

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

Code	Description	Edit Type	Comment
0001U	RBC DNA HEA 35 AG 11 blood groups	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0002U	measure of subst in urine to predict polyps large intestine	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
0108U	Gi barrett esoph 9 prtn bmrk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0113U	Onc prst8 pca3&tprss2- erg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0115U	Respir iadna 18 viral&2 bact	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0120U	Onc b cll lymphm mrna 58 gen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0130U	Hered colon ca do mrna pnl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0132U	Hered ova ca rlted do pnl 17	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0135U	Hered gyn ca mrna pnl 12 gen	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0136U	Atm mrna seq alys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0137U	Palb2 mrna seq alys	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
0138U	Brca1 brca2 mrna seq alys	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.
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.
0483T	Tmvi percutaneous approach	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
0493T	Near ifr spectrsc of wounds	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.

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

Code	Description	Edit Type	Comment
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.
0512T	Esw integ wnd hlg 1st wnd	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.
0513T	Esw integ wnd hlg ea addl	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.
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.

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

Code	Description	Edit Type	Comment
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	Gluko 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.
0547T	B1 matrl 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 tcatt 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 caremgng 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.

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

Code	Description	Edit Type	Comment
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	Prgmg dev eval icds ss ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.

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

Code	Description	Edit Type	Comment
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 tcat 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 Ovrl Assess	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.
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.



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

Code	Description	Edit Type	Comment
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 rwd	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.
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 rwd 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.

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

Code	Description	Edit Type	Comment
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.
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 Ovrlid 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.

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

Code	Description	Edit Type	Comment
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	H20 Stat Doc'd Normal	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
2031F	H20 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.

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

Code	Description	Edit Type	Comment
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.
3011F	Lipid Panel Doc Rev	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
3014F	Sceen 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 dschrge	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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.
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 Doc'd	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 doc'd	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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
3267F	Path report w/PT PN CAT ET AL	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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**  
**Non-Reimbursable Services Edits**  
**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 >ajicc 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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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 <lmrs Quantif	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.

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

Code	Description	Edit Type	Comment
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 rvwd 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	Screeing tests dm done	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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.
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	BI 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.
4000F	Tobacco Use Txmnt Counseling	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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/tkn	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.
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.

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

Code	Description	Edit Type	Comment
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.
4066F	Ect Provided	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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.



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

Code	Description	Edit Type	Comment
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.
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 Consld 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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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 Srfc 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.

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

Code	Description	Edit Type	Comment
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.
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 rsrscs	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 Gastropasty	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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
4563F	Pt received aspirin within 24 hrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
5010F	Macul+findngs 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.

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

Code	Description	Edit Type	Comment
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.
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 service and/or reimbursed separately.
77386	Ntsty modul rad tx dlvr cplx	Non-Reimbursable Services	Not considered a payable 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.
77412	Radiation Treatment Delivery	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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.
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.



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

Code	Description	Edit Type	Comment
80337	Tricyclic & cyclicals 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.

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

Code	Description	Edit Type	Comment
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.
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.
82077	Assay spec xcp ur&breath ia	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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.
90634	Hep A Vacc, Ped/adol, 3 Dose	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90654	Flu vaccine no preserv, id	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.
90658	Flu Vaccine Age 3 & Over, Im	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
90660	Flu Vaccine, Nasal	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.

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

Code	Description	Edit Type	Comment
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.
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 addl	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.

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

Code	Description	Edit Type	Comment
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.
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.
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.
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.

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

Code	Description	Edit Type	Comment
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.
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	Srvs 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.

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

Code	Description	Edit Type	Comment
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.
99241	Office Consultation	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.
99251	Initial Inpatient Consult	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.
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.



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

Code	Description	Edit Type	Comment
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.
99339	Domicil/r-home Care Supervis	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99340	Domicil/r-home Care Supervis	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99360	Physician Standby Services	Non-Reimbursable Services	Not considered a payable service 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 interfacilty transport	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99486	Suprv interfac trnsport addl	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
A0021	Amb Srvs Otsd State-mile Transport	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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 Spclized 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 Spclized Srvc Dispbl Spl; Defib	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0394	Als Spclized Srvc Dispbl Spl; Iv Rx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
A0396	Als Spclizd 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.
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.

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

Code	Description	Edit Type	Comment
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.
A4459	Manual pump enema, reusable	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.
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.
A6250	Skn Sealnt Protct Moisturizr 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.

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

Code	Description	Edit Type	Comment
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 Prfl 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 Srvc 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	Enteral F Adlt Repl Fl&lytes 500 MI	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
B4103	Enteral 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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
E0352	Dispbl Pack W/elec Bowel Irrig/evac	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0425	Station Comprs 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 Comprs 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.
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.

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

Code	Description	Edit Type	Comment
E0983	Mnl Wc Acss Pwr Add-on Cnvt Mnl Wc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
E0984	Mnl Wc Acss Pwr Add-on Cnvt 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.
E2300	Pwr Whlchair Acss Pwr Seat Elev Sys	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.

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

Code	Description	Edit Type	Comment
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.
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.



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

Code	Description	Edit Type	Comment
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.
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.
G0056	Opt Chronic Dx Mang 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.

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

Code	Description	Edit Type	Comment
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.

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

Code	Description	Edit Type	Comment
G0122	Colorec Cancer Screening; Ba Enema	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 service and/or reimbursed separately.
G0293	Noncovr Surg Sedat Anes-mcr Qual	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0294	Noncovr Proc No Anes/loc-mcr Qual	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G0295	Electmagnet 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 service and/or reimbursed separately.
G0501	Resource-inten svc during ov	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
G0913	Improve visual funct	Non-Reimbursable Services	Not considered a payable service 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.
G0917	Satisfy survey not complete	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
G0918	No satisfy with care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1001	Cdsm evicore	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1002	Cdsm medcurrent	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1003	Cdsm medicalis	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1004	Cdsm ndsc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1007	Cdsm aim	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1008	Cdsm cranberry pk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1010	Cdsm stanson	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1011	Cdsm qualified nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1012	Cdsm agilemd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1013	Cdsm evidencecare	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1014	Cdsm inveniq	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1015	Cdsm reliant	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1016	Cdsm speed of care	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1017	Cdsm healthhelp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1018	Cdsm infinx	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1019	Cdsm logicnets	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1020	Cdsm curbside	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1021	Cdsm ehealthline	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1022	Cdsm intermountain	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1023	Cdsm persivia	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G1024	Cdsm Radrite	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
G1025	Pt Mnth 1 Mch 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.
G2070	Med assist tx implant	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
G2071	Med tx remove implant	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2072	Med tx insert/remove imp	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.
G2088	Off base opioid tx, add30	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.

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

Code	Description	Edit Type	Comment
G2101	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2105	Pt 66+ It ints > 90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2106	Pt 66+ It 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.
G2108	Pt 66+ It ints > 90	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2109	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G2110	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.

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

Code	Description	Edit Type	Comment
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.
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.
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.



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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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	Adjv 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.
G2211	Complex e/m visit add on	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
G4000	Dermatology Ss	Non-Reimbursable Services	Not considered a payable service 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**  
**Non-Reimbursable Services Edits**  
**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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.
G8482	Influenza Immunization Was Ordered Or Administered	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8483	Influenza Immunization Was Not Ordered Or Administ	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8484	Influenza Immunization Was Not Ordered Or Administ	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8506	Patient Receiving Angiotensin Converting Enzyme (a	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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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**  
**Non-Reimbursable Services Edits**  
**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.
G8818	Pt disch to home by day#7	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8825	Pt not disch to home day#7	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.

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

Code	Description	Edit Type	Comment
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.
G8852	Pos air press prescribe	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.
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.
G8883	Rev, comm, track, doc biopsy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
G8884	Doc reas biopsy not review	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8885	No rev, comm, track 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.
G8941	No doc elder scrn, pt no el	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.

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

Code	Description	Edit Type	Comment
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.
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.
G8963	CSI per asx pt w/PCI 2 yrs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8964	CSI any other than PCI 2 yr	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8965	CSIT perf on low CHD rsk	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G8966	CSIT perf sx or high CHD rsk	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.

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

Code	Description	Edit Type	Comment
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.
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.
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.

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

Code	Description	Edit Type	Comment
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 Progressn	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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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; Ii;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.
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 NI 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.



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

Code	Description	Edit Type	Comment
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.
G9192	System 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.

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

Code	Description	Edit Type	Comment
G9228	Gc chl syp documented	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9229	Pttrn no gc chl syp test	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.
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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
G9312	Surgical site infection	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9313	Docsrn 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.

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

Code	Description	Edit Type	Comment
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.
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 sm	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.
G9402	Recd f/u w/in 30d disch	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9403	Doc reas no 30 day f/u	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9404	No 30 day f/u	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9405	Recd f/u w/in 7d disch	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9406	Doc reas no 7d f/u	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9407	No 7d f/u	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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.
G9451	1x scrn hcv infect	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.
G9453	Pt reas no hcv infect	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9454	No hcv infect scrn	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.
G9458	Tob user recd cess interv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9459	Tob non-user	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9460	No tob assess or cess inter	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.

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

Code	Description	Edit Type	Comment
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.
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.



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

Code	Description	Edit Type	Comment
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.

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

Code	Description	Edit Type	Comment
G9540	Pt alive 3 mos post proc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.
G9596	Hd inj >24h/gcs >15/no res	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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 bsline 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.
G9612	Pho doc >1 cecal ldmk com ex	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9613	Doc post surg anatomy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9614	No photodoc cecal ldmk exam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.

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

Code	Description	Edit Type	Comment
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.

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

Code	Description	Edit Type	Comment
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.
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.
G9697	Pt rsn no presc bronchdil	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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.
G9707	Pt had hosp dur msmt per	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.
G9714	Pt is w/hosp during msmt per	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9715	Pt w/hosp anytime 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.

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

Code	Description	Edit Type	Comment
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.
G9725	Pt w/hosp anytime msmt per	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.

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

Code	Description	Edit Type	Comment
G9746	Mit sten, valve or trans af	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9751	Pt died w/in 24 mos rpt time	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.
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.
G9760	Pt w/hosp anytime msmt per	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), anest	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.



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

Code	Description	Edit Type	Comment
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 rsu 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 rsu 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.
G9793	Pt on daily asa/antiplat	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9794	Doc med rsu 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.

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

Code	Description	Edit Type	Comment
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.

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

Code	Description	Edit Type	Comment
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.
G9852	Pt died from cancer	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9853	Icu stay last 30d life	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9854	No icu stay last 30d 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.
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.
G9892	Doc pt rsn no dil mac exam	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9893	No mac exam	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.

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

Code	Description	Edit Type	Comment
G9899	Scrn mam perf rsIts doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9900	Scrn mam perf rsIts not doc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9901	SnP/lg 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	SnP/lg 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 documntd 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.
G9919	Scrn nd pos nd prov of rec	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9920	Scrnng perf and negative	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9921	No or part scrn nd rng or os	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.

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

Code	Description	Edit Type	Comment
G9925	No scrn prov rsn nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9926	Sfty cncrns scrn but no recs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9927	Doc no warf /fda pt trial	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 thry of >= 2 prophyl	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9957	Doc med rsn no combo thry	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9958	No combo prophyl 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.

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

Code	Description	Edit Type	Comment
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 refrd 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.
G9974	Dil mac exam performed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9975	Doc med rsn no mac exm perf	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.
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.

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

Code	Description	Edit Type	Comment
G9990	No Pneum Vax Admin 60+	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
G9991	Pneum Vax Admin 60+	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.
G9995	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 Detrm 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 Svc; Grp Cnsl Clinician	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0006	Alcohol &or Drug Svc; Case Mgmt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0007	Alcohol &or Rx Svc; Crisis Interven	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0008	Alcohol&/rx Svc;sub-ac Dtox Hosp Ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0009	Alcohol&/rx Svc; Acute Dtox Hosp Ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0010	Alcohol&/rx Svc; Sub-ac Dtox Res Ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0011	Alcohol&/rx Svc;ac Dtox Res Prog Ip	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0012	Alcohol&/rx Svc; Sub-ac Dtox Res Op	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
H0013	Alcohol&rx Svc;ac Dtox Res Prog Op	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0014	Alcohol &/ Rx Svc; Amb Dtoxication	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0015	Alcohol&rx Svc; Intensv Op; Intrvn	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0016	Alcohol &or Rx Svc; 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.
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 Svc;methdone Admn&/svc	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 Svc	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 Svc 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 Svc	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H0029	Alcohol &or Rx Prevention Alt Svc	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 Svc 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.



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

Code	Description	Edit Type	Comment
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 Progm-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 Progm 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 Svc 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 Svc 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.
H0050	Alcohol/drug Service 15 Min	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 Svc; Antprtm	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1002	Prenatal at risk Enhncd Svc; Coord	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1003	Prenatal at risk Enhncd Svc; Ed	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1004	Prenatal at risk Enhncd Svc; F/u Hom	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H1005	Prenatal at risk Enhncd Svc Pkg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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 Facd 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.

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

Code	Description	Edit Type	Comment
H2028	Sexoffender Tx Service Per 15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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 Progmn-hour	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
H2036	Alcohol &or Oth Drug Tx Progmn-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.
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.

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

Code	Description	Edit Type	Comment
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.
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 lo 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.

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

Code	Description	Edit Type	Comment
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&fentanyl 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.
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.

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

Code	Description	Edit Type	Comment
J3302	Inj Triamcinolone Diactat 5 Mg	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
J3305	Inj Trimetrexate Glucuronate 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 Ml	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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.
J9160	Denileukin Diftitox 300 Mcg	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.
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.



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

Code	Description	Edit Type	Comment
K0808	POV group 2 vhd 451-600 lbs	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0830	Pwc Gp 2 Std Seat Elevate S/b	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
K0831	Pwc Gp 2 Std Seat Elevate Cap	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 Uppt-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 Intrfce 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.

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

Code	Description	Edit Type	Comment
L5990	Add Lw Extrm Prosth Use Adj Heel Ht	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
L7600	Prostetic Donning Sleeve Material Ea	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.
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.
M0003	Opt Care Episod Neuro 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.

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

Code	Description	Edit Type	Comment
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 sysm 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.
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.

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

Code	Description	Edit Type	Comment
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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.
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.
M1154	Hospcc Serv Dur Meas Pd	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1155	Pt Anphx Due To Pneum	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1156	Pt Recd Actv Chemo Any Time	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
M1157	Pt Recd Bone Mar Trnsplt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
M1158	Pt Hx Immcomp Prior/Dur Pd	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.

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

Code	Description	Edit Type	Comment
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.
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.



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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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 Microspheres 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.
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.
S0020	Inj Bupivacaine Hydrochloride 30 MI	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.
S0030	Injection Metronidazole 500 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 Sulfmethoxaz&trimethoprm 10 MI	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.

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

Code	Description	Edit Type	Comment
S0073	Injection Aztreonam 500 Mg	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.
S0077	Inj Clindamycin Phosphate 300 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 Iu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0126	Injection Follitropin Alfa 75 Iu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0128	Injection Follitropin Beta 75 Iu	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0132	Injection Goserelin 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.

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

Code	Description	Edit Type	Comment
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.
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 Ml	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 Ml	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.
S0164	Injection Pantoprazole Sodium 40 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.
S0171	Injection Bumetanide 0.5 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.

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

Code	Description	Edit Type	Comment
S0182	Procarbazine Hydrochloride 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 Hospitaliztn 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.
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.

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

Code	Description	Edit Type	Comment
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 Svc	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 Svc; 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.

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

Code	Description	Edit Type	Comment
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.
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	Integr'l Lens Svc 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 Opth Ex W/refrac; New Pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S0621	Routine Opth Ex W/refrac; Est Pt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
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.
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	Cranil 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 TpInt Living Donor	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.



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

Code	Description	Edit Type	Comment
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 Tumr 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 Periacetabular W/intrl 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 Heparn 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 Marw/stem Cell Harv Tplnt&comp;	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	Echosclerotherapy	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
S2205	Min Invas Dir Cab; Art Gft 1 Cag	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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	Induct 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-induct Cpslrr	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 Abductr Musc Vocl Cord	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2341	Chemodnervat 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	Disect 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.

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

Code	Description	Edit Type	Comment
S2402	Repr Congen Cyst Malf Fetus-utero	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S2403	Repr Pulmonary Sequest 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 Utero	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	Fetoscopy 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 Facil	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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.

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

Code	Description	Edit Type	Comment
S3842	Genetic Tst Von Hippel-lindau Dz	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S3844	Dna Analy Gjb2 Congn Pfnd 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 Sickie 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.
S4015	Complete Ivf Cycle Case Rate Nos	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
S4016	Frozen Ivf Cycle Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4017	Incpl Cycl Tx Canceled Prior To Stim	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4018	Frzn Emb Trans Cncl Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4020	Ivf Proc Cncl Befr Aspir Case Rate	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S4021	Ivf Proc Cncl Aftr 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 Srv 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; Subsq 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 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.

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

Code	Description	Edit Type	Comment
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 Svc 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.
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.

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

Code	Description	Edit Type	Comment
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.
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.

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

Code	Description	Edit Type	Comment
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.



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

Code	Description	Edit Type	Comment
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.
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 Sleev Cstm Med Wt	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S8423	Gradient Press Aid Sleev 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.

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

Code	Description	Edit Type	Comment
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-levl	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 Srv	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.
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 Progm F/u Vst Non-md Prov	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.

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

Code	Description	Edit Type	Comment
S9141	Diab Mgmt Progm 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.

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

Code	Description	Edit Type	Comment
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 Progm Group Session	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9460	Diabetic Mgmt Progm Nurse Visit	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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 Substnc Abs Tx/dtox Srvc Day	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
S9476	Vestibul 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.

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

Code	Description	Edit Type	Comment
S9975	TpInt 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.
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&substnc 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.

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

Code	Description	Edit Type	Comment
T1010	Meals Rec Alchohl&/substnc Abs Srv	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1012	Alcohol&/sbsstnc Abs Srv Skl Dvlp	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1013	Sign Lange/oral Inteptr Srv-15 Min	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1014	Telehealth Trans Min Prof Srv	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 Srv 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	Mxdiscplin Child Cmplx Impair Diem	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
T1026	Mxdiscplin 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.

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

Code	Description	Edit Type	Comment
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.
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 Attendnt/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.

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

Code	Description	Edit Type	Comment
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	Srvs 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.
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.



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

Code	Description	Edit Type	Comment
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 prev 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.

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

Code	Description	Edit Type	Comment
T4531	Ped Sz Dispbl Incont Undwear Sm/med	Non-Reimbursable Services	Not considered a payable service and/or reimbursed separately.
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 Srvc 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	CI, 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.