

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

Code	Description	Edit Type
0424T	Insj/rplc nstim apnea compl	Investigational Denial
0425T	Insj/rplc nstim apnea sen ld	Investigational Denial
0426T	Insj/rplc nstim apnea stm ld	Investigational Denial
0427T	Insj/rplc nstim apnea pls gn	Investigational Denial
0428T	Rmv nstim apnea pls gen	Investigational Denial
0429T	Rmvl nstim apnea sen ld	Investigational Denial
0430T	Rmvl nstim apnea stimj ld	Investigational Denial
0431T	Rmvl/rplc nstim apnea pls gn	Investigational Denial
0432T	Repos nstim apnea stimj ld	Investigational Denial
0433T	Repos nstim apnea sensing ld	Investigational Denial
0434T	Interro eval npgs sleep apnea	Investigational Denial
0435T	Prgmng eval npgs apnea 1 ses	Investigational Denial
0436T	Prgmng eval npgs apnea study	Investigational Denial
0465T	Supchrld njx rxw/o supply	Investigational Denial
0499T	Cysto f/urtl strix/stenosis	Investigational Denial
0533T	Cont rec mvmt do 6-10 days	Investigational Denial
0534T	Cont rec mvmt do setup&train	Investigational Denial
0535T	Cont rec mvmt do reprt cnfig	Investigational Denial
0536T	Cont rec mvmt do dl w/i&r	Investigational Denial
0641T	Ncntc Nr lfr Spctrsc Wnd lmg	Investigational Denial
0642T	Ncntc Nr lfr Spctrsc Wnd I&R	Investigational Denial
0715T	Perq Trluml Coronry Lithotrp	Investigational Denial

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Code	Description	Edit Type
0768T	Tc Mag Stimj Pn Sbsq Tx 1Nrv	Investigational Denial
0769T	Tc Mag Stimj Pn Sbsq Tx Ea	Investigational Denial
C1761	Cath, Trans Intra Litho/Coro	Investigational Denial
C9771	Nsl/sins cryo post nasal tis	Investigational Denial
C9788	Uni Breas Optoacoustic Imag	Investigational Denial
G0056	Opt Chronic Dx Mang Mvp	Non-Reimbursable Services
G2108	Pt 66+ It ints > 90	Non-Reimbursable Services
G2109	Pt 66+ frailty and med dem	Non-Reimbursable Services
G2110	Pt 66+ frailty and adv ill	Non-Reimbursable Services
G8506	Patient Receiving Angiotensin Converting Enzyme (a	Non-Reimbursable Services
G8818	Pt disch to home by day#7	Non-Reimbursable Services
G8825	Pt not disch to home day#7	Non-Reimbursable Services
G8852	Pos air press prescribe	Non-Reimbursable Services
G8883	Rev, comm, track, doc biopsy	Non-Reimbursable Services
G8884	Doc reas biopsy not review	Non-Reimbursable Services
G8885	No rev, comm, track biopsy	Non-Reimbursable Services
G8941	No doc elder scrn, pt no el	Non-Reimbursable Services
G8963	CSI per asx pt w/PCI 2 yrs	Non-Reimbursable Services
G8964	CSI any other than PCI 2 yr	Non-Reimbursable Services
G9192	System reason for no beta	Non-Reimbursable Services
G9229	Ptrsn no gc chl syp test	Non-Reimbursable Services
G9451	1x scrn hcv infect	Non-Reimbursable Services

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G9453	Pt reas no hcv infect	Non-Reimbursable Services
G9454	No hcv infect sm	Non-Reimbursable Services
G9596	Hd inj >24h/gcs >15/no res	Non-Reimbursable Services
G9612	Pho doc >1 cecal ldmk com ex	Non-Reimbursable Services
G9613	Doc post surg anatomy	Non-Reimbursable Services
G9614	No photodoc cecal ldmk exam	Non-Reimbursable Services
G9697	Pt rsn no presc bronchdil	Non-Reimbursable Services
G9715	Pt w/hosp anytime msmt per	Non-Reimbursable Services
G9725	Pt w/hosp anytime msmt per	Non-Reimbursable Services
G9852	Pt died from cancer	Non-Reimbursable Services
G9853	Icu stay last 30d life	Non-Reimbursable Services
G9854	No icu stay last 30d life	Non-Reimbursable Services
G9927	Doc no warf /fda pt trial	Non-Reimbursable Services
G9995	Pall Serv During Meas	Non-Reimbursable Services
J9160	Denileukin Diftitox 300 Mcg	Non-Reimbursable Services
K1002	Ces system w/supplies access	Investigational Denial
K1016	Trans elec nerv for trigemin	Investigational Denial
K1017	Monthly supp use with k1016	Investigational Denial
K1018	Ext up limb tremor stim wris	HTCC Benefit Denial
K1019	Monthly supp use with k1018	HTCC Benefit Denial
K1023	Trans Elec Nerv Periph Nerv	Investigational Denial
K1028	Control Unit Neuromuscul Osa	Investigational Denial

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Code	Description	Edit Type
K1029	Oral Dv/App Neuromus Mouthpi	Investigational Denial
M1156	Pt Recd Actv Chemo Any Time	Non-Reimbursable Services
M1157	Pt Recd Bone Mar Trnsplt	Non-Reimbursable Services
M1158	Pt Hx Immcomp Prior/Dur Pd	Non-Reimbursable Services