular insert	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0450T	Insj aqueous drain dev each	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0469T	RTA polarize scan ocular screening bilateral	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0474T	Insertion aqueous drainage device IO RSVR	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0481T	Njx autol wbc concentrate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0500F	Initial Prenatal Care Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0501F	Prenatal Flow Sheet	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0502F	Subsequent Prenatal Care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0503F	Postpartum Care Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0505F	Hemodialysis Plan Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0507F	Periton Dialysis Plan Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0509F	Urin Incon Plan Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0513F	Elevated Blood Pressure Plan Of Care Documented (c	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0514F	Plan Of Care For Elevated Hemoglobin Level Documen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0515T	Insj wcs lv compl sys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0516F	Anemia Plan Of Care Documented (esrd)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0516T	Insj wcs lv eltrd only	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0517F	Glaucoma Plan Of Care Documented (ec)5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0517T	Insj wcs lv pg compnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0518F	Falls Plan Of Care Documented (ger)5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

**Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage**

Code	Description	Edit Type	Comment
0518T	Rmvl pg compnt wcs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0519F	Planned Chemotherapy Regimen, Including At A Minim	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0519T	Rmvl & rplcmt pg compnt wcs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0520F	Normal Tissue Dose Constraints Established Within	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0520T	Rmvl&rplcmt pg wcs new eltrd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0521F	Plan Of Care To Address Pain Documented (onc)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0521T	Interrog dev eval wcs ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0522T	Prgmng dev eval wcs ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0525F	Initial Visit For Episode (bkp)2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0526F	Subsequent Visit For Episode (bkp)2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0528F	Rcmnd Flw-up 10 Yrs Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0529F	Intrvl 3+yrs Pts Clnscp Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0535F	Dyspnea Mngmnt Plan Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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 and/or reimbursed separately.
0543T	Ta mv rpr w/artif chord tend	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0544T	Tcat mv annulus rcnstj	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0545F	Follow up care plan mdd docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0545T	Tcat tv annulus rcnstj	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
0547T	B1 matr qual tst mcrind tib	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0550F	Cytopathology report non-gyn specimen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0551F	Cytopathology report non-routine	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0553T	Perq tcat iliac anast implt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0555F	Symptom mgmnt plan care docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0556F	Plan care lipid control docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0557F	Plan caremng angnl symptdocd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0559T	Antmc mdl 3d print 1st cmpnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0560T	Antmc mdl 3d print ea addl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0561T	Antmc guide 3d print 1st gd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0562T	Antmc guide 3d print ea addl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0567T	Perm flp tube occls w/implt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0568T	Intro mix saline&air f/ssg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0569T	Ttvr perq appr 1st prosth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0570T	Ttvr perq ea addl prosth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0571T	Insj/rplcmt icds ss eltrd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0572T	Insertion ss dfb electrode	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0573T	Removal ss dfb electrode	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0574T	Repos prev ss impl dfb eltrd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0575F	Hiv Rna Plan Care Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0575T	Prgmrg dev eval icds ss ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
0576T	Interrog dev eval icds ss ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0577T	Ephys eval icds ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0578T	Rem interrog dev icds phys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0579T	Rem interrog dev icds tech	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0580F	Multidisciplinary care plan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0581F	Pt transferred from anesth to cc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0582F	Not transferred from anesth to cc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0582T	Trurl abltj mal prst8 tiss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0583F	Transfer care checklist used	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0584F	No transfer care checklist used	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0602T	Transdermal GFR measurements	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0603T	Transdermal GFR monitoring	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0604T	Rem OCT rta dev setup & educaj	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0605T	Rem OCT rta techl sprt min 8	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0606T	Rem OCT rta phys/qhp ea 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0613T	Perq tcatt intratr septl sht	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0614T	Rmvl & rplcmt ss impl dfb pg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1000F	Tobacco Use, Smoking, Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1002F	Assess Anginal Symptom/level	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1003F	Level Of Activity Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1004F	Clin Symp Vol Ovrlid Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
1005F	Asthma Symptoms Evaluate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1006F	Osteoarthritis Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1007F	Anti-inflm/anglsc Otc Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1008F	Gi/renal Risk Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1010F	Severity angina by actvty	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1011F	Angina present	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1012F	Angina absent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1015F	Copd Symptoms Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1018F	Assess Dyspnea Not Present	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1019F	Assess Dyspnea Present	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1022F	Pneumo Imm Status Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1026F	Co-morbid Condition Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1030F	Influenza Imm Status Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1031F	Smoking & 2nd hand assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1032F	Smoker/exposed 2nd hnd smoke	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1033F	Tobacco nonsmoker nor 2ndhnd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1034F	Current Tobacco Smoker	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1035F	Smokeless Tobacco User	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1036F	Tobacco Non-user	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1038F	Persistent Asthma	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1039F	Intermittent Asthma	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
1040F	Dsm-ivtm Info Mdd Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1050F	History Of Mole Changes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1052F	Type location activityassess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1055F	Visual Funct Status Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1060F	Doc Per/cont/parox Atr.fib	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1061F	Doc Lack Perm+cont+parox Fib	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1065F	Ischm Stroke Symp <3 Hrs B/4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1066F	Ischm Stroke Symp >3 Hrs B/4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1070F	Alarm Symp Assessed-absent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1071F	Alarm Symp Assessed-1 + Prsnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1090F	Pres/absn Urin Incon Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1091F	Urine Incon Characterized	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1100F	Pt Falls Assess-doc'd>2+/yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1101F	Pt Falls Assessed-doc'd<1/yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1110F	Pt Lft Inpt Fac W/in 60 Days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1111F	Dschrg Med/current Med Merge	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1116F	Auric/peri Pain Assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1118F	Gerd Symptoms Assessed After 12 Months Of Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1119F	Initial Evaluation For Condition (hep C)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1121F	Subsequent Evaluation For Condition (hep C)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1123F	Advance Care Planning Discussed And Documented; Ad	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
1124F	Advance Care Planning Discussed And Documented In	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1125F	Pain Severity Quantified; Pain Present (onc)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1126F	Pain Severity Quantified; No Pain Present (onc)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1127F	New episode for condtion	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1128F	Subsequent episode for condtion	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1130F	Back Pain And Function Assessed, Including All Of	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1134F	Episode Of Back Pain Lasting Six Weeks Or Less (bk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1135F	Episode Of Back Pain Lasting Longer Than Six Weeks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1136F	Episode Of Back Pain Lasting 12 Weeks Or Less (bkp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1137F	Episode Of Back Pain Lasting Longer Than 12 Weeks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1150F	Doc Pt Rsk Death W/in 1yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1151F	Doc No Pt Rsk Death W/in 1yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1152F	Doc Advncd Dis Comfort 1st	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1153F	Doc Advncd Dis Cmfrt Not 1st	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1157F	Advnc Care Plan In Rcrd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1158F	Advnc Care Plan Tlk Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1159F	Med List Docd In Rcrd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1160F	Rvw Meds By Rx/dr In Rcrd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1170F	Fxnl Status Assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1175F	Function stat assessed rvwd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1180F	Thromboemb Risk Assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
1181F	Neuropsychia sympts assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1182F	Neuropsychi sympt 1+present	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1183F	Neuropsychiatric symp absent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1200F	Seizure type(s)+ frq docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1205F	Epi etiol synd rvwd and docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1220F	Patient Screened For Depression	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1400F	Parkinson's Disease diagnosis reviewed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1450F	Symptoms improved/consist	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1451F	Sympt show clin import drop	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1460F	Qual card diag prior 12 mons	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1461F	No qual card diag prior12mon	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1490F	Dem severity classified mild	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1491F	Dem severity classified mod	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1493F	Dem severity class severe	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1494F	Cognit assessed and reviewed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1500F	Symptom and sign symm polyneuro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1501F	Not initial eval for condition	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1502F	Pt queried pain function with instrument	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1503F	Pt queried symptoms resp insuff	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1504F	Pt has respiratory insufficiency	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
1505F	Pt has no respiratory insufficiency	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
2000F	Blood Pressure Measure	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2001F	Weight Record	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2002F	Clin Sign Vol Ovrlld Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2004F	Initial Exam Involved Joints	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2010F	Vital Signs Recorded	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2014F	Mental Status Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2015F	Asthma impairment assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2016F	Asthma risk assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2018F	Hydration Status Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2019F	Dilated Macul Exam Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2020F	Dilated Fundus Eval Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2021F	Dilated Macul+exam Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2022F	Dil Retina Exam Interp Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2023F	Dilat rta xm w/o rtnophy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2024F	7 Field Photo Interp Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2025F	7 fld rta photo w/o rtnophy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2026F	Eye Image Valid To Dx Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2027F	Optic Nerve Head Eval Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2028F	Foot Exam Performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2029F	Complete Phys Skin Exam Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2030F	H2O Stat Doc'd Normal	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
2031F	H2O Stat Doc'd Dehydrated	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2033F	Eye img valid w/o rtnophy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2035F	Tymp Memb/motion Exam'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2040F	Physical Examination On The Date Of The Initial Vi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2044F	Documentation Of Mental Health Assessment Prior To	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2050F	Wound Char Size Etc Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2060F	Pt talk eval hlthwkr re mdd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
22526	Idet, Single Level	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
22527	Idet, 1 Or More Levels	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
22841	Insert Spine Fixation Device	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
22857	Lumbar Artif Discectomy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
22862	Revise Lumbar Artif Disc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
27215	Treat Pelvic Fracture(s)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
27216	Treat Pelvic Ring Fracture	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
27217	Treat Pelvic Ring Fracture	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
27218	Treat Pelvic Ring Fracture	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
27412	Autochondrocyte Implant Knee	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3006F	Cxr Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3008F	Body mass index docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3011F	Lipid Panel Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3014F	Scen Mammo Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3015F	Cerv cancer screen docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3016F	Pt Scrnd Unhlthy Oh Use	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3017F	Colorectal Ca Screen Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3018F	Pre-prxd Rsk Et Al Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3019F	Lvef assess planpost dschrg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3020F	Lvf Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3021F	Lvef Mod/sever Depres Syst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3022F	Lvef >40% Systolic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3023F	Spirom Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3025F	Spirom Fev/fvc <70% W Copd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3027F	Spirom Fev/fvc >70% W/o Copd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3028F	O2 Saturation Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3035F	O2 Saturation <88% /pao<55%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3037F	O2 Saturation >88% /pao>55	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3038F	Pulm fx w/in 12 mon b/4 surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3040F	Fev <40% Predicted Value	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3042F	Fev >40% Predicted Value	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3044F	Hg A1c Level <7.0%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3045F	Hg A1c Level 7.0 - 9.0%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3046F	Hemoglobin A1c Level > 9.0%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3048F	Ldl-c < 100 Mg/dl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3049F	Ldl-c 100-129 Mg/dl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3050F	Ldl-c = 130 Mg/dl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3051F	Hg a1c>equal 7.0%<8.0%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3052F	Hg a1c>equal 8.0%<equal 9.0%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3055F	Lvef less than/equal to 35%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3056F	Lvef greater than 35%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3060F	Pos Microalbuminuria Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3061F	Neg Microalbuminuria Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3062F	Pos Macroalbuminura Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3066F	Nephropathy Doc Tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3072F	Low Risk For Retinopathy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3073F	Pre-surg Eye Measures Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3074F	Sust Bp < 130 MmHg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3075F	Syst Bp >130 - 139 MmHg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3077F	Syst Bp = 140 Mm Hg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3078F	Diast Bp < 80 Mm Hg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3079F	Diast Bp 80-89 Mm Hg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3080F	Diast Bp = 90 Mm Hg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3082F	Kt/v <1.2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3083F	Kt/v >= 1.2 And < 1.7	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3084F	Kt/v > 1.7	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3085F	Suicide Risk Assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3088F	Mdd Mild	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3089F	Mdd Moderate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3090F	Mdd Severe; W/o Psych	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3091F	Mdd Severe; W/psych	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3092F	Mdd In Remission	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3093F	Doc New Diag 1st/addl. Mdd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3095F	Central Dexa Results Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3096F	Central Dexa Ordered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3100F	Carot Blk Doc'd W/carot Ref	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3110F	Pres/absn Hmrhg/lesion Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3111F	Ct/mri Brain Done W/in 24 Hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3112F	Ct/mri Brain Done > 24 Hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3115F	Quant results activity +symp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3117F	Hf assessment tool completed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3118F	Ny heart assoc class docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3119F	No eval activity clin symp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3120F	12-lead Ecg Performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3126F	Esophageal biopsy report/dysplasia	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3130F	Upper Gi Endoscopy Performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3132F	Doc Ref. Upper Gi Endoscopy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3140F	Forceps Esoph Biopsy Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3141F	Upper Gi Endo Shows Barrrt's	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3142F	Upper Gi Endo Not Barrrt's	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3150F	Forceps Esoph Biopsy Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3155F	Cytogen Test Marrow B/4 Tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3160F	Doc Fe+ Stores B/4 Epo Tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3170F	Flow Cyto Done B/4 Tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3200F	Barium Swallow Test Not Req	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3210F	Grp A Strep Test Performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3215F	Pt Immunity To Hep A Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3216F	Pt Immunity To Hep B Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3218F	Rna Testing For Hepatitis C Documented As Performe	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3220F	Hep C Quant Rna Tstng Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3230F	Note Hring Tst W/in 6 Mon	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3250F	Noprim Loc Anat Bx Site Tumor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3260F	Pt Cat/pn Cat/hist Grd Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3265F	Ribonucleic Acid (rna) Testing For Hepatitis C Vir	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3266F	Hepatitis C Genotype Testing Documented As Perform	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3267F	Path report w/PT PN CAT ET AL	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3268F	Prostate-specific Antigen (psa), And Primary Tumor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3269F	Bone Scan Performed Prior To Initiation Of Treatme	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3270F	Bone Scan Not Performed Prior To Initiation Of Tre	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3271F	Low Risk Of Recurrence, Prostate Cancer (prca)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3272F	Intermediate Risk Of Recurrence, Prostate Cancer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3273F	High Risk Of Recurrence, Prostate Cancer (prca)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3274F	Prostate Cancer Risk Of Recurrence Not Determined	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3278F	Serum Levels Of Calcium, Phosphorus, Intact Parath	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3279F	Hemoglobin Level Greater Than Or Equal To 13 G/dl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3280F	Hemoglobin Level 11 G/dl To 12.9 G/dl (ckd, Esrd)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3281F	Hemoglobin Level Less Than 11 G/dl (ckd, Esrd)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3284F	Intraocular Pressure (iop) Reduced By A Value Of G	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3285F	Intraocular Pressure (iop) Reduced By A Value Less	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3288F	Falls Risk Assessment Documented (ger)5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3290F	Patient Is D (rh) Negative And Unsensitized (prena	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3291F	Patient Is D (rh) Positive Or Sensitized (prenatal	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3292F	Hiv Testing Ordered Or Documented And Reviewed Dur	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3293F	Abo rh blood typing docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3294F	Grp b strep screening docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3300F	American Joint Committee On Cancer (ajcc) Stage Do	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3301F	Cancer Stage Documented In Medical Record As Metas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3315F	Estrogen Receptor (er) Or Progesterone Receptor (p	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3316F	Estrogen Receptor (er) And Progesterone Receptor (Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3317F	Pathology Report Confirming Malignancy Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3318F	Pathology Report Confirming Malignancy Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3319F	One Of The Following Diagnostic Imaging Studies Or	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3320F	None Of The Following Diagnostic Imaging Studies O	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3321F	Ajcc Cncr O/ia Mela Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3322F	Melanoma >ajcc Stage 0 Or Ia	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3323F	Clin node stgng docdb/4 surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3324F	Mri ct scan ord rvwd rqstd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3325F	Preoperative Assessment Of Functional Or Medical I	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3328F	Prfrmnc docd 2 wks b/4 surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3330F	Imaging Study Ordered (bkp)2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3331F	Imaging Study Not Ordered (bkp)2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3340F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3341F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3342F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3343F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3344F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3345F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3350F	Mammo Bx Proven Malig Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3351F	Neg Screen Dep Symp By Dep Tool	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3352F	No Sig Dep Symp By Dep Tool	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3353F	Mild-mod Dep Symp By Dep Tool	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3354F	Clin Sig Dep Symp By Dep Tool	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3370F	Ajcc Breast Cancer Stage 0 Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3372F	Ajcc Breast Cancer Stage1 + Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3374F	Ajcc Brst Cancer Tumor Size >1cm To 2cm Stage 1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3376F	Ajcc Breast Cancer Stage 2 Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3378F	AJCC Breast Cancer Stage III, documented (ONC)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3380F	Ajcc Breast Cancer Stage 4 Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3382F	Ajcc Colon Cancer Stage 0 Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3384F	Ajcc Colon Cancer Stage 1 Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3386F	Ajcc Colon Cancer Stage 2 Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3388F	Ajcc Colon Cancer Stage 3 Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3390F	Ajcc Colon Cancer Stage 4 Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3394F	Quant HER2 IHC eval breast cancer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3395F	Quant HER2 IHC eval breast cancer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3450F	Dyspnea Scrnd, No-mild Dysp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3451F	Dyspnea Scrnd Mod-high Dysp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3452F	Dyspnea Not Screened	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3455F	Tb Scrng Done-interpd 6mon	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3470F	Ra Disease Activity, Low	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3471F	Ra Disease Activity, Mod	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3472F	Ra Disease Activity, High	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3475F	Disease Progn Ra Poor Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3476F	Disease Progn Ra Good Docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
34839	Plnning pt spec fenest graft	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
34848	Visc & infraren abd 4+ prost	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3490F	History - Aids-defining Cond	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3491F	Hiv Unsure Baby Of Hiv+moms	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3492F	History Cd4+ Cell Count <350	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3493F	No Hist Cd4+cell Cnt<350	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3494F	Cd4+cell Count <200cells/mm3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3495F	Cd4+cell Cnt 200-499 Cells	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3496F	Cd4+ Cell Count =500 Cells	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3497F	Cd4+ Cell Percentage <15%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3498F	Cd4+ Cell Percentage =15%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3500F	Cd4 +cell Count% Documented As Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3502F	Hiv Rna Vrl Load <Imts Quantif	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3503F	Hiv Rna Vrl Load Below Limits Of Quantif	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3510F	Doc Tb Screening Results Interpreted	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3511F	Chlamydia And Gonorrhea Documented Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3512F	Syphilis Screening Documented As Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3513F	Hepatitis Screening Documented As Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3514F	Hepatitis C Screening Documented As Done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3515F	Patient Has Documented Immunity To Hep C	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3517F	Hbv assess&results intrp 1yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3520F	Cdifficile testing performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3550F	Low Risk Thromboembolism	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3551F	Intermediate Risk Thromboembolism	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3552F	High Risk For Thromboembolism	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3555F	Patient Inr Measurement Preformed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3570F	Report Scint X-ref With X-ray	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3572F	Patient Considered Poss Risk Fx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3573F	Patient Not Considered Poss Risk Fx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
36000	Place Needle In Vein	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
36416	Capillary Blood Draw	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
3650F	EEG ordered rwd reqstd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3700F	Psychiatric disorder or disturbances assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3720F	Cognitive impairment or dysfunction assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
37216	Transcath Stent, Cca W/o Eps	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3725F	Screen depression performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3750F	Ptnotrcvngsteroid>/=10mg/day	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3751F	Electrodiag polyneuro 6 months	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3752F	No electrodiag polyneuro 6 months	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3753F	Pt has symp and signs neuropathy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3754F	Screening tests dm done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3755F	Cognitive and behav impairment scrng	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3756F	Pt with pseudobulb affect ALS	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3757F	Pt with no pseudobulb affect ALS	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3758F	Pt referred pulmon fx test / peak flow	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
3759F	Pt screened dysphag/wt loss/nutr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3760F	Pt w/ dysphag/wt loss/nutr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3761F	Pt w/o dysphag/wt loss/nutr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3762F	Patient is dysarthric	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3763F	Patient is not dysarthric	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3775F	Adenoma(s)/neoplasm detected during colonoscopy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3776F	Adeonom(s)/neoplasm not detected in colonoscopy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38204	Bl Donor Search Management	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38207	Cryopreserve Stem Cells	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38208	Thaw Preserved Stem Cells	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38209	Wash Harvest Stem Cells	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38210	T-cell Depletion Of Harvest	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38211	Tumor Cell Deplete Of Harvst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38212	Rbc Depletion Of Harvest	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38213	Platelet Deplete Of Harvest	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38214	Volume Deplete Of Harvest	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38215	Harvest Stem Cell Concentrte	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
38225	Car-t hrv bld-drvt lymphcyt	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
38226	Car-t prep t lymphcyt f/trns	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
38227	Car-t receipt&prepj admn	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
4000F	Tobacco Use Txmnt Counseling	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4001F	Tobacco Use Txmnt, Pharmacol	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4003F	Pt Ed Write/oral, Pts W/ Hf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4004F	Pt tobacco use done rcvd tlk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4005F	Pharm Thx For Op Rx'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4008F	Beta-blocker therapy rxd/tn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4010F	Ace/arb therapy rxd/taken	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4011F	Oral Antiplatelet Therapy Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4012F	Warfarin Therapy Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4013F	Statin therapy/currently tkn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4014F	Written Discharge Instr Prvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4015F	Persist Asthma Medicine Ctrl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
4016F	Anti-inflm/anlgsc Agent Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4017F	Gi Prophylaxis For Nsaid Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4018F	Therapy Exercise Joint Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4019F	Doc Recpt Counsl Vit/calc+	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4025F	Inhaled Bronchodilator Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4030F	Oxygen Therapy Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4033F	Pulmonary Rehab Rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4035F	Influenza Imm Rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4037F	Influenza Imm Order/admin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4040F	Pneumo Imm Order/admin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4041F	Doc Order Cefazolin/cerfurox	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4042F	Doc Antibio Not Given	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4043F	Doc Order Given Stop Antibio	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4044F	Doc Order Given Vte Prophylx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4045F	Empiric Antibiotic Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4046F	Doc Antibio Given B/4 Surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4047F	Doc Antibio Given B/4 Surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4048F	Doc Antibio Given B/4 Surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4049F	Doc Order Given Stop Antibio	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4050F	Ht Care Plan Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4051F	Referred For An Av Fistula	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4052F	Hemodialysis Via Av Fistula	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4053F	Hemodialysis Via Av Graft	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4054F	Hemodialysis Via Catheter	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4055F	Pt. Rcvng Perton Dialysis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4056F	Approp. Oral Rehyd Recomm'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4058F	Ped Gastro Ed Given Caregvr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4060F	Psych Svcs Provided	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4062F	Pt Referral Psych Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4063F	Antidepress rxthxpy not rxd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4064F	Antidepressant Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4065F	Antipsychotic Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
4066F	Ect Provided	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4067F	Pt Referral For Ect Doc'd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4069F	Vte prophylaxis rcvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4070F	Dvt Prophylx Recv'd Day 2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4073F	Oral Antiplat Thx Rx Dischrg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4075F	Anticoag Thx Rx At Dischrg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4077F	Doc T-pa Adm Considered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4079F	Doc Rehab Svcs Considered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4084F	Aspirin Recv'd W/in 24 Hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4086F	Aspirin/clopidogrel rxd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4090F	Pt Recvng Epo Thxpy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4095F	Pt Not Rcvng Epo Thxpy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4100F	Biphos Thxpy Vein Ord/rec'vd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4110F	Int Mam Art Used For Cabg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4115F	Beta Blckr Admin W/in 24 Hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4120F	Antibiot Rx'd/given	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4124F	Antibiot Not Rx'd/given	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4130F	Topical Prep Rx, Aoe	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4131F	Syst Antimicrobial Thx Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4132F	No Syst Antimicrobial Thx Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4133F	Antihist/decong Rx/recom	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4134F	No Antihist/decong Rx/recom	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4135F	Systemic Corticosteroids	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4136F	Syst Corticosteroids Not Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4140F	Inhaled corticosteroids rxd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4142F	Corticoster sparing txmnt rxd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4144F	Alt long-term cntrl med rxd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4145F	2+ anti-hyprtnsv agents tkn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4148F	Hep A Vaccine Injection Admin/recvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4149F	Hep B Vaccine Injection Admin/recvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4150F	Pt Recvng Antivir Txmnt Hepc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4151F	Pt Not Recvng Antiv Hep C	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
4153F	Combo Pegintf/rib Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4155F	Hep A Vac Series Prev Recvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4157F	Hep B Vac Series Prev Recvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4158F	Pt Consl'd About Risk Of Alcoho	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4159F	Contrcp Talk B/4 Antiv Txmnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4163F	Patient Counseling At A Minimum On All Of The Foll	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4164F	Adjuvant (ie, In Combination With External Beam Ra	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4165F	Three-dimensional Conformal Radiotherapy (3d-crt)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4167F	Head Of Bed Elevation (30-45 Degrees) On First Ven	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4168F	Patient Receiving Care In The Intensive Care Unit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4169F	Patient Either Not Receiving Care In The Intensive	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4171F	Patient Receiving Erythropoiesis-stimulating Agent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4172F	Patient Not Receiving Erythropoiesis-stimulating A	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4174F	Counseling About The Potential Impact Of Glaucoma	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4175F	Best-corrected Visual Acuity Of 20/40 Or Better (d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4176F	Counseling About Value Of Protection From Uv Light	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4177F	Counseling About The Benefits And/or Risks Of The	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4178F	Anti-d Immune Globulin Received Between 26 And 30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4179F	Tamoxifen Or Aromatase Inhibitor (ai) Prescribed (Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4180F	Adjuvant Chemotherapy Prescribed Or Previously Rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4181F	Conformal Radiation Therapy Received (onc)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4182F	Conformal Radiation Therapy Not Received (onc)1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4185F	Continuous (12-months) Therapy With Proton Pump In	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4186F	No Continuous (12-months) Therapy With Either Prot	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4187F	Disease Modifying Anti-rheumatic Drug Therapy Pres	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4188F	Appropriate Angiotensin Converting Enzyme (ace)/an	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4189F	Appropriate Digoxin Therapeutic Monitoring Test Or	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4190F	Appropriate Diuretic Therapeutic Monitoring Test O	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4191F	Appropriate Anticonvulsant Therapeutic Monitoring	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4192F	Pt Not Rcvng Glucoco Thxpy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4193F	Pt Rcvng<10mg Daily Predniso	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4194F	Pt Rcvng>10mg Daily Predniso	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
4195F	Pt Rcvng Anti-rheum Thxpy Ra	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4196F	Ptnot Rcvng Anti-rhm Thxpyra	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4200F	External Beam Radiotherapy To Prostate W/wo (prca)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4201F	External Beam Radiotherapy For Prostate Cancer To	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4210F	Angiotensin Converting Enzyme (ace) Or Angiotensin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4220F	Digoxin Medication Therapy For 6 Months Or More (m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4221F	Diuretic Medication Therapy For 6 Months Or More (Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4230F	Anticonvulsant Medication Therapy For 6 Months Or	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4240F	Instruction In Therapeutic Exercise With Follow-up	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4242F	Counseling For Supervised Exercise Program Provide	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4245F	Patient Counseled During The Initial Visit To Main	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4248F	Patient Counseled During The Initial Visit For An	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4250F	Active Warming Used Intraoperatively For The Purpo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4255F	Anesth >= 60 min as docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4256F	Anesth < 60 min as docd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4260F	Wound Srfc Culturetech Used	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4261F	Tech Other Than Surfc Cultr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4265F	Wet-dry Dressings Rx-recmd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4266F	No Wet-dry Drssings Rx-recmd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4267F	Comprssion Thxpy Prescribed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4268F	Pt Ed Re Comp Thxpy Rcvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4269F	Appropos Mthd Offloading Rxd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4270F	Patient Receiving Anti R-viral Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4271F	Patient Receiving Anti R-viral Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4274F	Flu Immunization Administered Received	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4276F	Potent antivir thxpy rxd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4279F	Pcp Prophylaxis Rxd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4280F	Pcp Prophylax Rxd 3mon Low %	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4290F	Patient Screen For Injection Drug Use (hiv) 5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4293F	Patient Screened High-risk Sexual Behavior	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4300F	Patient Receiving Warfin Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4301F	Patient Not Receiving Warfin Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
4305F	Pt Ed Re Ft Care Inspct Rcvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4306F	Pt Tlk Psych & Rx Opd Addic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4320F	Patient Talk Psychsoc And Treatment Oh Dpnd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4322F	Crgvr prov w/ ed addl rsrcs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4324F	Patient queried Parkinson's Disease Complications	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4325F	Med and surgical treatment options reviewed w/ pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4326F	Patient asked regarding symptoms auto dysfxn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4328F	Patient asked regarding sleep disturbances	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4330F	Cnslng epi spec sfty issues	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4340F	Cnslng chldbrng+ women epi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4350F	Cnslng provided symp mngmnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
43842	V-band Gastroplasty	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4400F	Rehab therapy options with patient	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4450F	Self-care ed provided to pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
44705	Prepare fecal microbiota	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4470F	Icd counseling provided	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4480F	Pt rcvng ace/arb b-blockertx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4481F	Pt rcvng ace/arb blker<3mons	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4500F	Ref to outpt card rehab prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4510F	Prev cardrehab qualcardevent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4525F	Neuropsychia interven order	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4526F	Neuropsychia interven rcvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4540F	Disease modifying pharmacothxpy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4541F	Pt offered tx for pseudobulb	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4550F	Noninvas resp support talk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4551F	Nutritional support offered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4552F	Pt ref for speech lang path	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4553F	Pt asst in planning for end of liffe issues	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4554F	Pt receieved inhalation anesthetic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4555F	Pt received no inhalation anesthetic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4556F	Pt w/3 or more post op nausea and vomiting	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4557F	Pt w/o 3 or more post op nausea and vomiting	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
4558F	Pt received 2 rx anti-emetic agents	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4559F	1 body temp >=35.5 cw/in 30 min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4560F	Anesth w/o gen/neuraxial anesth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4561F	Pt w/ coronary artery stent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4562F	Pt w/o coronary artery stent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
4563F	Pt received aspirin within 24 hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5010F	Macul+fndngs To Dr Mng Dm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5015F	Doc Fx & Test/txmnt For Op	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5020F	Treatment Summary Report Communicated To Physician	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5050F	Treatment Plan Communicated To Provider(s) Managin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5060F	Findings From Diagnostic Mammogram Communicated To	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5062F	Documentation Of Direct Communication Of Diagnosti	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5100F	Rsk Fx Ref W/n 24 Hrs X-ray	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5200F	Eval appros surg thxpy epi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5250F	Asthma discharge plan presnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
57465	Cam cervix uteri drg colp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6005F	Care Level Rationale Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6010F	Dysphag Test Done B/4 Eating	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6015F	Pt Recvng/ok For Eatng/swallowing	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6020F	Npo (nothing-mouth) Ordered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6030F	All Elements Of Maximal Sterile Barrier Technique	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6040F	Use Of Appropriate Radiation Dose Reduction Device	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6045F	Radiation Exposure Or Exposure Time In Final Repor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6070F	Pt asked/cnsld aed effects	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6080F	Patient/Caregive queried about falls	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6090F	Patient/Caregive counseled about safety issues	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6100F	Verify pt site procedure documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6101F	Safety counseling dementia	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6102F	Safety counseling dem order	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6110F	Counsel prov driving risks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
6150F	Pt notrcvng1st antitnf txmnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
61630	Intracranial Angioplasty	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
61640	Dilate Ic Vasospasm, Init	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
61641	Dilate Ic Vasospasm Add-on	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
61642	Dilate Ic Vasospasm Add-on	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
69090	Pierce Earlobes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
7010F	Patient Information Entered Into A Recall System W	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
7020F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
7025F	Patient Information Entered Into A Reminder System	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
74263	Ct colonography, screen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
76140	X-ray Consultation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
77061	Breast tomosynthesis uni	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
77062	Breast tomosynthesis bi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
77385	Brachytx isodose complex	Non-Reimbursable Services	Not considered a payable Professional service and/or reimbursed separately.
77386	Ntsty modul rad tx dlvr cplx	Non-Reimbursable Services	Not considered a payable Professional service and/or reimbursed separately.
77387	Guidance for radiaj tx dlvr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
77402	Radiation Treatment Delivery	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
77407	Radiation Treatment Delivery	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
78350	Bone Mineral, Single Photon	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
78351	Bone Mineral, Dual Photon	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
78609	Brain Imaging (pet)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80050	General Health Panel	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80055	Obstetric Panel	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80320	Drug screen quantalcohols	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80321	Alcohols biomarkers 1or 2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80322	Alcohols biomarkers 3/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80323	Alkaloids nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80324	Drug screen amphetamines 1/2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80325	Amphetamines 3or 4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80326	Amphetamines 5 or more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80327	Anabolic steroid 1 or 2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80328	Anabolic steroid 3 or more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80329	Analgesics non-opioid 1 or 2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80330	Analgesics non-opioid 3-5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
80331	Analgesics non-opioid 6/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80332	Antidepressants class 1 or 2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80333	Antidepressants class 3-5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80334	Antidepressants class 6/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80335	Antidepressant tricyclic 1/2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80336	Antidepressant tricyclic 3-5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80337	Tricyclic & cyclical 6/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80338	Antidepressant not specified	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80339	Antiepileptics nos 1-3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80340	Antiepileptics nos 4-6	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80341	Antiepileptics nos 7/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80342	Antipsychotics nos 1-3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80343	Antipsychotics nos 4-6	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80344	Antipsychotics nos 7/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80345	Drug screening barbiturates	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80346	Benzodiazepines 1-12	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80347	Benzodiazepines 13 or more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80348	Drug screening buprenorphine	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80349	Cannabinoids natural	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80350	Cannabinoids synthetic 1-3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80351	Cannabinoids synthetic 4-6	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80352	Cannabinoid synthetic 7/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80353	Drug screening cocaine	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80354	Drug screening fentanyl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80355	Gabapentin non-blood	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80356	Heroin metabolite	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80357	Ketamine and norketamine	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80358	Drug screening methadone	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80359	Methylenedioxyamphetamines	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80360	Methylphenidate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80361	Opiates 1 or more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80362	Opioids & opiate analogs 1/2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

**Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage**

Code	Description	Edit Type	Comment
80363	Opioids & opiate analogs 3/4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80364	Opioid & opiate analog 5/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80365	Drug screening oxycodone	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80366	Drug screening pregabalin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80367	Drug screening propoxyphene	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80368	Sedative hypnotics	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80369	Skeletal muscle relaxant 1/2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80370	Skel musc relaxant 3 or more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80371	Stimulants synthetic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80372	Drug screening tapentadol	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80373	Drug screening tramadol	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80374	Stereoisomer analysis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80375	Drug/substance nos 1-3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80376	Drug/substance nos 4-6	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
80377	Drug/substance nos 7/more	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
82075	Assay Of Breath Ethanol	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
83992	Assay For Phencyclidine	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
86152	Cell enumeration & id	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
86153	Cell enumeration phys interp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
87913	Nfct Agt Gntyp Alys Sarscov2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88000	Autopsy (necropsy), Gross	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88005	Autopsy (necropsy), Gross	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88007	Autopsy (necropsy), Gross	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88012	Autopsy (necropsy), Gross	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88014	Autopsy (necropsy), Gross	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88016	Autopsy (necropsy), Gross	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88020	Autopsy (necropsy), Complete	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88025	Autopsy (necropsy), Complete	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88027	Autopsy (necropsy), Complete	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88028	Autopsy (necropsy), Complete	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88029	Autopsy (necropsy), Complete	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88036	Limited Autopsy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
88037	Limited Autopsy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88040	Forensic Autopsy (necropsy)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88045	Coroner's Autopsy (necropsy)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
88099	Necropsy (autopsy) Procedure	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
9001F	Aortic aneurysm<5cm diam ct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
9002F	Aortic aneurysm 5-5.4cm diam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
9003F	Aortic anrysm5.5-5.4cm diam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
9004F	Aortic anrysm 6/grtr cm diam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
9005F	Asympt carot/vrtbrbas sten	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
9006F	Sympt sten-tia/strk<120days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
9007F	Other carot sten120days/grtr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90393	Vaccina Ig, Im	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90476	Adenovirus Vaccine, Type 4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90477	Adenovirus Vaccine, Type 7	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90593	CHIKUNGUNYA VACC RECOMB IM	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90634	Hep A Vacc, Ped/adol, 3 Dose	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90655	Flu Vaccine No Preserv 6-35m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90676	Rabies Vaccine, Id	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90863	Pharmacologic mgmt w/psytx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90882	Environmental Manipulation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
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.
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.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
92534	Optokinetic Nystagmus Test	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
92551	Pure Tone Hearing Test, Air	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
92630	Aud Rehab Pre-ling Hear Loss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
92633	Aud Rehab Postling Hear Loss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
93050	Art pressure waveform analys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
93356	Myocrd strain img spckl trck	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
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.
95120	Immunotherapy, One Injection	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
95125	Immunotherapy, Many Antigens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
95130	Immunotherapy, Insect Venom	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
95131	Immunotherapy, Insect Venoms	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
95132	Immunotherapy, Insect Venoms	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
95133	Immunotherapy, Insect Venoms	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
95134	Immunotherapy, Insect Venoms	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
95941	Ionm remote/>1 pt or per hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
96040	Genetic Counseling, 30 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
96041	Genetic counseling svc ea 30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
96110	Developmental Test, Lim	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
96155	Interv Hlth/behav Fam No Pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
96902	Trichogram	Non-Reimbursable Services	CMS Status B, not reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
96904	Whole Body Photography	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
97010	Hot Or Cold Packs Therapy	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
97014	Electric Stimulation Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
97602	Wound(s) Care Non-selective	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
98000	Synch audio-video new sf 15	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98001	Synch audio-video new low 30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98002	Synch audio-video new mod 45	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98003	Synch audio-video new hi 60	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98004	Synch audio-video est sf 10	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98005	Synch audio-video est low 20	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98006	Synch audio-video est mod 30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98007	Synch audio-video est hi 40	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98008	Synch audio-only new sf 15	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98009	Synch audio-only new low 30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98010	Synch audio-only new mod 45	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98011	Synch audio-only new high 60	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98012	Synch audio-only est sf 10	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98013	Synch audio-only est low 20	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98014	Synch audio-only est mod 30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98015	Synch audio-only est high 40	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
98970	Qnhp ol dig e/m svc 5-10min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98971	Qnhp ol dig em svc 11-20min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98972	Qnhp ol dig e/m svc 21+ min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98975	Rem Ther Mntr 1St Setup&Edu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98976	Rem Ther Mntr Dev Sply Resp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98977	Rem Ther Mntr Dv Sply Mscskl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98980	Rem Ther Mntr 1St 20 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
98981	Rem Ther Mntr Ea Addl 20 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99000	Specimen Handling	Non-Reimbursable Services	CMS Status B, not reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
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 and/or reimbursed separately.
99027	Out-of-hosp On Call Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
99054	Srvc Req Sun/holiday Add Basic Serv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99056	Med Service Out Of Office	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99058	Office Emergency Care	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99060	Out Of Office Emerg Med Serv	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99070	Special Supplies	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99071	Patient Education Materials	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99072	Addl supl matrl&staf tm phe	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
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.
99172	Ocular Function Screen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99173	Visual Acuity Screen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99174	Instrument based eye screening of both eyes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99190	Special Pump Services	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99191	Special Pump Services	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99192	Special Pump Services	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99242	Office Consultation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99243	Office Consultation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99244	Office Consultation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99245	Office Consultation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99252	Initial Inpatient Consult	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
99253	Initial Inpatient Consult	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99254	Initial Inpatient Consult	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99255	Initial Inpatient Consult	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99288	Direct Advanced Life Support	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99360	Physician Standby Services	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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 and/or reimbursed separately.
99377	Hospice Care Supervision	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99378	Hospice Care Supervision	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
99408	Alcohol And/or Substance (other Than Tobacco) Abus	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99409	Alcohol And/or Substance (other Than Tobacco) Abus	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99411	Preventive Counseling, Group	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99412	Preventive Counseling, Group	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99429	Unlisted Preventive Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
99485	Suprv interfacility transport	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99486	Suprv interfac trnsport addl	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
A0021	Amb Srvc Otsd State-mile Transport	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0140	Nonemerg Trnsprt & Air Travel	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0380	Bls Mileage	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0382	Bls Routine Disposable Supplies	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0384	Bls Splized Srvc Dispbl Spl; Defib	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0390	Als Mileage	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0392	Als Splized Srvc Dispbl Spl; Defib	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0394	Als Splized Srvc Dispbl Spl; Iv Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0396	Als Splizd Srvc Dispbl Spl;intubat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0398	Als Routine Disposable Supplies	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0420	Amb Waiting Time 1/2 Hr Increments	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
A0422	Amb Oxygen&o2 Spl Life Sustaining	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4226	Weekly supply maint cgs pump	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4230	Infus Set Ext Insulin Pump Nonndle	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4231	Infus Set Ext Insulin Pump Needle	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4232	Syringe Ndle Ext Insulin Pump Sterl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4257	Repl Lens Shield Cartridge Lasr Skn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
A4270	Disposable Endoscope Sheath Each	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
A4300	Impl Acss Catheter External Access	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
A4305	Dispbl Rx Del Sys Rate 50 MI/>-hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4306	Dispbl Rx Del Sys Rate 5 MI/<-hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4337	Incontinent rectal insert	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4400	Ostomy Irrigation Set	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4465	Nonelastic Binder For Extremity	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4467	Belt strap sleeve grmnt cover	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4480	Vabra Aspirator	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4550	Surgical Trays	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
A4555	Ca tx e-stim electr/transduc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4570	Splints	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4575	Topical Hyprbr Oxygen Chamb Dispbl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4580	Cast Supplies	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4590	Special Casting Material	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4606	O2 Probe W/oximeter Device Replcmt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4611	Battry Hevy Duty; Repl Pt-ownd Vent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4627	Spacr Bag/resrvor MetrD Dose Inhal	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4639	Repl Pad Infrard Heating Pad Sys Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4890	Contracts Repr&maint Hemodial Eqp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4927	Gloves Non-sterile Per 100	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A4930	Gloves Sterile Per Pair	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A6000	Non-cntc Wnd Warming Covr W/devc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A6025	Gel Sheet Dermal/epidrmal Applic Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
A6250	Skn Sealnt Protct Moisturzr Ointmnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A6260	Wound Cleansers Any Type Any Size	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A6413	Adhesive Bandage, First Aid Type, Any Size, Each	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A7008	Lg Vol Nebulizr Dispbl Prfil Compr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A7009	Resrvor Bottle Lg Vol Us Nebulizr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A7047	Resp suction oral interface	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9272	Disposable mech wound suct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9273	Hot/cold h2obot/cap/col/wrap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9274	Ext Amb Insulin Del Sys Disposble Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9275	Home Glu Dispbl Mon W/test Strips	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
A9276	Sensor; Invsv Intrstl Glu Mon Sys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9277	Transmit; Ext Intrstl Cont Glu On	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9278	Receiver Mon; Ext Intrstl Glu Mon	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9279	Monitoring feature/deviceNOC	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9284	Spirometer, Non-electronic, Includes All Accessori	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9286	Any hygienic item, device	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9900	Dme Sup/access/srv-compon/oth Hcpcs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A9901	Dme Del Set&/dspns Srv Anoth Hcpcs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
B4100	Food Thickener Admned Orally-ounce	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
B4102	Entral F Adlt Repl Fl&lytes 500 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
B4103	Entral F Ped Repl Fl&lytes 500 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
B4104	Additive For Enteral Formula	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
C1748	Endoscope, single, ugi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
C1824	Generator, ccm, implant	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
C1890	No device w/dev-intensive px	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
C9760	Non-blind interatrial shunt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0117	Crtch Underarm Artic Sprng Asstd Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0118	Crutch Substitute Lw Leg Platform	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0144	Walker Enclos 4 Side Whl Post Seat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0175	Foot Rest Use W/commode Chair Each	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0215	Electric Heat Pad Moist	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0217	Water Circulating Heat Pad W/pump	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
E0218	Water Circulating Cold Pad W/pump	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0221	Infrared Heating Pad System	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0225	Hydrocollator Unit Includes Pads	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0231	Non-cntc Wnd Warm Devc W/card&covr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0232	Wound Warming Wound Cover	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0236	Pump For Water Circulating Pad	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0239	Hydrocollator Unit Portable	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0249	Pad For Water Circulating Heat Unit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0265	Hos Bed Tot Elec W/rail W/mattrss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0266	Hos Bed Tot Elec W/rail W/o Mattrss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0270	Hosp Bed Inst Type: W/mattrss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0296	Hos Bed Tot Elec W/o Rail W/mattrss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0297	Hos Bed Tot Elec W/o Rail/mattrss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0350	Cntrl U Elec Bowel Irrig/evac Sys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0352	Dispbl Pack W/elec Bowel Irrig/evac	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0425	Station Compr Gas Sys Purchase;	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0430	Prtble Gaseous O2 Sys Purchase;	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0435	Prtble Liquid O2 Sys Purchase;	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0440	Station Liquid O2 Sys Purchase;	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0445	Oximeter Msr Bld O2 Levl Non-invasv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0446	Topical Ox Deliver sys, nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0487	Spirometer, Electronic, Includes All Accessories	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0575	Nebulizer Ultrasonic Large Volume	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0620	Skn Pierc Devc Clct Caplry Bld Lasr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0675	Pneumat Compr Devc Hi Press Rapid	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0676	Inter Limb Compress Dev Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0700	Safety Equipment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0787	Cgs dose adj insulin inf pmp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0840	Traction Frame Headboard Cerv Tract	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0850	Tract Stand Freestand Cerv Tract	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0856	Cervical Traction Device, Cervical Collar With Inf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0936	Cpm Device, Other Than Knee	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
E0968	Commode Seat Wheelchair	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0969	Narrowing Device Wheelchair	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0970	No 2 Footplates Except Elev Legrest	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0980	Safety Vest Wheelchair	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0983	Mnl Wc Acss Pwr Add-on Cnvrt Mnl Wc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0984	Mnl Wc Acss Pwr Add-on Cnvrt Mnl Wc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0994	Armrest Each	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1085	Hemi-whlchair;fix Arm Dtach Footrst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1086	Hemi-whlchair; Dtachbl Arms Footrst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1089	Hi-strgth Whlchair; Fix Arm Footrst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1090	Hi-strgth Whlchar;dtach Arm Footrst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1130	Std Whlchair; Fix Arm Dtach Footrst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1140	Whlchair; Dtachble Arms Footrests	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1227	Special Height Arms For Wheelchair	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1228	Special Back Height For Wheelchair	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1250	Lghtwt Whlchr;fix Arm Dtach Footrst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1260	Lghtwt Whlchair; Dtach Arms Footrst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1285	Hevy-duty Whlchr;fix Arm Dtach Foot	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1290	Hevy-duty Whlchr; Dtach Arm Footrst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1296	Special Wheelchair Seat Ht From Flr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1297	Special Whlchair Seat Depth Uphlstr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1298	Spcl Whlchair Seat Dpth&/wdth Cnstr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E1358	Oxygen Accessory, Dc Power Adapter For Portable Co	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2230	Manual Wheelchair Accessory, Manual Standing Syste	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2301	Pwr Whlchair Acss Pwr Standing Sys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2310	Pwr Wc Acss Elec Cnct Betwn Wc Cntr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2340	Pwr Wc Acss Nonstd Seat W 20-23 In	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2341	Pwr Wc Acss Nonstd Seat W 24-27 In	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2342	Pwr Wc Nonstd Seat Depth 20/21 In	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2343	Pwr Wc Nonstd Seat Depth 22-25 In	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2358	Gr 34 nonsealed leadacid	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2360	Pwr Wc Acss 22 Nf Non-sealed Battry	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
E2362	Pwr Wc Acss Grp 24 Non-sealed Batt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2364	Pwr Wc Acss U-1 Non-sealed Battry	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2367	Pwr Wc Acss Battry Charger Dul Mode	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2372	Pwr Wc Grp 27 Nonseal Led Acid Batt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E2610	Wheelchair Seat Cushion Powered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E8000	Gait Trainer Ped Sz Post Supp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E8001	Gait Trainer Ped Sz Upright Supp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E8002	Gait Trainer Ped Sz Ant Supp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0029	No Tob Scr/Cess Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0030	Pt Scr Tob & Cess Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0031	Pall Serv During Meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0032	2+ Antipsy Schiz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0033	2+ Benzo Seiz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0034	Pall Serv During Meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0035	Pt Ed Pos 23	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0036	Pt/Ptn Decln Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0037	Pt Not Able To Participate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0038	Clin Pt No Ref	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0039	Pt No Ref, Rn Spec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0040	Pt Phys/Occ Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0041	Pt/Ptn Decln Referral	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0042	Ref To Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0043	Pt Mech Pros Ht Valv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0044	Pt Mitral Stenosis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0045	Mrs 90 Days Post Stk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0046	No Mrs 90 Days Post Stk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0047	Ped Blunt Hd Traum	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0048	Pall Serv During Meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0049	Main Hemo In-Cntr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0050	Pt W/ Lmtd Life Expec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0051	Pt Hospice Mnth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0052	Pt Peri Dialysis Dur Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

**Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage**

Code	Description	Edit Type	Comment
G0053	Adv Rheum Pt Care Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0054	Strk Cr Prev Pos Outcme Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0055	Adv Care Heart Dx Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0057	Best Pct Pt Safety Em Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0058	Imprv Care Le Jnt Repr Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0059	Pt Sfty Pos Exp W Aneth Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0060	Allergy/Immunology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0061	Anesthesiology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0062	Audiology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0063	Cardiology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0064	Cert Nurse Midwife Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0065	Chiropractic Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0066	Clinical Social Work Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0067	Dentistry Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0076	Care manag h vst new pt 20 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0077	Care manag h vst new pt 30 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0078	Care manag h vst new pt 45 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0079	Care manag h vst new pt 60 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0080	Care manag h vst new pt 75 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0081	Care man h v ext pt 20 mi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0082	Care man h v ext pt 30 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0083	Care man h v ext pt 45 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0084	Care man h v ext pt 60 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0085	Care man h v ext pt 75 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0086	Care man home care plan 30 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0087	Care man home care plan 60 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0235	Pet Imaging Any Site Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0252	Pet Imag Dx Brest Ca&/surg Plan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0255	Cpt/snct Per Limb Any Nerve	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0269	Plcmt Occl Devc Post Surg/intrvnl	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
G0282	E-stim 1/> Areas Wnd Care Not G0281	Non-Reimbursable Services	Not considered a payable Professional service and/or reimbursed separately.
G0293	Noncovr Surg Sedat Anes-mcr Qual	Non-Reimbursable Services	Not considered a payable Professional service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G0294	Noncovr Proc No Anes/loc-mcr Qual	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0295	Elecmagnet Tx 1/>area Not G0329/oth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0310	Immunize counsel 5-15 min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0311	Immunize counsel 16-30 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0312	Immunize couns < 21yr 5-15 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0313	Immunize couns < 21yr 6-30 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0314	Counsel immune <21 16-30 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0315	Counsel immune <21 5-15 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0463	Hospital outpt clinic visit	Non-Reimbursable Services	Not considered a payable Professional service and/or reimbursed separately.
G0501	Resource-inten svc during ov	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
G0519	New Pt-Cg Dyad Dem Low Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0520	New Pt-Cg Dyad Dem Mod Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0521	New Pt-Cg Dyad Dem Hig Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0522	Mgt Nw Pt Dementia Low Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0523	Mgt Nw Pt Dem Mod-High Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0524	Est Pt-Cg Dyad Dem Low Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0525	Est Pt-Cg Dyad Dem Mod Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0526	Est Pt-Cg Dyad Dem Hig Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0527	Mgt Est Pt Dementia Low Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0528	Mgt Est Pt Dem Mod-Hi Cmplx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0529	In Home Respite Care, 4 Hr U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0530	Adult Daycare Center, 8 Hr U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0531	Fclty-Based Respite, 24 Hr U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0539	Initial care training 30 m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0540	Train for caregiver add 15	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0541	No pt prsnt train initial 30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0542	No pt prsnt train add 15	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0543	Group train w/o patient	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0913	Improve visual funct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0914	Survey not complete	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0915	No improve visual funct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0916	Satisfy with care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G0917	Satisfy survey not complete	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0918	No satisfy with care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1025	Pt Mnth 1 Mcp Prov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1026	Pt Hemo > 3Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1027	Pt Hemo < 3Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2001	Post D/C home visit new pt 20 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2002	Post D/C home visit new pt 30 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2003	Post D/C home visit new pt 45 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2004	Post D/C home visit new pt 60 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2005	Post D/C home visit new pt 75 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2006	Post D/C home visit existing pt 20 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2007	Post D/C home visit existing pt 30 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2008	Post D/C home visit existing pt 45 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2009	Post D/C home visit existing pt 60 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2013	Post D/C home visit existing pt 75 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2014	Post D/C care plan oversight 30 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2015	Post D/C care plan oversight 60 minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2020	Hi inten serv for sip model	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2021	Hea care pract tx in place	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2022	Benef refuses service, mod	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2067	Med assist tx meth wk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2068	Med assist tx bupre oral	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2069	Med assist tx inject	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2073	Med tx naltrexone	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2074	Med assist tx no drug	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2075	Med tx meds nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2076	Intake act w/med exam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2077	Periodic assessment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2078	Take-home meth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2079	Take-hom buprenorphine	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2080	Add 30 mins counsel	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2081	Pt 66+ snp or ltc pos > 90d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G2090	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2091	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2092	Ace arb arni	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2093	Med doc rsn no ace arn arni	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2094	Pt rsn no ace arn arni	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2096	No rsn ace arb arni	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2097	Child dx uri 3d of other dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2098	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2099	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2100	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2101	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2105	Pt 66+ lt ints > 90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2106	Pt 66+ lt ints > 90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2107	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2112	Pred<=5 mg ra glu <6m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2113	Pred>5 mg >6m, no chg da	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2115	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2116	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2118	Pt 81+ frailty	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2121	Psy dep anx ap and icd asse	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2122	Psy/dep/anx/apandicd noasse	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2125	Pt 81+ frailty	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2126	Pt 66+ frailty adv ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2127	Pt 66+ frailty med dem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2128	No aspirin med rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2129	No bp outpt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2136	Bk pain vas 6-20wk = 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2137	Bk pain vas 6-20wk > 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2138	Bk pain vas 9-15mo = 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2139	Bk pain vas 9-20mo > 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2140	Leg pain vas 6-20wk = 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2141	Leg pain vas 6-20wk > 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G2142	Fs odi 9-15mo postop<= 22	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2143	Fs odi 9-15mo > 22	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2144	Fs odi 6-20wk postop > 22	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2145	Fsodi 6-20wk >22 or chg 30pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2146	Leg pain vas 9-15mo <= 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2147	Leg pain vas 9-15mo > 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2148	Mpm used	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2149	No mpm med rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2150	No mpm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2151	Dx degen neuro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2152	Res change sc =0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2167	Res change sc < 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2168	Svs by pt in home health	Non-Reimbursable Services	Not considered a payable Professional service and/or reimbursed separately.
G2169	Svs by ot in home health	Non-Reimbursable Services	Not considered a payable Professional service and/or reimbursed separately.
G2172	Tx for opioid use demo proj	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2173	Uri w comorb 12m oth dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2174	Uri new rx antibiotic 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2175	Pt comorb dx 12m of epi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2176	Outpt ed obs w inpt admit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2177	Bronch w rx antibx 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2178	Pt not elig low neuro ex	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2179	Med doc rsn no low ex	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2180	Inelig footwr eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2181	Bmi not doc medrsn ptref	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2182	Pt 1st biolog antirheum	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2183	Doc pt unable comm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2184	No caregiver	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2185	Caregiver dem trained	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2186	Pt ref app rsrcs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2187	Clin ind img hd trauma	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2188	Pt 50 yrs w/clin ind hd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2189	Img hd abnml neuro exam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G2190	Ind img hd rad neck	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2191	Ind img hd pos hd ache	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2192	>55 yrs temp hd ache	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2193	<6yr new onset hd ache	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2194	New hdache ped pt dis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2195	Occip hdache child	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2196	Screen unhlthy etoh use	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2197	Screen hlthy etoh use	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2199	Not scrn etoh no rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2200	Unhlthy etoh rcvd couns	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2202	No rsn no brief couns	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2204	Pt 50-85 w/ scope	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2205	Preg drng adjv trtmt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2206	Adju trtmt chemo her2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2207	Rsn no trtmt chem her2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2208	No trtmt chemo and her2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2209	Refused to participate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2210	No neck fs prom no rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4000	Dermatology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4001	Diagnostic Rad Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4002	Ep Cardio Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4003	Emergency Med Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4004	Endocrinology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4005	Family Medicine Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4006	Gastroenterology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4007	General Surgery Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4008	Geriatrics Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4009	Hospitalists Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4010	Infectious Disease Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4011	Internal Medicine Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4012	Interventional Rad Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4013	Mentl/Behav Health Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G4014	Nephrology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4015	Neurology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4016	Neurosurgical Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4017	Nutrition/Dietician Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4018	Ob/Gyn Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4019	Oncology/Hema Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4020	Ophthalmology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4021	Orthopedic Surgery Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4022	Otolaryngology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4023	Pathology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4024	Pediatric Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4025	Physical Medicine Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4026	Phys/Occ Therapy Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4027	Plastic Surgery Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4028	Podiatry Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4029	Preventive Medicine Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4030	Pulmonology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4031	Radiation Oncology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4032	Rheumatology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4033	Skilled Nursing Facility Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4034	Speech Language Path Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4035	Thoracic Surgery Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4036	Urgent Care Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4037	Urology Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G4038	Vascular Surgery Ss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8395	Left Ventricular Ejection Fraction (Ivef) >= 40% O	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8396	Left Ventricular Ejection Fraction (Ivef) Not Perf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8397	Dilated Macular Or Fundus Exam Performed, Includin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8399	Patient With Central Dual-energy X-ray Absorptiome	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8400	Patient With Central Dual-energy X-ray Absorptiome	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8404	Lower Extremity Neurological Exam Performed And Do	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8405	Lower Extremity Neurological Exam Not Performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G8410	Footwear Evaluation Performed And Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8415	Footwear Evaluation Was Not Performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8416	Clinician Documented That Patient Was Not An Eligi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8417	Bmi >= 30 Was Calculated And A Follow-up Plan Was	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8418	Bmi < 22 Was Calculated And A Follow-up Plan Was D	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8419	Bmi >= 30 Or < 22 Was Calculated, But No Follow-up	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8420	Bmi < 30 And >= 22 Was Calculated And Documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8421	Bmi Not Calculated	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8427	Written Provider Documentation Was Obtained Confir	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8428	Current Medications With Dosages (includes Prescri	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8430	Documentation That Patient Is Not Eligible For Med	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8431	Documentation Of Clinical Depression Screening Usi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8432	No Documentation Of Clinical Depression Screening	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8433	Patient Not Eligible/not Appropriate For Clinical	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8450	Beta-blocker Therapy Prescribed For Patients With	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8451	Clinician Documented Patient With Left Ventricular	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8452	Beta-blocker Therapy Not Prescribed For Patients W	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8465	High Risk Of Recurrence Of Prostate Cancer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8473	Angiotensin Converting Enzyme (ace) Inhibitor Or A	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8474	Angiotensin Converting Enzyme (ace) Inhibitor Or A	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8475	Angiotensin Converting Enzyme (ace) Inhibitor Or A	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8476	Most Recent Blood Pressure Has A Systolic Measurem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8477	Most Recent Blood Pressure Has A Systolic Measurem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8478	Blood Pressure Measurement Not Performed Or Docume	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8510	Negative Screen For Clinical Depression Using A St	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8511	Screen For Clinical Depression Using A Standardize	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8535	No Documentation Of An Elder Maltreatment Screen,	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8536	No Documentation Of An Elder Maltreatment Screen,	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8539	Documentation Of A Current Functional Outcome Asse	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8540	Documentation That The Patient Is Not Eligible For	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8541	No Documentation Of A Current Functional Outcome A	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8542	Documentation Of A Current Functional Outcome Asse	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G8543	Documentation Of A Current Functional Outcome Asse	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8559	Pt ref doc oto eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8560	Pt hx act drain prev 90 days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8561	Pt inelig for ref oto eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8562	Pt no hx act drain 90 d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8563	Pt no ref oto reas no spec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8564	Pt ref oto eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8565	Ver doc hear loss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8566	Pt inelig ref oto eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8567	Pt no doc hear loss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8568	Pt no ref otolo no spec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8569	Prol intubation req	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8570	No prol intub req	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8575	Postop ren insuf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8576	No postop ren insuf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8577	Reop req bld grft oth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8578	No reop req bld grft oth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8598	Asp therp used	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8599	No asp therp used	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8600	tPA initi w/in 3 hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8601	No elig tPA init w/in 3 hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8602	No tPA init w/in 3 hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8633	Pharm ther osteo rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8635	No pharm ther osteo rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8647	Fun stat score knee >= 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8650	Fun stat score knee not done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8651	Fun stat score hip >= 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8652	Fun stat score hip < 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8654	Fun stat score hip not done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8655	Fun stat score LE >= 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8656	Fun stat score LE < 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8658	Fun stat score LE not done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G8659	Fun stat score LS >= 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8660	Fun stat score LS < 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8661	Fun stat score LS pt no elg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8662	Fun stat score LS not done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8663	Fun stat score shdl >=0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8664	Fun stat score shdl < 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8666	Fun stat score shdl not done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8667	Fun stat score UE >=0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8668	Fun stat score UE < 0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8670	Fun stat score UE not done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8694	Lvef <40%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8708	Antibiotic not pres	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8709	Med reas antibiotic pres	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8710	Pt pres antibiotic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8711	Pres antibiotic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8712	Not pres antibiotic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8721	Pt, pn, hist grade doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8722	Med reas pt, pn, not doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8723	Spec sit not prim tumor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8724	Pt, pn, hist grade not doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8733	Doc pos elder mal scrn plan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8734	Doc neg elder mal no plan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8735	Eld mal scrn pos no plan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8749	Signs of melanoma absent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8752	Sys bp less 140	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8753	Sys bp > or = 140	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8754	Dias bp less 90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8755	Dias bp > or = 90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8756	No bp measure doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8783	Bp scrn perf rec interval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8785	Bp scrn no perf at interval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8797	Specimen site not esophagus	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G8798	Specimen site not prostate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8806	Transab or transvag us	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8807	Doc reas no us	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8808	No transab or transvag us	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8815	Doc reas no statin therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8816	Statin med pres at disch	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8817	Doc reas no statin med disch	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8826	Pt disch home day #2 evar	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8833	Pt not disch home day#2 evar	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8834	Pt disch home day #2 cea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8838	Not disch home by day #2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8839	Sleep apnea assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8840	Doc reas no sleep apnea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8841	No sleep apnea assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8842	Ahi or rdi initial dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8843	Doc reas no ahi or rdi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8844	No ahi or rdi initial dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8845	Pos airway press prescribed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8846	Mod or severe osa	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8849	Doc reas no pos air press	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8850	No pap prescribed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8851	Adhere pos air press therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8854	Reas no adhere pos air pres	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8855	Pos air press adhere no perf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8856	Ref for oto eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8857	No elig ref for oto eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8858	Not ref for oto eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8863	No assess bone loss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8864	Pneumococcal vaccine admin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8865	Doc med reas no pneumococcal	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8866	Doc pt reas no pneumococcal	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8867	No pneumococcal admin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G8869	Doc immun hep b 1st antitnf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8875	Breast cancer dx min invsive	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8876	Doc reas no min inv dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8877	No brst cnrc dx min invasive	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8878	Sent lymph node biopsy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8880	Doc reas no lymph node biop	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8881	Brst cnrc stage > t1n0m0	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8882	No sent lymph node biopsy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8907	Pt doc no events on discharge	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8908	Pt doc with burn prior to discharge	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8909	Pt doc with no burn prior to discharge	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8910	Pt doc to have fall in ASC	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8911	Pt doc no fall in ASC	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8912	Pt doc with wrong event	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8913	Pt doc with no wrong event	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8914	Pt trans to hospital post discharge from ASC	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8915	Pt not trans to hospital at discharge from ASC	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8916	Pt with IV AB given on time	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8917	Pt with IV AB not given on time	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8918	Pt w/o preop order IV AB prop	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8923	LVEF < 40% or lvsd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8924	Spiro EV1/FVC <60% COPD sym	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8934	LVEF <40% or dep lv sys fcn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8935	Rx ACE or ARB therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8936	Pt not eligible ACE/ARB	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8937	No rx ACE/ARB therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8942	Doc fcn/care plan w/30 days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8944	AJCC Mel cnr stg 0 - IIC	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8946	MIBM but no dx of breast CA	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8950	Pre-htn or htn doc, f/u indc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8952	Pre-htn/htn, no f/u, not gvn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8955	Most recent assess vol mgmt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G8956	Pt rcv HeDia outpt dyls fac	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8958	Assess vol mgmt not doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8961	CSIT lowrisk surg pts preop	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8962	CSIT on pt any reas 30 days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8967	Wfrn or oral anticoag pres	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8968	Md rsn no pres Wfrn or othr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8969	Pt rsn no pres Wfrn or othr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8970	No rsk fac or 1 mod risk TE	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9001	Coordinated Care Fee Initial Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9002	Coordinated Care Fee Maint Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9003	Coord Care Fee Risk Adjustd Hi Init	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9004	Coord Care Fee Risk Adjustd Lw Init	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9005	Coord Care Fee Risk Adjusted Maint	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9006	Coord Care Fee Home Monitoring	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9007	Coord Care Fee Schedule Team Conf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9008	Coord Care Fee Phys Ovrsght Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9009	Coord Care Fee Risk Adj Maint Lvl 3	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9010	Coord Care Fee Risk Adj Maint Lvl 4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9011	Coord Care Fee Risk Adj Maint Lvl 5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9012	Coord Care Fee Risk Adj Maint Oth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9013	Esrd Demo Basic Bundle Level I	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9014	Esrd Demo Expnd Bundle W/venus Acss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9016	Smok Cessatn Cnsl Ind Absnc/add E&m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9037	Intrpro Req Fr Rec Phys/Qhcp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9038	Co-Management Services	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9050	Onc; Prim Focus; Wrkup Eval/stag	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9051	Onc; Prim Focus; Tx Decision Optns	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9052	Onc; Prim; Surveillance Recur;	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9053	Onc; Prim; Expect Mgmt Evidence Ca;	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9054	Onc;prim;sup Pt Term Ca;palliatv Tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9055	Onc;prim;oth Uns Not Otherwise List	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9056	Onc;prac Guide;mgmt Adhers To Guide	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9057	Onc; Prac; Mgmt Differ Clin Trial	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9058	Onc; Mgmt Diffr Phys Disagree Guide	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9059	Onc;prac;mgmt Differs Pt Opt Alt Tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9060	Onc; Prac; Mgmt Differ Comorbid Ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9061	Onc; Pts Cond Not Addressed Guide	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9062	Onc; Prac; Mgmt Differs Oth Reason	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9063	Onc; Status; Nsclc; St I No Progrsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9064	Onc; Status; Nsclc;st li No Progrsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9065	Onc;nsclc; St Iii A No Progresssn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9066	Onc; Status; Nsclc; St Iii B-4 Met	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9067	Onc; Status; Nsclc; Extent Dz Unkn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9068	Onc; Status; Sc&comb;Ltd No Progrsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9069	Onc; Status; Sclc Sc&comb; Ext Met	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9070	Onc;status;sclc Sc&comb;extent Unkn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9071	Onc; Brst; Aca;st I/ii;pos; No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9072	Onc; Brst; Aca; St I/ii;neg;no Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9073	Onc; Brst; Aca; St Iii; Pos;no Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9074	Onc; Brst; Aca; St Iii; Neg;no Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9075	Onc; Status; F Brst Ca; Aca; M1 Met	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9077	Onc;pros Ca;t1-t2c& Psa<=/=20no Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9078	Onc; Pros Ca; T2 Psa >20 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9079	Onc;pros Ca; T3b-t4 N; T N1 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9080	Onc; Pros Ca; Tx Rising Psa	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9083	Onc; Pros Ca Aca; Extent Unkn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9084	Onc; Colon Ca; T1-3 N0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9085	Onc; Colon Ca; T4 N0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9086	Onc; Colon Ca; T1-4 N1-2 M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9087	Onc; Colon Ca; M1 Met W/curr Dz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9088	Onc; Colon Ca; M1 Met No Curr Dz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9089	Onc; Status; Colon Ca; Extent Unk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9090	Onc; Rectal Ca; T1-2 N0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9091	Onc; Rectal Ca; T3 N0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9092	Onc; Rectal Ca;t1-3 N1-2 M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9093	Onc; Rectal Ca; T4 Any N M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9094	Onc; Status; Rectal Ca; M1 Met	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9095	Onc; Status; Rectal Ca; Extent Unk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9096	Onc;esoph Ca;t1-t3 N0-n1/nx No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9097	Onc; Esoph Ca; T4 Any N M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9098	Onc; Status; Esoph Ca ; M1 Metastat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9099	Onc; Status; Esoph Ca; Extent Unk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9100	Onc; Gastr Ca; R0 Resect No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9101	Onc; Gastr Ca; R1/r2 Resect No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9102	Onc; Gastr Ca; M0 Unresect No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9103	Onc; Status; Gastr Ca; Clin M1 Met	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9104	Onc; Status; Gastr Ca ; Extent Unk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9105	Onc; Pan Ca; R0 Resect No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9106	Onc; Pan Ca; R1/r2 Resect No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9107	Onc; Pan Ca; Unresectbl M1 Met	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9108	Onc; Status; Pan Ca; Extent Dz Unk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9109	Onc; H&n Ca; T1-t2&n0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9110	Onc;h&n Ca; T3-4&/n1-3 M0 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9111	Onc; Status; H&n Ca; M1 Met Loc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9112	Onc; Status; H&n Ca; Extent Unkn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9113	Onc; Ov Ca; St Ia-b Gr 1 No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9114	Onc; Ov Ca; St Ia-b; Ic; li;no Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9115	Onc; Ov Ca; St Iii-iv; No Prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9116	Onc; Ov Ca; Progrssn&/platinm Rsist	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9117	Onc; Status; Ov Ca; Extent Unkn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9123	Onc; Nhl Transto Dlbcl; Relapsed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9124	Onc; Nhl; Relapsed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9125	Onc;nhl; Stage Not Detrm Poss Relap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9126	Onc; Status; Ov Ca; Stage Ia/ib	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9128	Onc; Status; Mm; Stage Ii /higher	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9129	Onc; Cml; Extnt Unk Tx Opt Considrd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9130	Onc; Status; Mx Myeloma; Extent Unk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9131	Onc Dx Brst Unknown Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9132	Onc Dx Prostate Mets No Cast	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9133	Onc Dx Prostate Clinical Mets	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9134	Onc Nhlstg 1-2 No Relap No	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9135	Onc Dx Nl Stg 3-4 Not Relap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9136	Onc Dx Nhl Trans To Ig Bcell	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9137	Onc Dx Nhl Relapse/refractor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9138	Onc Dx Nhl Stg Unknown	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9139	Onc Dx Coml. Dx Status Unknown	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9140	Frontier Extended Stay Clin Demo;	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9147	Outp IV insulin tx any meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9148	Medical Home Level I	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9149	Medical Home Level II	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9150	Medical Home Level III	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9151	MAPCP demo state	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9152	MAPCP demo community	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9153	MAPCP demo physician	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9188	Beta not given no reason	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9189	Beta pres or already taking	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9190	Medical reason for no beta	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9191	Pt reason for no beta	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9212	Doc of dsm-iv init eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9213	No doc of dsm-iv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9223	Pjp proph ordered cd4 low	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9225	Norsn no foot exam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9226	3 comp foot exam completed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9227	Docrsn no care plan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9228	Gc chl syp documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9230	Norsn for gc chl syp test	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9231	Doc esrd dia trans preg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9242	Doc viral load >=200	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

**Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage**

Code	Description	Edit Type	Comment
G9243	Doc viral load <200	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9246	No med visit in 24mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9247	1 med visit in 24mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9254	Doc pt dischg >2d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9255	Doc pt dischg <=2d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9273	Sys<140 and dia<90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9274	Bp out of nrml limits	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9275	Doc of non tobacco user	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9276	Doc of tobacco user	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9277	Doc daily aspirin or contra	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9278	Doc no daily aspirin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9279	Pne scrn done doc vac done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9280	Pne not given norsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9281	Pne scrn done doc not ind	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9282	Doc medrsn no histo type	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9283	Hist type doc on report	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9284	No hist type doc on report	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9285	Site not small cell lung ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9286	Doc antibio order w in 7d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9287	No doc antibio order w in 7d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9288	Doc medrsn no hist type rpt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9289	Doc type nsm lung ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9290	No doc type nsm lung ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9291	Not nsm lung ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9292	Medrsn no pt category	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9293	No pt category on report	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9294	Pt cat and thck on report	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9295	Non cutaneous loc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9296	Doc share dec prior proc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9297	No doc share dec prior proc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9298	Eval risk vte card 30d prior	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9299	No eval riskk vte card prior	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9305	No interv req for leak	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9306	Interv req for leak	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9307	No ret for surg w in 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9308	Unplnd ret to surg w in 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9309	No unplnd hosp readm in 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9310	Unplnd hosp readm in 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9311	No surg site infection	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9312	Surgical site infection	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9313	Docrsn not first line amox	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9314	Norsn not first line amox	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9315	Doc first line amox	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9316	Doc comm risk calc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9317	No doc comm risk calc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9318	Image std nomenclature	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9319	Image not std nomenclature	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9321	Doc count of ct in 12mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9322	No doc count of ct in 12mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9341	Srch for ct w in 12 mos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9342	No srch for ct in 12mo norsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9344	Sysrsn no dicom srch	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9345	Follow up pulm nod	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9347	No follow up pulm nod norsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9351	Doc >1 sinus ct w 90d dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9352	Not >1 sinus ct w 90d dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9353	Medrsn >1 sinus ct w 90d dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9354	Norsn >1 sinus ct w 90d dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9355	No early ind/delivery	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9356	Early ind/delivery	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9357	Pp eval/edu perf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9358	Pp eval/edu not perf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9361	Medical indication for induction	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9364	Sinus caus bac inx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9367	2high risk med ord	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9368	2high risk no ord	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9380	Off assis eol iss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9382	No off assis eol	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9383	Recd scrn hcv infec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9384	Doc med reas no offer eol	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9385	Doc pt reas not rec hcv srn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9386	Scrn hcv infec not recd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9393	Ini phq9 >9 remiss <5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9394	Dx bipol, death, nhres, hosp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9395	Ini phq9 >9 no remiss >=5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9396	Ini phq9 >9 not assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9408	Card tamp w/in 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9409	No card tamp e/in 30d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9410	Admit w/in 180d req remov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9411	No admit w/in 180d req remov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9412	Admit w/in 180d req surg rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9413	No admit req surg rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9414	1dose menig vac btwn 11 & 13	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9415	No 1dose meni vac btwn 11&13	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9416	Tdap or td or 1tet/diph	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9417	No tdap or td or 1tet/diph	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9418	Lungcx bx rpt docs class	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9419	Med reas no rpt histo type	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9420	Spec site no lung	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9421	Lung cx bx rpt no doc class	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9422	Rpt doc class histo type	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9423	Med reas rpt no histo type	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9424	Site no lung or lung cx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9425	Spec rpt no doc class histo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9426	Impr med time edarr pain med	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9427	No impro med time pain med	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9428	Rpt pt cat and pt1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9429	Doc med reas no pt cat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9430	Spec site no cutaneous	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9431	No pt cat and pt1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9432	Asth controlled	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9434	Asth not controlled	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9452	Doc med reas no scrn hcv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9455	Abd imag w/us, ct or mri	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9456	Doc med pt reas no hcc scrn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9457	No abd imag w/o reason	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9468	No recd cortico>=10mg/d >60d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9470	No rec cortico>60d 1rx 600mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9471	W/in 2yr dxa not order	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9474	Diet counsel at hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9475	Other counselor at hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9476	Volun service at hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9477	Care coord at hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9478	Othe therapist at hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9479	Pharmacist at hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9480	Admission to mccm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9481	Remote E/M new pt 10 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9482	Remote E/M new pt 20 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9483	Remote E/M new pt 30 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9484	Remote E/M new pt 45 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9485	Remote E/M new pt 60 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9486	Remote E/M est. pt 10 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9487	Remote E/M est. pt 15 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9488	Remote E/M est. pt 25 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9489	Remote E/M est. pt 40 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9490	Joint replac mod home visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9497	Preop anes or proxy b/4 surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9498	Abx reg prescribed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9500	Rad exp time w/fluor doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9501	Rad exp time w/o fluor doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9502	Med reas no perf foot exam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9504	Doc reas no hbv status	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9505	Abx pres w/in 10 dys of symp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9507	Doc reas on statin or contra	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9508	Doc pt not on statin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9509	Remis 12m phq-9 score <5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9510	Remis 12m not phq-9 score <5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9511	Phq-9 >9 during 12m time	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9512	Indiv pdc > 0.8	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9513	Indiv pdc not > 0.8	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9514	Req ret or w/in 90d of surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9515	No reas, no ret or w/in 90d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9516	Impr vis acuit w/in 90d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9517	No impr vis acuit w/in 90d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9518	Doc active inj drug use	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9519	Final refract +/- 1.0 in 90d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9520	Refract not +/- 1.0 w/in 90d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9521	Er and ip hosp <2 in 12 mos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9522	Er/ip hosp =/>2 in 12 mos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9529	Minor blunt trauma w/head ct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9530	Min hd traum gcs=15 w/ct ed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9531	Indic for head ct valid	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9533	Indic for head ct not valid	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9534	Adv brain image not ordered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9535	Normal neuro exam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9536	Doc med reas adv brain image	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9537	Doc system reas adv imaging	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9538	Adv brain image ordered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9539	Intent pot remv time placemt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9540	Pt alive 3 mos post proc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9541	Filter gone aft 3mos placmt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9542	Doc reass appr remo filt 3ms	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9543	Doc 2x re-assess filt remov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9544	No filt remov w/in 3mos plcm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9547	Incid ct liver/kid/adre fdg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9548	Abd imag and followup rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9549	Doc med reas no follow imag	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9550	Abd imag and followup no rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9551	Abd imag w/o liv/kid/adr les	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9552	Inc thyr node <1.0 in rpt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9553	Prior thyroid dise dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9554	Ct/mri chest/neck follup rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9555	Doc med reas no follow imag	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9556	Ct/mri chest follup not rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9557	Ct/mri chest/neck no thy nod	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9580	Door to punc time <2hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9582	Door to punc time >2hr, nrg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9593	Low pecarn ped head trauma	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9594	Gsc >15 & hd ct by ed md	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9595	Val rsn hd ct ord reg indic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9597	No low pecarn ped head traum	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9598	Aor ane 5.5-5.9 cm max diam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9599	Aor ane >=6.0 cm max diam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9603	Pt surv improv bslne tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9604	Pt surv results not avail	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9605	Surv score no improv w/tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9606	Intraop cyst eval trac inj	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9607	Pt not elig	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9608	Intraop cyst eval not done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9609	Doc order anti-plat or p2y12	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9610	Doc md rsn no antipla/p2y12	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9611	No antipla/p2y12 ord, rs nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9621	Scr unheal etoh w/counsel	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9622	No unheal etoh user	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9624	No etoh scr/no councl/nrg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9625	Bld inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9626	Pt not elig	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9627	No bld inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9628	Vis inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9629	Pt not elig	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9630	No vis inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9637	Doc >1 dose reduc tech	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9638	No doc >1 dose reduc tech	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9642	Current cig smoker	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9643	Elective surgery	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9644	No smok b/4 anes day of surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9645	Had smoke b/4 anes day surg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9646	Pt w/90d mrs 0-2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9648	Pt w/90d mrs >2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9649	Psori tool doc w/benchmk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9651	Psori tool doc/no bnchmk met	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9654	Mon anesth care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9655	Toc tool incl key elem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9656	Pt direct anesth loc to pacu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9658	Toc tool incl elem not used	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9659	>85y no hx colo ca/rsn scope	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9660	Doc med rsn scope pt >85y	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9661	>85y scope othr rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9662	Prior dx/active clin ascvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9663	Fast/dir ldl = 190 mg/dl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9664	Taking statin or rec'd order	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9665	No statin/no order statin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9674	Pt w/clin ascvd dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9675	Pt w/fast/dir lab ldl-c >190	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9676	40-75y w/type 1/2 w/ldl-c rs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9679	Acute care pneumonia	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9680	Acute care congestive heart	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9681	Acute care chronic obstruct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9682	Acute care skin infection	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9683	Actue care fluid or electrolyte disorder	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9684	Acute care urinary tract infection	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9685	Acute nursing facility care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9687	Hospice anytime msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9688	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9689	Inpt elect carotid intervent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9690	Pt rec hospice dur msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9691	Pt hosp dur msmt period	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9692	Hosp recd by pt dur msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9693	Pt use hosp during msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9694	Hosp srv used pt in msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9695	Long act inhal bronchdil pre	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9696	Med rsn no presc bronchdil	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9698	Sys rsn no presc bronchdil	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9699	Long inhal bronchdil no pres	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9700	Pt is w/hosp during msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9702	Pt use hosp during msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9703	Child anbx 30 prior dx phary	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9704	Ajcc br ca stg i: t1 mic/t1a	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9705	Ajcc br ca stg ib	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9706	Low recur prost ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9708	Bilat mast/hx bi /unilat mas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9709	Hosp srv used pt in msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9710	Pt prov hosp srv msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9711	Pt hx tot col or colon ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9712	Doc med rsn presc anbx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9713	Pt use hosp during msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9714	Pt is w/hosp during msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9716	Bmi not norm, no follow, doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9717	Doc dx depr/dx bipolar, no scr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9719	Pt not ambul/immob/wc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9720	Hospice anytime msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9721	Pt not ambul/immob/wc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9722	Doc hx renal fail or cr+ >4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9723	Hosp recd by pt dur msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9724	Pt w/doc use anticoag mst yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9726	Refused to participate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9727	No knee intake prom, no prox	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9728	Refused to participate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9729	No hip intake prom, no proxy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9730	Refused to participate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9731	No foot prom, no proxy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9732	Refused to participate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9733	No back intake prom, no prox	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9734	Refused to participate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9735	Pt no foto knee and no proxy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9736	Refused to participate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9737	Pt no foto elbow, no proxy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9740	Hosp srv to pt dur msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9741	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9742	Psych sympt assessed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9743	Psych symp not assessed, rns	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9744	Pt not elig, dx htn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9745	Doc rsn no scr high bp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9746	Mit sten, valve or trans af	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9752	Urgent surgery	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9753	Doc no dicom, ct other fac	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9754	Incid pulm nodule	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9755	Doc med rsn for imaging	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9756	Surg proc w/silicone oil	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9757	Surg proc w/silicone oil	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9758	Hospice or term phase	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9761	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9762	Pt had hpv b/t 9-13 yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9763	Pt no hpv b/t 9-13 yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9764	Pt tx oral syst/bio med psor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9765	Pt decl chan/conind or <6m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9766	Cva stroke dx tx transf fac	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9767	Hosp new dx cva consid evst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9768	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9769	Bn den 2yr/got ost med/ther	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9770	Perip nerve block	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9771	Anes end, 1 temp >35.5(95.9)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9772	Doc temp >35.5(95.9), anes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9773	No temp >35.5(95.9), anes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9775	Recd 2 anti-emet pre/intraop	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9776	Doc med rsn no proph antiem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9777	Pt no antiemet pre/intraop	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9779	Pts breastfeeding	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9780	Pts dx w/rhabdomyolysis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9781	Doc rsn no statin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9782	Hx dx fam/pure hypercholes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9784	Path/derm 2nd opin bx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9785	Path rpt snt path/derm in 7d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9786	No path rpt sent in 7d	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9787	Pt alive 1st day msmt yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9788	Most rct bp </= 140/90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9789	Record bp ip, er, urg/self	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9790	Most rct bp >/= 140/90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9791	Most rct tob stat free	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9792	Most rct tob stat not free	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9793	Pt on daily asa/antiplat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9794	Doc med rsn no asa/antiplat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9795	Pt no daily asa/antiplat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9796	Pt not currently on statin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9797	Pt currently on statin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9805	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9806	Pt recd cerv cyto/hpv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9807	Pt no recd cerv cyto/hpv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9812	Pt died during inpt/30d aft	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9813	Pt not died w/in 30d of proc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9818	Doc sex activity	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9819	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9820	Doc chlam scr test w/follow	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9821	No doc chlam scr ts w/follow	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9822	Endo abl proc yr prev ind dt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9823	Endo smpl/hyst bx res doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9824	Endo smpl/hyst bx res no doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9830	Her-2 pos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9831	Ajcc stg brt ca dx ii or iii	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9832	Brt ca dx i, no t1/t1a/t1b	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9838	Pt met dis at dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9839	Anti-egfr mon anti ther	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9840	Kras tst bfr beg anti moab	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9841	No kras tst bfr beg ant moab	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9842	Pt met dis at dx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9843	Kras gene mut	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9844	Pt no recd anti-egfr ther	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9845	Pt recd anti-egfr ther	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9846	Pt died from cancer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9847	Pt recd chemo last 14d life	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9848	Pt no chemo last 14d life	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9858	Pt enroll hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9859	Pt died from cancer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9860	Pt less 3d hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9861	Pt more than 3d hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9862	Doc rsn no 10 yr follow	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9868	Asynch telehealth derm/opth 10 min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9869	Asynch telehealth derm/opth 10-20 min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9870	Asynch telehealth derm/opth 20 or> min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9894	Adr dep thrpy prescribed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9895	Doc med rsn no adr dep thrpy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9896	Doc pt rsn no adr dep thrpy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9897	Pt nt prsc adr dep thrpy rng	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9898	Snplg trm cre pt w/pos cde	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9899	Scrn mam perf rslts doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9900	Scrn mam perf rslts not doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9901	Snplg trm cre pt w/pos cde	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9902	Pt scrn tbco and id as user	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9903	Pt scrn tbco id as non user	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9905	No pt tbco scrn rng	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9906	Pt recv tbco cess interv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9908	No pt tbco cess interv rng	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9910	Snplg trm cre pt w/pos cde	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9911	Node neg pre/post syst ther	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9912	Hbv status assesed and int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9913	No hbv status assesd and int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9914	Pt receiving anti-tnf agent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9915	No documtd hbv results rcd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9916	Funct status past 12 months	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9917	Doc med rsn no funct status	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9918	No funct stat perf, rsn nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9922	Sfty cncrns scrn nd mit recs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9923	Safty cncrns scrn and neg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9925	No scrn prov rsn nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
G9926	Sfty cncrns scrn but no recs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9928	No warf or fda drug presc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9929	Trs/rev af	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9930	Com care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9931	No chad or chad scr 0 or 1	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9938	Snplg trm cre pt w/pos cde	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9939	Same path/derm perf biopsy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9940	Doc reas no statin therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9943	Bk pn nt msr vas scl pre/pst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9945	Pt w/cancer scoliosis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9946	Bk pn nt msr vas pre-pst 1y	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9949	Lg pn nt msr vas scl pre/pst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9954	Pt >2 rsk fac post-op vomit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9955	InhInt anesth only for induc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9956	Combo thrpy of >= 2 prophly	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9957	Doc med rsn no combo thrpy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9958	No combo prohypyl thrp for pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9959	Systemic antimicro not presc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9960	Med rsn sys antimi nt rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9961	Systemic antimicro presc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9962	Embolization doc separatly	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9963	Embolization not doc separat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9964	Pt recv >=1 well-chld visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9965	No well-chld vist recv by pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9968	Pt refrm 2 pvdr/spclst in pp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9969	Pvdr rfrd pt rpt rcvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9970	Pvdr rfrd pt no rpt rcvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9976	Doc pat rsn no mac exm perf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9977	Dil mac exam no perf rsn nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9978	Remote E/M new patient 10 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9979	Remote E/M new patient 20 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9980	Remote E/M new patient 30 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

**Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage**

Code	Description	Edit Type	Comment
G9981	Remote E/M new patient 45 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9982	Remote E/M new patient 60 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9983	Remote E/M est. patient 10 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9984	Remote E/M est. patient 15 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9985	Remote E/M est. patient 25 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9986	Remote E/M est. patient 40 mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9987	BPCI advanced in home visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9988	Pall Serv During Meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9992	Pall Serv During Meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9993	Pall Serv During Meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9994	Pall Serv During Meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9996	Doc Pt Pal Or Hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9997	Doc Pt Preg Dur Msrmt Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9998	Doc Med Rsn <3 Colon	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9999	Doc Sys Rsn <3 Colon	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0001	Alcohol And/or Drug Assessment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0002	Bhval Hlth Scr Determ Admis Tx Progm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0003	Alcohol&/rx Scr;lab Analy Alcohol&/rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0004	Behavioral Health Cnsl&tx-15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0005	Alcohol&/rx Srvc; Grp Cnsl Clinician	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0006	Alcohol &or Drug Srvc; Case Mgmt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0007	Alcohol &or Rx Srvc; Crisis Interven	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0008	Alcohol&/rx Srvc;sub-ac Dtox Hosp Ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0009	Alcohol&/rx Srvc; Acute Dtox Hosp Ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0010	Alcohol&/rx Srvc; Sub-ac Dtox Res Ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0011	Alcohol&/rx Srvc;ac Dtox Res Prog Ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0012	Alcohol&/rx Srvc; Sub-ac Dtox Res Op	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0013	Alcohol&/rx Srvc;ac Dtox Res Prog Op	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0014	Alcohol &/ Rx Srvc; Amb Dtoxication	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0015	Alcohol&/rx Srvc; Intensv Op; Intrvn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0016	Alcohol &or Rx Srvc; Medical/somatic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0017	Bhval Health; Res W/o Room&bd-diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

**Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage**

Code	Description	Edit Type	Comment
H0018	Bhval Hlth; Shrt-term Res Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0019	Bhval Hlth; Lng-term Res Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0020	Alcohol&/rx Srvc;methdone Admn&/srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0021	Alcohol &or Drug Training Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0022	Alcohol &or Drug Interven Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0023	Behavioral Health Outreach Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0024	Bhval Hlth Prv Inform Dissemin Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0025	Bhval Health Prev Education Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0026	Alcohol&/rx Prev Prc Srvc Cmty-based	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0027	Alcohol &or Rx Prev Envir Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0028	Alcohol&/rx Prev Prob Id&ref Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0029	Alcohol &or Rx Prevention Alt Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0030	Behavioral Health Hotline Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0031	Mental Health Assess Non-physician	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0032	Mentl Hlth Srvc Plan Dvlp Non-phys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0033	Oral Medadmin Dir Observation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0034	Medication Trn&support Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0035	Mental Health Part Hosp Tx < 24 Hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0036	Cmty Psyc Supp Tx Fce-to-fce-15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0037	Cmty Psyc Supportive Tx Prog-m-diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0038	Self-help/peer Services Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0039	Assertive Cmty Tx Fce-to-fce-15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0040	Assertive Cmty Tx Prog-m Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0041	Foster Care Chld Non-tx-diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0042	Foster Care Chld Non-tx-month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0043	Supported Housing Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0044	Supported Housing Per Month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0045	Respite Care Srvc Not Home Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0046	Mental Health Services Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0047	Alcohol &or Oth Drug Abs Srvc Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0048	Alc &/oth Rx Tst: Clct&hndl Not Bld	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0049	Alcohol/drug Screening	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
H0050	Alcohol/drug Service 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0052	Mmip mental health and care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0053	Ht mental health and care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1000	Prenatal Care At-risk Assessment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1001	Prenatal at risk Enhncd Srvc; Antprtm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1002	Prenatal at risk Enhncd Srvc; Coord	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1003	Prenatal at risk Enhncd Srvc; Ed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1004	Prenatal at risk Enhncd Srvc; F/u Hom	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1005	Prenatal at risk Enhncd Srvc Pkg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1010	Non-medical Fam Planning Ed-session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1011	Fam Assess Lic Bhval Hlth State Def	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2000	Comp Multidisciplinary Evaluation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2001	Rehabilitation Program Per 1/2 Day	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2010	Comp Medication Services Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2011	Crisis Interven Service Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2012	Behavioral Health Day Tx Per Hour	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2013	Psyc Health Facl Service Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2014	Skills Training&dvlp Per 15 Minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2015	Comp Cmty Support Srvc Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2016	Comp Cmty Support Srvc Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2017	Psychosocial Rehab Srvc 15 Munutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2018	Psychosocial Rehab Srvc Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2019	Therapeutic Behavioral Srvc 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2020	Therapeutic Behavioral Srvc Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2021	Cmty-based Wrap-around Srvc 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2022	Cmty-based Wrap-around Srvc Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2023	Supported Employment Per 15 Minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2024	Supported Employment Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2025	Ongoing Supp Mntain Employ 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2026	Ongoing Supp Mntain Employment Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2027	Psychoeducational Service 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2028	Sexoffender Tx Service Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
H2029	Sexual Offender Tx Service Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2030	Mental Health Clubhouse Srvc 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2031	Mental Health Clubhouse Srvc Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2032	Activity Therapy Per 15 Minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2033	Multisys Therapy Juvs Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2034	Alc&/rx Abs Halfway House Srvc Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2035	Alcohol &or Oth Drug Tx Progm-hour	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2036	Alcohol &or Oth Drug Tx Progm-diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2037	Dvlpmntl Dlay Prev Actv Chld 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2038	Skill Train And Dev/Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2040	Coord Specialty Care, Month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2041	Coord Special Care Encounter	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0120	Injection Tetracycline Up To 250 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0190	Injection Biperiden Lactat Per 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0200	Inj Alatrofloxacin Mesylate 100 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0205	Injection Alglucerase Per 10 Units	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0288	Inj Amphotericin B Cholesteryl 10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0350	Injection Anistreplase Per 30 Units	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0365	Injection Aprotonin 10000 Kiu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0380	Inj Metaraminol Bitartrate 10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0390	Injection Chloroquine Hcl Up 250 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0395	Injection Arbutamine Hcl 1 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0520	Inj Bethanechol Chlorid Up 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0620	Inj Calcm Glycrophsphte&lactat-10ml	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0710	Inj Cephapirin Sodium To 1 Gm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0715	Inj Ceftizoxime Sodium Per 500 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0745	Inj Codeine Phosphate Per 30 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0890	Peginesatide injection	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J0945	Inj Brompheniramine Maleate-10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1056	Inj Mdrxyprgestron/estradiol 5/25mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1094	Injection Dexamethasone Actat 1 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1180	Injection Dyphylline Up To 500 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
J1320	Inj Amitriptyline Hcl To 20 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1330	Inj Ergonovine Maleate Up To 0.2 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1435	Injection Estrone Per 1 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1436	Inj Etidronate Disodium Per 300 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1452	Inj Fomivirsen Sodium Io 1.65 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1457	Injection Gallium Nitrate 1 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1562	Immune Globulin Subcutaneo/brand Name - Vivaglobin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1573	Injection, Hepatitis B Immune Globulin (hepagam B)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1600	Inj Gold Sodium Thiomalate To 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1620	Inj Gonadoreln Hydrochlorid 100 Mcg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1642	Injection Heparin Sodium 10 Units	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1655	Injection Tinzaparin Sodium 1000 Iu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1675	Inj Histrelin Actat 10 Microgms	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1700	Inj Hydrocortisone Actat To 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1710	Inj Hydrocortison Sod Phos To 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1730	Injection Diazoxide Up To 300 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1810	Inj Dropridl&fentnyl Citrat To 2ml	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1835	Injection Itraconazole 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1890	Inj Cephalothin Sodium To 1 Gm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1945	Injection Lepirudin 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1960	Inj Levorphanol Tartrate To 2 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J1990	Inj Chlordiazepoxide Hcl To 100 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2010	Injection Lincomycin Hcl To 300 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2180	Inj Mepridin&promthzin Hcl To 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2320	Inj Nandrolone Decanoate To 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2460	Inj Oxytetracycline Hcl To 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2513	Inj Pentastarch 10% Sol 100 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2650	Inj Prednisolone Acetate To 1 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2670	Injection Tolazoline Hcl To 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2725	Injection Protirelin Per 250 Mcg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2910	Injection Aurothioglucose To 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2940	Injection Somatrem 1 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
J2950	Injection Promazine Hcl Up To 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J2995	Inj Streptokinase Per 250000 Iu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3280	Inj Thiethylprazine Maleat To 10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3302	Inj Triamcinolone Diactat 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3305	Inj Trimetrexate Glucoronate 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3310	Injection Perphenazine Up To 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3320	Inj Spctnomycn Dhydrochlorid To 2 Gm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3350	Inj Urea Up To 40 Gm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3364	Injection Urokinase 5000 Iu Vial	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3400	Inj Triflupromazine Hcl To 20 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3472	Inj Hyaluronidase Ovine 1000 Usp U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3520	Edetate Disodium Per 150 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3530	Nasal Vaccine Inhalation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3570	Laetrile Amygdalin Vitamin B17	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7110	Infusion Dextran 75 500 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7191	Factor VIII Ahf Procine Per Iu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7196	Antithrombin recombinant	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7306	Levonorgestrel Contraceptv Impl Sys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7505	Muromonab-cd3 Parenteral 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7513	Daclizumab Parenteral 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7604	Acetylcysteine, Inhalation Solution, Compounded Pr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7607	Levalbuterol, Inhalation Solution, Compounded Prod	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7609	Albuterol, Inhalation Solution, Compounded Product	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7610	Albuterol Comp Con	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7622	Beclomethasone Inhal Sol U Dose Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7624	Betamethasone Inhal Sol U Dose Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7628	Bitolterol Mesylate Inh Sol Conc-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7629	Bitolterol Mesylate Inhal Sol U-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7633	Budesonide Inhal Sol Dme-0.25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7634	Budesonide, Inhalation Solution, Compounded Produc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7635	Atropine Inhal Solution Conc Per Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7636	Atropine Inhal Sol Ud Per Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
J7637	Dexamethasone Inhal Sol Con Per Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7638	Dexamethasone Inhal Sol Ud Per Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7641	Flunisolide Inhal Sol Admned Dme-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7642	Glycopyrrolate Inhal Sol Conc-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7643	Glycopyrrolate Inhal Sol U-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7645	Ipratropium Bromide Comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7647	Isoetharine Hcl, Inhalation Solution, Compounded P	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7648	Isoetharine Hcl Inhal Sol Conc-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7649	Isoetharine Hcl Inhal Sol U-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7650	Isoetharine Comp Unit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7657	Isoproterenol Hcl, Inhalation Solution, Compounded	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7658	Isoproterenol Hcl Inhal Sol Conc-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7659	Isoproterenol Hcl Inhal Sol U-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7660	Isoproterenol Comp Unit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7667	Metaproterenol Sulfate, Inhalation Solution, Compo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7668	Metaproterenol Inhal Sol Conc-10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7669	Metaproterenol Inhal Sol U-10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7670	Metaproterenol Comp Unit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7676	Pentamidine Isethionate, Inhalation Solution, Comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7680	Terbutaline Sulfate Inhal Sol Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7681	Terbutaline So4 Inhal Sol U Dose-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7683	Triamcinolone Inhal Sol Conc-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7684	Triamcinolone Inhal Sol U Dose-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J7685	Tobramycin, Inhalation Solution, Compounded Produc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J8515	Cabergoline Oral 0.25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J8562	Oral fludarabine phosphate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J8565	Gefitinib Oral 250 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J9165	Diethylstilbestrol Diphoshat 250 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J9212	Inj Infrfern Alfacon-1 Recomb 1 Mcg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J9213	Intrferon Alfa-2a Recombinant 3 M U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J9219	Leuprolide Acetate Implant 65 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J9270	Plicamycin 2.5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
K0669	Wc Accss Seat/back Cushn No Sadmerc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0740	Repair/service oxygen equipment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0806	POV group 2 std up to 300 lbs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0807	POV group 2 hd 301-450 lbs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0808	POV group 2 vhd 451-600 lbs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0868	Pwc Gp 4 Std Seat/back	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0869	Pwc Gp 4 Std Cap Chair	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0870	Pwc Gp 4 Hd Seat/back	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0871	Pwc Gp 4 Vhd Seat/back	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0877	Pwc Gp 4 Std Sing Pow Opt S/b	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0878	Pwc Gp 4 Std Sing Pow Opt Cap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0879	Pwc Gp 4 Hd Sing Pow Opt S/b	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0880	Pwc Gp 4 Vhd Sing Pow Opt S/b	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0884	Pwc Gp 4 Std Mult Pow Opt S/b	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0885	Pwc Gp 4 Std Mult Pow Opt Cap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0886	Pwc Gp 4 Hd Mult Pow S/b	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L0984	Protective Body Sock Each	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L1847	Ko Dbl Uprrt-adj Jnt-inflat Air Supp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L1848	Ko dbl upright w/air pre ots	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L2840	Add Lw Ext Orthos Tib Len Sock Fx/=	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L2850	Add Lw Ext Ortho Fem Len Sock Fx/=	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L2861	Torsion mechanism knee/ankle	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L4394	Repl Sft Infrfce Matl Ft Drop Splnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L4398	Ft Drop Splnt Recumbnt Pstn Devc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L5990	Add Lw Extrm Prosth Use Adj Heel Ht	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L7600	Prosetic Donning Sleeve Material Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L8678	Ext Sply Implt Neurostim	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L8680	Impl Neurostimulator Electrode Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L8685	Impl Neurostim 1 Array Rechargeable	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L8686	Impl Neurostim 1 Array Non-recharge	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L8687	Impl Neurostim 2 Array Rechargeable	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L8688	Impl Neurostim 2 Array Non-recharge	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
L8692	Non-osseointegrated snd proc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L9900	Ortho/prosth Supp Acces &/ Serv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0001	Advancing Cancer Care Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0002	Opt Care Kidney Hlth Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0004	Support Care Neur Cond Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0005	Promot Wellness Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0075	Cellular Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0076	Prolotherapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0100	Intragastr Hypothm Use Gastr Freez	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0300	Iv Chelation Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M0301	Fabric Wrapping Abdominal Aneurysm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1003	Tb scr 12 mo pri fst bio dz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1004	Doc med rsn no srn tb	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1005	Tb scr no perf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1006	Dz not ases, no rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1007	>=50% total pt outpt ra enct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1008	<50% total pt outpt ra encts	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1009	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1010	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1011	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1012	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1013	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1014	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1016	Pt dx meop or sur steri	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1018	Pt dx hst cr pt sk lg cr scr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1019	Adl pt mj dep ds rs 12 phq<5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1020	Adl pt mj dep ds no rs 12 mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1021	Pt uc in pp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1027	Img head (ct or mri) obtnd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1028	Doc of pt prm hda dx and otr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1029	Doc systm rsn img hd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1032	Adt tkng pharmthry for oud	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1034	Adt 180 dys pharmthry oud	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1035	Adt pd out mat pr 180 dys tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1036	Adt no 180 dys pharmthry oud	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1037	Pt dx lum sp reg cacr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1038	Pt dx lum sp reg fract	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1039	Pt dx lum sp reg inf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1040	Pt dx lum idi or cong scol	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1041	Pt cr ft inf lm or pt id sl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1043	Ftl st mea sco no ot odi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1045	Fsm wth scr oks pre and post	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1046	Fsm wth scr no oks pre and p	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1049	Fsm wth scr no odi pre and p	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1051	Pt w/cancer scoliosis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1052	Lg pn nt msr vas scl pre/pst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1054	Pt uc in pp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1055	Aspirin used	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1056	Presc antico med in pp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1057	Aspirin not used, no rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1058	Pt prm nurs hm res in pp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1059	Pt no prm nurs hm res in pp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1060	Pt died in pp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1067	Hspc pt prv time meam per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1068	Pt not ambulatory	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1069	Pt scr ft fall rsk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1070	Pt not scrn fut fall no rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1106	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1107	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1108	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1109	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1110	Oc ni pt selfdc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1111	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1112	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1113	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1114	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1115	Oc ni pt selfdc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1116	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1117	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1118	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1119	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1120	Oc ni pt selfdc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1121	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1122	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1123	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1124	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1125	Oc ni pt selfdc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1126	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1127	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1128	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1129	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1130	Oc ni pt self dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1131	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1132	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1133	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1134	Oc ni pt self dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1135	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1141	Fs no oks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1142	Emerge cases	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1143	Ni rehab med chiro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1146	Ongoing care not ind	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1147	Care not poss med rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1148	Pt self dschg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1149	No neck fs prom incap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1150	Lvef <=40% Or Mod/Sev L Vsf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1151	Pt W/ Hx Trnsplt Or Lvad	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1152	Pt W/ Hx Trnsplt Or Lvad	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1153	Pt W/ Dx Osteo Doe	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1159	Hospc Serv Dur Meas Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1160	Pt Anphx Due To Mengb Bef 13	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1161	Pt Anphx Due To Dtp Bef 13	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1162	Pt Enceph Due To Dtp Bef 13	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1163	Pt Anphx Due To Hpv Bef 13	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1164	Pt W/ Dementia Any Time	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1165	Pt Use Hspc Dur Meas Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1166	Path Rpt Tis Spec Wle/Reexc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1167	Hspc Dur Meas Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1168	Pt Recd Flu Vax 7/1-6/30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1169	Doc Med Rsn No Flu Vax	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1170	Pt W/O Flu Vax 7/1-6/30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1171	Pt Recd 1 Td/Tdap 9Yrs Prior	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1172	Doc Med Rsn No Td/Tdap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1173	Pt No Rec Td/Tdap 9Yrs Prior	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1174	Pt W/ 1 Hzv Lv Or 2 Hzv Recm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1175	Doc Med Rsn No Hzv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1176	Pt W/O Hzv On/Aft Age 50	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1177	Pt Recd Pcv On/Aft 60	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1178	Doc Med Rsn No Pcv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1179	No Pcv Recd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1180	Pt Imm Ckpt Inhib Therapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1181	Gr 2 Or> Dia Or Gr2 Or> Col	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1182	Not Elg Pre Ex Ibd/Uc/Crohn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1183	Doc Imm Ckpt Inhib Hld	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1184	Doc Med Rsn No Cst/Ist Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1185	Imm Ckpt Inhib Not Hld No Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1186	Pt W/ Rx For Hspc/Plltv Care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1187	Pt W/ Esrd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1188	Pt W/ Ckd Stg 5	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1189	Doc Khe Pef W/Efgr/Uacr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1190	Doc Khe Not Pef W/Efgr/Uacr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1191	Hspc Svc Any Time In Meas Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1192	Pt W/ Dx Sq Cell Ca Of Esoph	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1193	Rpts W/ Imp/Con Mmr/Msi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1194	Med Rsn No Imp/Con Mmr/Msi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1195	Rpt Wo Imp/Con Mmr/Msi	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1196	Ixv Nrs Vrs Iqa >=4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1197	Isa Red >=2 Fr Ixv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1198	Isa Not Red 2Pts Fr Ixv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1199	Pt Rec'G Rrt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1200	Ace-I/Arb Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1201	Med Rsn No Ace-I/Arb Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1202	Pt Rsn No Ace-I/Arb Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1203	No Rsn Ace-I/Arb Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1204	Ixv Nrs Vrs Iqa >=4	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1205	Isa Red >=2 Fr Ixv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1206	Isa Not Red 2Pts Fr Ixv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1207	#Pts Scrn Sdoh	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1208	#Pts No Scrn Sdoh	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1209	>=2 Same Hi-Rsk Med W/O Diag	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1210	>=2 Same Meds Tbl4 Not Ord	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1211	Hemoglobin A1C Level >9.0%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1212	Missing Hb A1C Level	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1213	No Hx Spiro Prs Spiro>=70%	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1214	Spiro Results Wth Obs Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1215	Med Rsn For No Doc Spiro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1216	No Spiro Doc No Res Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1217	Sys Rsn No Doc Spiro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1218	Pt Copd Symptoms	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1220	Dre Wth Interp Rtnophy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1221	Dre W/O Rtnophy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1222	Glaucoma Pln Of Care Not Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1223	Glaucoma Plan Of Care Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1224	Iop Dec <20% From Base	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1225	Iop Dec >=20% From Base	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1226	Iop Not Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1227	Eb Therapy Prescribed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1228	Pt + Hcv Aby +Vir W/ Rx 3 Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1229	Pt W/ +Hcv +Vir Ref Win 1 Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1230	Pt Hcv Rctv Aby No F/U Tst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1231	Pt Hcv Tst No Reactive Res	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1232	Pt Hcv Tst Reactive Result	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1233	Pt No Hcv Aby Or Result	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1234	Pt Hcv Rctv Aby F/U Neg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1235	Doc Pt Hcv Aby Rna Tst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1236	Baseline Mrs > 2	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1237	Pt Rsn No Scrn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1238	Doc 2Nd Recom Hzv 2-6 Mo Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1239	Pt No Resp Heard	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1240	Pt No Resp Best Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1241	Pt No Resp Seen As Person	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1242	Pt No Resp Imprt To Me	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1243	Pt Othr Thn True Heard	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1244	Pt Othr Thn True Best Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1245	Pt Othr Thn True Person	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1246	Pt Othr Thn True Imprt To Me	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1247	Pt Resp True Best Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1248	Pt Resp True Seen As Person	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1249	Pt Resp True Imprt To Me	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1250	Pt Resp True Heard	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1251	Pts Proxy Cmplt Hu Surv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1252	Pts No Cmplt Hu Survey	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1253	Pts Hu Surv No Amb Plltv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1254	Pts Deceased Prior Hu Surv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1255	Pts W/ Othr Rsn Vst,+Prg Tst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1256	Prior History Of Known Cvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1257	Cvd Risk Assess Not Perf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1258	Cvd Risk Assess Perf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1259	Pt Kid Transplt Wtlst Lv Don	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1260	Pt No Kd Trnsplt Wtlst Lv Do	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1261	Pts On Wtlist Bef Dialysis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1262	Pts Transplt Bef Dialysis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1263	Pts Hosp Dialysis Dt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1265	Cms 2728 Completed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1266	Pts Admit Snf	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1267	Pt No Act Kid Transplt Wtlst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1268	Pt Ac Stat Kid Trnsplt Wtlst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1269	Rec'D Esrd Mcp Lst Day Of Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1270	Pts No Kid Transplt Wtlst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1271	Pts Dem Any Time/Dur Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1272	Pts Kid Transplt Wtlst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1273	Pts Snf 1 Yr Dialysis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1274	Pts Snf Exl Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1275	Pts Hosp Exl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1276	Calc Bmi Out Nrm Param Nof/U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1277	Colorectal Ca Screen Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1278	Pre-Htn Or Htn Doc, F/U Indc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1279	Pre-Htn/Htn, No F/U, Not Gvn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1280	Bilat Mast/Hx Bi /Unilat Mas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1281	Bp Scrn No Perf At Interval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1282	Pt Scrn Tbco Id As Non User	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1283	Pt Scrn Tbco And Id As User	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1284	Pt 66+ Snp Or Ltc Pos > 90D	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1285	Scrn Mam Perf Rslts Not Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1286	Bmi Doc Onl Fup Not Cmpltd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1287	Calc Bmi Blw Low Param F/U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1288	Doc Rsn No Hbp Scrn Or F/U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1289	No Pt Tbco Cess Interv Rng	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1290	Pt Not Eli D/T Act Dig Htn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1291	Pt 66+ Frailty And Med Dem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1292	Pt 66+ Frail Inpt Adv Ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1293	Calc Bmi Abv Up Param F/U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1294	Bp Scrn Perf Rec Interval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1295	Pt Hx Tot Col Or Colon Ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1296	Calc Bmi Norm Parameters	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1297	Bmi Not Doc Medrsn Ptfref	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1298	Doc Pt Preg Dur Msrmt Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1299	Flu Immunize Order/Admin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1300	Flu Imm No Admin Doc Rea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1301	Pt Recv Tbco Cess Interv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1302	Scrn Mam Perf Rslts Doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1303	Hospcl Serv Dur Meas Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1304	No Pneum Vax Admin 19+	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1305	Pneum Vax Admin 19+	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1306	Pt Anphx Due To Pneum	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1307	Doc Pt Pal Or Hospice	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1308	Flu Immunize No Admin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1309	Pall Serv During Meas	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1310	Pt Scr Tob & Cess Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1311	Aphlx To Vax Bef Enc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1312	No Pt Tbco Scrn Rng	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1313	No Tob Scr/Cess Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1314	Bmi Not Calculated	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1315	Crc No Doc No Rsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1316	Tobacco Non-User	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1317	Pts Counsl Cpt Opt Out	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1318	Pts No Csp Doc Contact	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1319	Pts Csp Doc Contact	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1320	Pts Scrn + Hrsn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1321	Pts No 7Wk Inj, No Iop, Iop > 25	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1322	Pts 7Wk Inj, Scrn Iop = < 25	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1323	Pts 7Wk Inj, Scrn Iop > 25	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1324	Pts Intravitreal/Pci	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1325	Doc Med Rsn Not Seen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1326	Pts Dx Hypotony	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1327	Pts No Eval Ini Xm No 8 Wks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1328	Pts Dx Acute Vitreous Hem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1329	Pts Act Pvd 2 Wks 8 Wks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1330	Doc Pts Rsn No F/U Xm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1331	Pts Eval Ini Xm 8 Wks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1332	Pts No Eval Ini Xm No 2 Wks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1333	Acute Vitreous Hemorrhage	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1334	Pts Act Pvd 2 Wks 2 Wks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1335	Doc Pts Rsn No F/U Xm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1336	Pts Eval Ini Xm 2 Wks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1337	Acute Pvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1338	Pt F/U 30-180 Dys No + Imprv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1339	Pts F/U 30-180 Dys + Improv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1340	Indx Whodas 2.0 Or Sds	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1341	Pt No F/U 30-180 Dys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1342	Pts Died Perf Per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1343	Pt Pam Lvl 4 Base Or Srt Lin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1344	Pts No Bsln Or 2Nd Pam Score	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1345	Pt Bsln Pam, 2Nd Scr 6-12 Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1346	Pts No Pam 6 Pts 6-12 Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1347	Pt Pam Incr 3 Pt 6-12 Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1348	Pt Pam Incr 6 Pt 6-12 Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1349	Pt No Pam 3 Pts 6-12 Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1350	Pt W/ Suic Saf Pln Init Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1351	Pt Cmplt Suicd Saf Pln 120Dy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1352	Suicd C-Ssrs Assessment, Equ	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1353	Pts No Cmplt Suicd Saf Pln	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1354	Pt No Suicd Saf Pln 120Dy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1355	Suicd Based Cln Eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1356	Pt Died Dur Meas Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1357	Pt W/Red Suic Idea 120 Days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1358	Pts No <Suicd Idea 120 Dys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1359	Indx Suicd Idea, No 0 Scr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1360	Suicd C-Ssrs Assessment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1361	Suicd Based Cln Eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1362	Pt Died Dur Meas Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1363	Pts No F/U 120 Dys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1364	Ascvd Risk >=20Pct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1365	Hosp+Pall Care Spec Code 17	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1366	Focus On Women'S Health Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1367	Qual Care Ent Disorder Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1368	Prev Trt Inf D/O Hiv/Hep Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1369	Qualcare Mental Hlth/Sud Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1370	Rehab Support Msk Care Mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1371	Mst rec gsa<7	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1372	Mst rec gsa >=7 and<8	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1373	Mst rec gsa >=8 and <=9	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1374	Ra dx enc 90 days dur per pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1375	Ra dx enc 90 days dur per pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1376	Ra dx enc 90 days dur per pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1377	Fu colscop 10 yr doc w/ disc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1381	Pt sec strk wthin 5 days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1382	Enc dur perf pd pos 11	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1383	Acute pvd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1384	Pt died dur perf pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1385	Pt rsn not seen 2nd pam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1386	Exc sx melmn or mlnm is	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1387	Pt died dur perf pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1388	Pt doc exm rec melmn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1389	Pt rsn no exm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1390	Pt no doc exm for rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1391	All pt dx w/ rec mlnm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1392	Pt rsn no exm or lst to fu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1393	Pr no dx rec mlnm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1394	Stg i-iii br ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1395	Init chemo w/def dur ec grp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1396	Pt ther clin trial	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1397	Pt w/ recur/prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1398	Bslne and fu promis doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1399	Pt lve prac	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1400	Pt died dur perf pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1401	Stg i-iii br ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1402	Init chemo w/def dur ec grp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1403	Bslne and fu promis doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1404	Pt ther clin trial	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1405	Pt w/ recur/prog	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1406	Pt lve prac	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1407	Pt died dur perf pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1408	Gmln brca bef dx ca	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1409	Recd gmln brca1/brca2 couns	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1410	No gmln brca1/brca2 couns	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1411	1st ln ici no chemo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1412	Met nsclc w/ egfr alk oth ab	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1413	Pos pdl1 bef init ici tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1414	Med rsn no pdl1 bef 1st ther	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1415	No pos pdl1 bef ici ther	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1416	Pt rec hosp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1417	Pt up to date cov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
M1418	Med rsn not up to date cov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1419	Pt not up to date cov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1420	Complete ophthalmologic mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1421	Dermatological care mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1422	Gastroenterology care mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1423	Opt care urologic cnd mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1424	Pulmonology care mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1425	Surgical care mvp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
P2028	Cephalin Flocculation Blood	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
P2029	Congo Red Blood	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
P2031	Hair Analysis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
P2033	Thymol Turbidity Blood	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
P7001	Cult Bacterl Urine; Quan Sens Study	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q0173	Trimethobenzamide Hcl 250 Mg Oral	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q0174	Thiethylperazine Maleate 10 Mg Oral	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q0515	Inj Sermorelin Actate 1 Mcg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q2034	Influenza virus vaccine, split virus, for IM use	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q2052	IVIG demo, sevices/supplies	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q3031	Collagen Skin Test	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
Q9001	Va chaplain assessment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9002	Va chaplain counsel individu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9003	Va chaplain counsel group	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9951	Locm 400/> Mg/ml Iodine Conc MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9953	Inj Ironbased Mr Contrast Agent MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9954	Oral Mr Contrast Agent MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9955	Inj Perflexane Lipid Microsphers MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9959	Hocm 150-199 Mg/ml Iodine Conc MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9962	Hocm 300-349 Mg/ml Iodine Conc MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
Q9964	Hocm 400 Or > Mg/ml Iodine Conc MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
R0076	Trans Prtble Ekg Faci/location-pt	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
S0012	Butorphanl Tartrat Nasl Spray 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0013	Esketamine, nasal spray	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S0014	Tacrine Hydrochloride 10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0017	Injection Aminocaproic Acid 5 Grams	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0021	Injection Ceftoperazone Sodium 1 Gm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0023	Inj Cimetidine Hydrochloride 300 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0028	Injection Famotidine 20 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0032	Injection Nafcillin Sodium 2 Grams	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0034	Injection Ofloxacin 400 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0039	Inj Sulfmethoxazl&trimethoprm 10 ML	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0040	Inj Ticarcillin & Clavulanat K+3.1 Gm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0074	Injection Cefotetan Disodium 500 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0078	Inj Fosphenytoin Sodium 750 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0080	Inj Pentamidine Isethionate 300 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0081	Inj Piperacillin Sodium 500 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0088	Imatinib 100 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0090	Sildenafil Citrate 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0091	Granisetron Hydrochloride 1 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0092	Inj Hydromorphone Hydrochlorid 250 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0093	Injection Morphine Sulfate 500 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0104	Zidovudine Oral 100 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0106	Bupropion Hci Sr Tab 150 Mg 60 Tabs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0108	Mercaptopurine Oral 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0109	Methadone Oral 5mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0117	Tretinoin Topical 5 Grams	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0119	Ondansetron 4 mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0122	Injection Menotropins 75 lu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0126	Injection Follitropin Alfa 75 lu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0128	Injection Follitropin Beta 75 lu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0132	Injection Ganirelix Acetate 250 Mcg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0136	Clozapine 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0137	Didanosine 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0138	Finasteride 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0139	Minoxidil 10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S0140	Saquinavir 200 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0142	Colisthmthate Soduim Inhal Conc-mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0145	Inj Pegylatd Ifn Alfa-2a 180 Mcg MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0148	Peg interferon alfa-2b/10	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0155	Sterile Dilutant Epoprostenol 50 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0156	Exemestane 25 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0157	Becaplermin Gel 0.01% 0.5 Gm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0160	Dextroamphetamine Sulfate 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0166	Injection Olanzapine 2.5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0170	Anastrozole Oral 1 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0172	Chlorambucil Oral 2 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0174	Dolasetron Mesylate Oral 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0175	Flutamide Oral 125 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0176	Hydroxyurea Oral 500 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0177	Levamisole Hydrochloride Oral 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0178	Lomustine Oral 10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0179	Megestrol Acetate Oral 20 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0182	Procarbazine Hydrochlord Oral 50 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0183	Prochlorperazine Maleate Oral 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0187	Tamoxifen Citrate Oral 10 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0189	Testosterone Pellet 75 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0190	Mifepristone Oral 200 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0191	Misoprostol Oral 200 Mcg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0194	Dialys/stress Vit Supl Oral 100 Cap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0197	Prenatal Vitamins 30-day Supply	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0199	Med Induced Ab Oral Ingest Med	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0201	Part Hositalizatn Srvc<24 Hr-diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0207	Paramed Intercept Non-hos-based Als	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0208	Paramed Intrcpt Als Non-trnsprt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0209	Wheelchair Van Mileage Per Mile	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0215	Non-emerg Transportation; Per Mile	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0220	Med Conf Md W/team Hlth Prof;30 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

**Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage**

Code	Description	Edit Type	Comment
S0221	Med Conf Md W/team Hlth Prof;60 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0250	Comp Geriatric Assess&tx Planning	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0255	By Nrs Socl Wrker/oth Desnatd Staff	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0260	Hx & Phys Related To Surgical Proc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0265	Genetic Cnsl Phys Sup Ea 15 Mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0270	Home Std Case Rate 30 Days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0271	Home Hospice Case 30 Days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0272	Home Episodic Case 30 Days	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0273	Md Home Visit Outside Cap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0274	Nurse Practr Visit Outs Cap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0280	Medical home, initial plan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0281	Medical home, maintenance	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0285	Consult before screen colonoscopy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0302	Cmpl Early Prd Screen Dx&tx Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0310	Hospitalist Services	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0311	Comprehensive management care coord adv ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0315	Dz Mgmt Progm; Init Assess&init Pro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0316	Disease Mgmt Progm; F/u/reassess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0317	Disease Management Progm; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0320	Tel Calls Rn Dz Mgmt Memb Monitr;mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0340	Lifestyl Mod Mgmt Cor Art Dz; 1 Qtr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0341	Incl All Supp Srvc; 2/third Qtr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0342	Lifestyl Mod Mgmt Cor Art Dz; 4 Qtr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0353	Cancer treatment plan initial	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0354	Cancer treatment plan change	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0390	Routine Foot Care; Per Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0395	Impression Cast Foot-practitioner	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0400	Globl Fee Xtracorp Shock Wave Lith	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0500	Disposable Contact Lens Per Lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0504	Single Vision Prsc Lens Per Lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0506	Bifocal Vision Prsc Lens Per Lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0508	Trifocal Vision Prsc Lens Per Lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S0510	Non-prescription Lens Per Lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0512	Daily Wear Spclty Cntc Lens-lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0514	Color Contact Lens Per Lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0515	Scleral Lens Lqd Bandge Device-lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0516	Safety Eyeglass Frames	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0518	Sunglasses Frames	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0580	Polycarbonate Lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0581	Nonstandard Lens	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0590	IntegrL Lens Srvc Misc Reported Sep	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0592	Comp Contact Lens Evaluation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0595	Dispns New Spctcl Lens Pt Spl Frme	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0596	Phakic iol refractive error	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0601	Screening Proctoscopy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0610	Annual Gyn Examination New Patient	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0612	Annual Gyn Examination Est Patient	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0613	Annual Gyn Ex Clin Brst W/o Pelv Ex	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0618	Audiometry For Hearing Aid Eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0620	Routine Ophth Ex W/refrac; New Pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0621	Routine Ophth Ex W/refrac; Est Pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0622	Physical Exam College New/est Pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0630	Remv Sutures; Md Not Md Who Clos Wnd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0800	Laser In Situ Keratomileusis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0810	Photorefractive Keratectomy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0812	Phototherapeutic Keratectomy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1001	Deluxe Item Patient Aware	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1002	Customized Item	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1015	Iv Tubing Extension Set	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1016	Non-pvc Iv Admn Set Rx Not Stable	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1030	Cont Noninvas Glu Mon Devc Purchase	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1031	Cont Noninvas Glu Mon Devc Rental	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1034	Artificial pancreas systemb	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1035	Artificial pancreas invasive disposable sensor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S1036	Artificial pancreas external transmitter	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1037	Artificial pancreas external receiver	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1040	Cranial Remold Orthos Rigid W/sft Int	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S1091	Stent non-coronary propel	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2053	TpInt Sm Intestine&liver Allogfts	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2054	Transplantation Multivisceral Orgn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2055	Harv Donr Mx-vscl Orgn; Cadvr Donr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2060	Lobar Lung Transplantation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2061	Donor Lobect Tplnt Living Donor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2065	Simultaneous Panc Kidney Tplnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2066	Breast Gap Flap Reconst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2067	Breast Stacked" Diep/gap"	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2068	Breast Reconstruction Diep Flap Uni	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2070	Cysto; Laser Tx Ureteral Calc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2079	Lap Esophagomyotomy Heller Type	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2080	Laser-assisted Uvulopalatoplasty	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2083	Adj Gastric Band Diam Subq Port	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2095	Trnscath Occl/emboliz Tumor Destruc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2102	Islet Cell Tiss Tplnt Panc; Allogen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2103	Adrenal Tissue Transplant To Brain	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2107	Adoptive Immunotx Course Treatment	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2112	Arthroscopy Knee Surg Harvest Cart	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2115	Osteot Periarticular W/intrnl Fix	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2117	Arthroereisis Subtalar	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2118	Total Hip Resurfacing	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2120	Ldl Apheres Heparin Xtrcrp Ldl Precp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2140	Cord Bld Harvest Tplnt Allogeneic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2142	Cord Blood Stem-cell Tplnt Allogen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2150	Bn Marrow/stem Cell Harv Tplnt∁	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2152	Solid Organ; Tplnt & Related Comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2202	Echocardiography	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2205	Min Invas Dir Cab; Art Gft 1 Cag	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S2206	Min Invas Dir Cab; Art Gft 2 Cag	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2207	Min Invas Dir Cab; Ven Only 1 Cvg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2208	Min Invas Dir Cab; 1 Art&vg 1 Vg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2209	Min Invas Dir Cab; 2 Art Gft&1 Vg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2225	Myringotomy Laser-assisted	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2230	Impl Magnt Cmpnt Semi-impl Hear Dvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2235	Impl Auditory Brain Stem Implant	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2260	Inducd Ab 17-24 Weeks Any Surg Meth	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2265	Ab Fetal Indication 25-28 Weeks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2266	Ab Fetal Indication 29-31 Weeks	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2267	Ab Fetal Indication 32 Weeks/>	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2300	Scope Shldr;w/therml-inducd Cpslorr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2325	Hip Core Decompression	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2340	Chemodnervat Abdutr Musc Vocl Cord	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2341	Chemodenervat Adduct Musc Vocal Crd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2342	Nasl Endo Postop Debrid Uni/bil	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2348	Decomp Perq Disc Rf 1/mx Lumb	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2350	Dskct Ant-osteophyt;lumb 1 Intrsp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2351	Dskct Ant-osteophyt;lumb Add Intrsp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2400	Repr Congn Hern Fetus In Utero	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2401	Repr Urin Tract Obst Fetus-utero	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2402	Repr Congen Cyst Malf Fetus-utero	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2403	Repr Pulmonary Sequist Fetus-utero	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2404	Repr Myelomeningo Fetus Proc-utero	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2405	Repr Sacrococ Tratoma Fetus In Utro	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2409	Rep Congn Malform Fetus-utero Noc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2411	Fetoscop Laser Tx Treatment-ttts	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2900	Surg Tech Rqr Use Robotic Surg Sys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3000	Diab Ind; Ret Eye Ex Dilat Bil	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3005	Prfrm Msr Eval Pt Self Assess Dprss	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3600	Stat Laboratory Request	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3601	Emerg Stat Lab Chrg Pt Hb/nrs FacI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S3620	Newborn Metabolic Screening Panel	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3630	Eosinophil Count Blood Direct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3645	Hiv-1 Antibod Test Mucos Transudate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3650	Saliva Test Hormone Level;menopause	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3652	Sliva Tst Hormone Lev;prterm Labor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3655	Antisperm Antibodies Test	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3708	Gastrointestinal Fat Absorb Study	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3722	Dose optimization auc - 5fu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3800	Genetic Testing For Amyotrophic Lateral Sclerosis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3840	Dna Analysis Ret Proto-oncogene	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3841	Genetic Testing For Retinoblastoma	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3842	Genetic Tst Von Hippel-lindau Dz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3844	Dna Analy Gjb2 Congn Pfdn Deafness	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3845	Genetic Testing Alpha-thalassemia	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3846	Genetic Tst Hgb E Beta-thalassemia	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3849	Genetic Testing Niemann-pick Dz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3850	Genetic Testing Sickle Cell Anemia	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3852	Dna Analy Apoe Epsilon 4 Allele Alz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3853	Genetic Tst Myotonic Musc Dystrophy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3854	Gene Expression Profiling Panel (oncotype)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3861	Genetic Testing Brugada	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3865	Comp gene sequence hypertrophic cardiomy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3866	Specific gene test hypertrophic cardiomy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3870	CGH test development delay	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3900	Surface Electromyography	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3902	Ballistocardiogram	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3904	Masters Two Step	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3905	Auto Handheld Diag Nerv Test	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4005	Interim Labor Facility Global	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4011	In Vitro Fertilization;	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4013	Complete Cycle Gift Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4014	Complete Cycle Zift Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S4015	Complete Ivf Cycle Case Rate Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4016	Frozen Ivf Cycle Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4017	IncpI Cycl Tx Canceld Prior To Stim	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4018	Frzn Emb Trans Cancl Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4020	Ivf Proc Cancl Befr Aspir Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4021	Ivf Proc Cancl Afr Aspir Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4022	Assist Oocyte Fertiliz Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4023	Donor Egg Cycle Incpl Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4025	Donor Srvc In Vitro Fertilization	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4026	Procurement Donr Sperm Sperm Bank	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4027	Storage Previously Frozen Embryos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4028	Micsurg Epididymal Sperm Aspir	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4030	Sperm Procurement&cryopres; 1 Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4031	Sperm Procure&cryopres; Subsqt Vst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4035	Stim Intrauterine Insemin Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4037	Cryopreservd Embryo Trnsf Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4040	Mon & Stor Cryopresrv Embryos 30 Da	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4042	Mgmt Ovulation Induction Per Cycle	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4981	Insrt Levonorgestrel Intrautr n Sys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4990	Nicotine Patches Legend	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4991	Nicotine Patches Non-legend	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4993	Contraceptive Pills Birth Control	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4995	Smoking Cessation Gum	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5000	Prescription Drug Generic	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5001	Prescription Drug Brand Name	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5010	5% Dxtros & 0.45% NI Saline 1000 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5012	5% Dxtros W/k+ Chlorid 1000 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5013	5% Dxtros/45% N/s Kci&mgso4 1000 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5014	5% Dxtros/45% N/s Kci&mgso4 1500 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5100	Day Care Services Adult; Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5101	Day Care Srvc Adult; Per Half Day	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5102	Day Care Services Adult; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S5108	Hom Care Trn Hom Care Client 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5109	Home Care Trn Home Care Client Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5110	Home Care Training Fam; Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5111	Home Care Training Fam; Per Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5115	Home Care Trn Non-fam; Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5116	Home Care Trn Non-fam; Per Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5120	Chore Services; Per 15 Minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5121	Chore Services; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5125	Attendant Care Services; Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5126	Attendant Care Services; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5130	Homemaker Service Nos; Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5131	Homemaker Service Nos; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5135	Companion Care Adult; Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5136	Companion Care Adult ; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5140	Foster Care Adult; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5141	Foster Care Adult; Per Month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5145	Foster Care Therapeutic Child; Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5146	Foster Care Therapeutic Chld; Month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5150	Unskld Respite Care Not Hospice; 15	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5151	Unskld Respite Care Not Hospice;per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5160	Emerg Response System; Instl&tst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5161	Emerg Response Sys; Svc Fee-month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5162	Emerg Response Sys; Purchase Only	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5165	Home Modifications; Per Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5170	Home Del Meals Incl Prep; Meal	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5175	Laundry Service Ext Prof; Order	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5185	Med Remindr Svc Non-fce-to-fce; Mo	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5190	Wellness Assess Prfrm Non-physician	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5199	Personal Care Item Nos Each	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5550	Insulin Rapid Onset; 5 Units	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5551	Insulin Most Rapid Onset; 5 Units	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5552	Insulin Intermed Acting; 5 Units	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S5553	Insulin Long Acting; 5 Units	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5560	Insulin Devc Reusable Pen;1.5 MI Sz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5561	Insulin Devc Reusable Pen; 3 MI Sz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5565	Insulin Cartridge Not Pump; 150 U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5566	Insulin Cartridge Not Pump; 300 U	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5570	Insulin Disposable Pen; 1.5 MI Sz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S5571	Insulin Disposable Pen; 3 MI Sz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8030	Scleral Application Tantalum Ring	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8035	Magnetic Source Imaging	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8037	Mr Cholangiopancreatography	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8040	Topographic Brain Mapping	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8042	Magnetic Resonance Imag Low-field	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8055	Us Guid Mxifetl Pg Rduc Tech Cmpnt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8080	Scintimammo Uni W/spl Radiopharm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8085	F-18 Fdg Imag 2-hd Coincenc Detct	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8092	Electron Beam Computed Tomography	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8096	Portable Peak Flow Meter	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8097	Asthma Kit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8100	Hold Chamb W/inhal/nebulizr;no Mask	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8101	Hold Chamb W/inhal/nebulizr; W/mask	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8110	Peak Expiratory Flow Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8120	O2 Cntn Gaseous 1 U = 1 Cubic Foot	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8121	O2 Contents Lqd 1 U Equals 1 Pound	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8130	Interferential stim 2 chan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8131	Interferential stim 4 chan	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8185	Flutter Device	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8186	Swivel Adaptor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8189	Tracheostomy Supply Noc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8210	Mucus Trap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8265	Haberman Feeder Cleft Lip/palate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8270	Enuresis Alarm Buzz&vibration Devc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8301	Infection Control Supplies Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S8415	Supplies Home Delivery Of Infant	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8420	Gradient Press Aid Sleeve&glove Cstm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8421	Gradient Press Aid Slv&glov Rdy Made	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8422	Gradient Press Aid Sleeve Cstm Med Wt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8423	Gradient Press Aid Sleeve Cstm Hvy Wt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8424	Gradient Press Aid Sleeve Ready Made	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8425	Gradient Press Aid Glove Cstm Med Wt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8426	Gradient Press Aid Glove Cstm Hvy Wt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8427	Gradient Press Aid Glove Ready Made	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8428	Gradient Press Aid Gauntlet Rdy Made	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8429	Gradient Pressure Exterior Wrap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8430	Padding Compression Bandage Roll	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8431	Compression Bandage Roll	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8450	Splint Prefabricated Digit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8451	Splint Prefabricated Wrist Or Ankle	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8452	Splint Prefabricated Elbow	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8460	Camisole Post-mastectomy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8490	Insulin Syringes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8930	Auricular electrostimulation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8940	Equestrian/hippotherapy Per Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8948	Applic Modal 1/more Areas; Lw-level	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8950	Complex Lymphedema Tx Ea 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8990	Phys/manip Tx Maint Not Restoration	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8999	Resuscitation Bag	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9001	Home Uterin Mon W/wo Assoc Nrs Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9007	Ultrafiltration Monitor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9024	Paranasal Sinus Ultrasound	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9025	Omniscardiogram/cardiointegram	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9034	Eswl For Gall Stones	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9055	Procuren/oth Growth Factor Prep	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9056	Coma Stimulation Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9083	Global Fee Urgent Care Centers	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
S9088	Services Prov An Urgent Care Center	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9090	Vert Axial Decomprs Per Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9117	Back School Per Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9125	Respite Care In The Home Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9140	Dm Mgmt Prog F/u Vst Non-md Prov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9141	Diab Mgmt Prog F/u Visit Md Prov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9145	Insulin Pump Init Instruct Use Pump	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9150	Evaluation By Occularist	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9335	Hom Tx Hd; Admin Spl & Eqp Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9401	Anticoagulat Clin No Lab Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9430	Pharm Compounding & Dispensing Serv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9433	Medical Food Nutritionally Complete, Administered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9434	Mod Solid Food Sup Inborn Err Metab	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9435	Medical Foods Inborn Errors Metab	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9436	Chldbrth Prep/lamaze Class Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9437	Childbirth Refresh Class Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9438	Cesarean Brth Class Non-md Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9439	Vbac Classes Non-md Per Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9441	Asthma Ed Non-md Prov Per Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9442	Birthing Classes Non-phys Prov-sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9443	Lactation Class Non-phys Prov-sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9444	Parenting Classes Non-md Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9445	Pt Ed Noc Non-md Prov Ind Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9446	Pt Ed Noc Non-md Prov Group Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9447	Infant Safety Class Non-md Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9449	Weight Mgmt Class Non-phys Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9451	Exercise Classes Non-phys Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9452	Nutrition Classes Non-phys Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9453	Smoking Cessation Class Non-md Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9454	Stress Mgmt Class Non-phys Per Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9455	Diabetic Mgmt Prog Group Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9460	Diabetic Mgmt Prog Nurse Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

**Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage**

Code	Description	Edit Type	Comment
S9465	Diabetic Mgmt Progm Dietitian Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9470	Nutritional Cnsl Dietitian Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9472	Card Rehab Progm Non-phys Prov Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9473	Pulm Rehab Progm Non-phys Prov Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9475	Amb Set Sbstnc Abs Tx/dtox Srvc Day	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9476	Vestibulr Rehab Non-phys Prov-diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9480	Intensive Op Psyc Services Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9482	Family Stabilizatn Srvc Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9484	Crisis Interven Mentl Hlth Srvc-hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9485	Crisis Intervent Mental Health Serv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9529	Routine veinpuncture for collection of specimen(s)	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9810	Home Therapy; Noc Per Hour	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9900	Srvc Auth Christian Sc Pract Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9901	Christian sci nurse visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9960	Air ambulanc nonemerg fixed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9961	Air ambulanc nonemerg rotary	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9970	Health Club Membership Annual	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9975	Tplnt Rel Lodg Meals & Trnsprt Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9976	Lodging Per Diem Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9977	Meals Per Diem Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9981	Medical Records Copying Fee Admin	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9982	Medical Records Copying Fee-page	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9986	Not Medically Necessary Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9988	Serv Part Of Phase 1 Clinical Trial	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9989	Services Provided Outside Usa	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9990	Srvc Prov Part Phase Ii Clin Trial	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9991	Srvc Prov Part Phase Iii Clin Trial	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9992	Trnsprt Costs Clin Trial Prtcp&comp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9994	Lodg Cost Clin Trial Prtcp&caregvr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9996	Meals Clin Trial Prtcp&one Caregivr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1000	Priv Duty/independent Nrs To 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1001	Nursing Assessment/evaluation	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
T1002	Rn Services Up To 15 Minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1003	Lpn/lvn Services Up To 15 Minutes	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1004	Srvc Qualified Nrs Aide To 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1005	Srvc Qual Nursing Aide Up To 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1006	Alcohol&/sbstnc Abs Fam/couple Cnsl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1007	Alcohol&/substance Abuse Services	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1009	Child Sit Ind Alc&/substnc Abs Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1010	Meals Rec Alcohol&/substnc Abs Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1012	Alcohol&/sbstnc Abs Srvc Skl Dvlp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1013	Sign Lange/oral Intepr Srvc-15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1014	Telehealth Trans Min Prof Srvc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1015	Clinic Vst/encounter All-inclusive	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1016	Case Management Each 15 Mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1017	Targeted Case Management Ea 15 Mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1018	School-basd Ind Ed Prog Serv Bundld	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1019	Personal Care Services Per 15 Mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1020	Personal Care Services Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1021	Home Hlth Aide/cert Nurse Asst Vst	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1022	Contract Home Health Agcy Srvc Day	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1023	Scr Ind Particip Spec Prog Proj/tx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1024	Eval&tx Team Mx/sev Handicap Child	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1025	Mxdisciplin Child Cmplx Impair Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1026	Mxdisciplin Child W/cmplx Impair Hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1027	Fam Train & Cnsl Child Dvlp 15 Mins	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1028	Assess Home Physical & Family Envir	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1029	Comp Envir Lead Investigat-dwell	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1030	Nrs Care Home Registered Nurse-diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1031	Nursing Care The Home Lpn Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1032	Sv doula brth wrk per 15 min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1033	Sv doula brth wrk per diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1040	Comm bh clinic svc per diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1041	Comm bh clinic svc per month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
T1502	Admn Orl Im&/subq Med Hlth Prof	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1503	Med Admin Other Than Oral	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1505	Elec med comp dev, noc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1999	Misc Tx Items&supplies Retail Noc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2001	N-emerg Trnsprt; Pt Attndnt/escort	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2002	Non-emerg Transportation; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2003	Non-emerg Trnsprt; Encounter/trip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2004	N-emerg Trnsprt;commer Carr Mx-pass	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2005	Nonemergency Trnsprt; Stretcher Van	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2007	Trnsprt Wait Time Non-er Veh 1/2 Hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2010	Pasrr Level I Id Screen Per Screen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2011	Pasrr Level Ii Evaluation Per Eval	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2012	Habilitation Ed Waiver; Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2013	Habilitation Ed Waiver; Hour	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2014	Habilitatn Prevocationl Waivr;diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2015	Habilitation Prevocational Waivr;hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2016	Habilitation Res Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2017	Habilitation Res Waiver; Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2018	Habilitatn Supp Emplmnt Waivr;diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2019	Habilitatn Supp Emplmnt Waivr;15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2020	Day Habilitation Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2021	Day Habilitation Waiver; Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2022	Case Management; Per Month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2023	Targeted Case Management; Per Month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2024	Srvc Assess/plan Care Dvlp Waiver	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2025	Waiver Services; Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2026	Spclized Childcare Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2027	Spclized Childcare Waiver; 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2028	Specialized Supply Nos Waiver	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2029	Specialized Medical Eqp Nos Waiver	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2030	Assisted Living Waiver; Per Month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2031	Assisted Living Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
T2032	Res Care Nos Waiver; Per Month	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2033	Res Care Nos Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2034	Crisis Interven Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2035	Utility Services Med Eqp Waiver	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2036	Tx Camping Ovrngt Waiver; Ea Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2037	Tx Camping Da Waiver; Ea Sess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2038	Cmty Transition Waiver; Per Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2039	Vehicle Mod Waiver; Per Service	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2040	Financial Mgmt Waiver; 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2041	Supp Broker Slf-dired Waivr; 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2042	Hospice Routine Home Care Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2043	Hospice Continuous Home Care Per Hr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2044	Hospice Inpat Respite Care Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2045	Hospice General Inpat Care Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2046	Hospice Lt Care Rm And Bd Per Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2047	Hab prevo waiver per 15	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2048	Bhval Hlth; Ltc Res W/room&bd-diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2049	Non-emerg Trnsprt; Van Mileage;mile	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2050	Financial Mgt Waiver/Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2051	Support Broker Waiver/Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T2101	Humn Brst Milk Prc Stor&dstrb Only	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4521	Adlt Sz Dispbl Incont Brf/diaper Sm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4522	Adlt Sz Dispbl Incont Brf/diaper Md	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4523	Adlt Sz Dispbl Incont Brf/diaper Lg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4524	Adlt Dispbl Incont Brf/diaper X-lg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4525	Adlt Szd Dispbl Incont Undwear Sm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4526	Adlt Szd Dispbl Incont Undwear Med	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4527	Adlt Szd Dispbl Incont Undwear Lg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4528	Adlt Szd Dispbl Incont Undwear X-lg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4529	Ped Sz Dispbl Incont Brf/diaper S/m	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4530	Ped Sz Dispbl Incont Brf/diaper Lg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4531	Ped Sz Dispbl Incont Undwear Sm/med	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

Clinical Edits by Code List
Always Not Medically Necessary Denials
Applies to Medicare Advantage

Code	Description	Edit Type	Comment
T4532	Ped Sz Dispbl Incont Undwear Lg Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4533	Youth Szd Dispbl Incont Brf/diaper	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4534	Youth Szd Dispbl Incont Undwear Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4535	Dispbl Liner/pad/undgrmnt Incont Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4536	Incont Prod Undwear/pullon Reuse Sz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4537	Incont Prod Undpad Reusbl Bed Sz Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4538	Diaper Svc Reusbl Diaper Ea Diaper	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4539	Incont Prod Diaper/brf Reusbl Sz Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4540	Incont Prod Undpad Reusbl Chair Sz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4541	Incont Product Dispbl Undpad Lg Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4542	Incont Prod Dispbl Undpad Sm Sz Ea	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4543	Disp Bariatric Brief/diaper	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4544	Adlt disp und/pull on abv xl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T4545	Incon disposable penile wrap	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T5001	Pstn Seat Pers W/spcl Orthoped Need	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T5999	Supply, Not Otherwise Specified	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
V2525	Cl, Hydrophilic, Dual Focus	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
V5362	Speech Screening	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
V5363	Language Screening	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.