

**Clinical Edits by Code List**  
**Non-Reimbursable Services Edit Add List**  
**Applies to Medicare Advantage**

Code	Description	Edit Type
L8678	Ext Sply Implt Neurostim	Non-Reimbursable Services (retro effective 4/1/2023)
M0010	Eom Meos Payment	Non-Reimbursable Services (retro effective 4/1/2023)