

Clinical Edits by Code List
Edit Add List
Applies to Bridgespan Products

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

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

Code	Description	Edit Type
0420U	Onc Urthl Mrna Xprsn 6 Snp	Investigational Denial
0421U	Onc Clrct Scr Sgl Amp 8 Rna	Investigational Denial
0422U	Onc Pan Solid Tum Alys Dna	Investigational Denial
0423U	Psyc Genomic Alys Pnl 26 Gen	Investigational Denial
0424U	Onc Prst8 Xom Alys 53 Sncrna	Investigational Denial
0425U	Genom Rpd Seq Alys Ea Cmprtr	Investigational Denial
0426U	Genome Ultra-Rapid Seq Alys	Investigational Denial
0429U	Hpv Orop Swab 14 Hirisk Typ	Investigational Denial
0433U	Onc Prst8 5 Dna Reg Mrk Pcr	Investigational Denial
0434U	Rx Metab Advrs Vmnt Alys 25	Investigational Denial
0435U	Onc Chemo Rx Cytos Csc 14 Rx	Investigational Denial
0436U	Onc Lng Plsm Alys 388 Prtn	Investigational Denial
0437U	Psyc Anxiety Do Mrna 15 Bmrk	Investigational Denial
0438U	Rx Metab Advrs Vmnt Alys 33	Investigational Denial
0790T	Revj Rplcmt/Rmvl Vrt Tethrg	Investigational Denial
0811T	Rem Mlt Day Uroflow Setup	Investigational Denial
0812T	Rem Mlt Day Uroflow Dev Sply	Investigational Denial
0813T	Egd Vol Adjmt Bariatric Balo	Investigational Denial
0814T	Prq Njx Biod Osteo Matr Fem	Investigational Denial
0816T	Opn Insj/Rplcmt Ins Ptn Subq	Investigational Denial
0817T	Opn Insj/Rplcmt Ins Ptn Subf	Investigational Denial

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0818T	Revj/Rmvl Ins Ptn Subq	Investigational Denial
0819T	Revj/Rmvl Ins Ptn Subf	Investigational Denial
0857T	Opto-Acoustic Img Breast Uni	Investigational Denial
0859T	Ncntc Ifr Spctrsc O/T Pad Ea	Investigational Denial
0860T	Ncntc Ifr Spctrsc Scr Pad	Investigational Denial
0861T	Rmvl Pg Wcs Lv Both Compnt	Investigational Denial
0862T	Rlcj Pg Wcs Lv Battery Only	Investigational Denial
0863T	Rlcj Pg Wcs Lv Trnsmtr Only	Investigational Denial
0864T	Low Ntsty Eswt Corpus Cvrnsm	Investigational Denial
0865T	Quan Mri Alys Brn W/O Dx Mri	Investigational Denial
0866T	Quan Mri Alys Brn W/Dx Mri	Investigational Denial
22836	Ant Thrc Vrt Body Tethrg <7	Investigational Denial
22837	Ant Thrc Vrt Body Tethrg 8+	Investigational Denial
22838	Rev Rplc/Rmv Thrc Vrt Tethrg	Investigational Denial
27278	Arthrd Si Jt Prq Wo Tfxj Dev	Investigational Denial
31242	Nsl/Sinus Ndsc Rf Abltj Pnn	Investigational Denial
31243	Nsl/Sinus Ndsc Cryoabltj Pnn	Investigational Denial
33276	Insj Phrnc Nrv Stim Sys	Investigational Denial
33277	Insj Phrnc Nrv Stim Transvns	Investigational Denial
33278	Rmvl Phrnc Nrv Stim Sys	Investigational Denial
33279	Rmvl Phrnc Nrv Stim Transvns	Investigational Denial

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33280	Rmvl Phrnc Nrv Stim Pg Only	Investigational Denial
33281	Reposg Phrnc Nrv Stim Trnsvn	Investigational Denial
33287	Rmv&Rplcmt Phrnc Nrv Stim Pg	Investigational Denial
33288	Rmv&Rplcmt Phrnc Nrv Stim Ld	Investigational Denial
52284	Cysto Rx Balo Cath Urtrl Strx	Investigational Denial
64451	Njx aa&/strd nrv nrvtg si jt	Investigational Denial
64625	Rf abltj nrv nrvtg si jt	Investigational Denial
81517	Liver Ds Alys 3 Bmrk Srm Alg	Investigational Denial
87523	Hepatitis D Quantification	Investigational Denial
93150	Therapy Activation Ipns	Investigational Denial
93151	Interrog&Prgrmg Ipns	Investigational Denial
93152	Interrog&Prgrmg Ipns Polysm	Investigational Denial
93153	Interrog W/O Prgrmg Ipns	Investigational Denial
A4540	Trans Elec Nerv Periph Nerv	Investigational Denial
A4541	Monthly Supp Use With E0733	Investigational Denial
A4542	Supp Ext Up Limb Tremor Stim	Investigational Denial
E0492	Control Unit Nm Stim W Phone	Investigational Denial
E0493	Oral Dv/App Neuromus Mouthpi	Investigational Denial
E0732	Ces System	Investigational Denial
E0733	Trans Elec Nerv For Trigemini	Investigational Denial
E0734	Ext Up Limb Tremor Stim Wris	Investigational Denial

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Code	Description	Edit Type
M1211	Hemoglobin A1C Level >9.0%	Non-Reimbursable Services
M1212	Missing Hb A1C Level	Non-Reimbursable Services
M1213	No Hx Spiro Prs Spiro>=70%	Non-Reimbursable Services
M1214	Spiro Results Wth Obs Doc	Non-Reimbursable Services
M1215	Med Rsn For No Doc Spiro	Non-Reimbursable Services
M1216	No Spiro Doc No Res Doc	Non-Reimbursable Services
M1217	Sys Rsn No Doc Spiro	Non-Reimbursable Services
M1218	Pt Copd Symptoms	Non-Reimbursable Services
M1219	Anphx Due To Vax	Non-Reimbursable Services
M1220	Dre Wth Interp Rtnophy	Non-Reimbursable Services
M1221	Dre W/O Rtnophy	Non-Reimbursable Services
M1222	Glaucoma Pln Of Care Not Doc	Non-Reimbursable Services
M1223	Glaucoma Plan Of Care Doc	Non-Reimbursable Services
M1224	Iop Dec <20% From Base	Non-Reimbursable Services
M1225	Iop Dec>=20% From Base	Non-Reimbursable Services
M1226	Iop Not Doc	Non-Reimbursable Services
M1227	Eb Therapy Prescribed	Non-Reimbursable Services
M1228	Pt + Hcv Aby +Vir W/ Rx 3 Mo	Non-Reimbursable Services
M1229	Pt W/ +Hcv +Vir Ref Win 1 Mo	Non-Reimbursable Services
M1230	Pt Hcv Rctv Aby No F/U Tst	Non-Reimbursable Services
M1231	Pt Hcv Tst No Reactive Res	Non-Reimbursable Services

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Code	Description	Edit Type
M1232	Pt Hcv Tst Reactive Result	Non-Reimbursable Services
M1233	Pt No Hcv Aby Or Result	Non-Reimbursable Services
M1234	Pt Hcv Rctv Aby F/U Neg	Non-Reimbursable Services
M1235	Doc Pt Hcv Aby Rna Tst	Non-Reimbursable Services
M1236	Baseline Mrs > 2	Non-Reimbursable Services
M1237	Pt Rsn No Scrn	Non-Reimbursable Services
M1238	Doc 2Nd Recom Hzv 2-6 Mo Int	Non-Reimbursable Services
M1239	Pt No Resp Heard	Non-Reimbursable Services
M1240	Pt No Resp Best Int	Non-Reimbursable Services
M1241	Pt No Resp Seen As Person	Non-Reimbursable Services
M1242	Pt No Resp Imprt To Me	Non-Reimbursable Services
M1243	Pt Othr Thn True Heard	Non-Reimbursable Services
M1244	Pt Othr Thn True Best Int	Non-Reimbursable Services
M1245	Pt Othr Thn True Person	Non-Reimbursable Services
M1246	Pt Othr Thn True Imprt To Me	Non-Reimbursable Services
M1247	Pt Resp True Best Int	Non-Reimbursable Services
M1248	Pt Resp True Seen As Person	Non-Reimbursable Services
M1249	Pt Resp True Imprt To Me	Non-Reimbursable Services
M1250	Pt Resp True Heard	Non-Reimbursable Services
M1251	Pts Proxy Cmplt Hu Surv	Non-Reimbursable Services
M1252	Pts No Cmplt Hu Survey	Non-Reimbursable Services

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Code	Description	Edit Type
M1253	Pts Hu Surv No Amb Plltv	Non-Reimbursable Services
M1254	Pts Deceased Prior Hu Surv	Non-Reimbursable Services
M1255	Pts W/ Othr Rsn Vst,+Prg Tst	Non-Reimbursable Services
M1256	Prior History Of Known Cvd	Non-Reimbursable Services
M1257	Cvd Risk Assess Not Perf	Non-Reimbursable Services
M1258	Cvd Risk Assess Perf	Non-Reimbursable Services
M1259	Pt Kid Transplt Wtlst Lv Don	Non-Reimbursable Services
M1260	Pt No Kd Trnsplt Wtlst Lv Do	Non-Reimbursable Services
M1261	Pts On Wtlst Bef Dialysis	Non-Reimbursable Services
M1262	Pts Transplt Bef Dialysis	Non-Reimbursable Services
M1263	Pts Hosp Dialysis Dt	Non-Reimbursable Services
M1264	Pts 75+ Dialysis Dt	Non-Reimbursable Services
M1265	Cms 2728 Completed	Non-Reimbursable Services
M1266	Pts Admit Snf	Non-Reimbursable Services
M1267	Pt No Act Kid Transplt Wtlst	Non-Reimbursable Services
M1268	Pt Ac Stat Kid Trnsplt Wtlst	Non-Reimbursable Services
M1269	Rec'D Esrd Mcp Lst Day Of Mo	Non-Reimbursable Services
M1270	Pts No Kid Transplt Wtlst	Non-Reimbursable Services
M1271	Pts Dem Any Time/Dur Mo	Non-Reimbursable Services
M1272	Pts Kid Transplt Wtlst	Non-Reimbursable Services
M1273	Pts Snf 1 Yr Dialysis	Non-Reimbursable Services

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Code	Description	Edit Type
M1274	Pts Snf Exl Mo	Non-Reimbursable Services
M1275	Pts Hosp Exl	Non-Reimbursable Services
M1276	Calc Bmi Out Nrm Param Nof/U	Non-Reimbursable Services
M1277	Colorectal Ca Screen Doc Rev	Non-Reimbursable Services
M1278	Pre-Htn Or Htn Doc, F/U Indc	Non-Reimbursable Services
M1279	Pre-Htn/Htn, No F/U, Not Gvn	Non-Reimbursable Services
M1280	Bilat Mast/Hx Bi /Unilat Mas	Non-Reimbursable Services
M1281	Bp Scrn No Perf At Interval	Non-Reimbursable Services
M1282	Pt Scrn Tbco Id As Non User	Non-Reimbursable Services
M1283	Pt Scrn Tbco And Id As User	Non-Reimbursable Services
M1284	Pt 66+ Snp Or Ltc Pos > 90D	Non-Reimbursable Services
M1285	Scrn Mam Perf Rslts Not Doc	Non-Reimbursable Services
M1286	Bmi Doc Onl Fup Not Cmpltd	Non-Reimbursable Services
M1287	Calc Bmi Blw Low Param F/U	Non-Reimbursable Services
M1288	Doc Rsn No Hbp Scrn Or F/U	Non-Reimbursable Services
M1289	No Pt Tbco Cess Interv Rng	Non-Reimbursable Services
M1290	Pt Not Eli D/T Act Dig Htn	Non-Reimbursable Services
M1291	Pt 66+ Frailty And Med Dem	Non-Reimbursable Services
M1292	Pt 66+ Frail Inpt Adv Ill	Non-Reimbursable Services
M1293	Calc Bmi Abv Up Param F/U	Non-Reimbursable Services
M1294	Bp Scrn Perf Rec Interval	Non-Reimbursable Services

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M1295	Pt Hx Tot Col Or Colon Ca	Non-Reimbursable Services
M1296	Calc Bmi Norm Parameters	Non-Reimbursable Services
M1297	Bmi Not Doc Medrsn Ptref	Non-Reimbursable Services
M1298	Doc Pt Preg Dur Msrmt Pd	Non-Reimbursable Services
M1299	Flu Immunize Order/Admin	Non-Reimbursable Services
M1300	Flu Imm No Admin Doc Rea	Non-Reimbursable Services
M1301	Pt Recv Tbco Cess Interv	Non-Reimbursable Services
M1302	Scrn Mam Perf RsIts Doc	Non-Reimbursable Services
M1303	HospC Serv Dur Meas Pd	Non-Reimbursable Services
M1304	No Pneum Vax Admin 19+	Non-Reimbursable Services
M1305	Pneum Vax Admin 19+	Non-Reimbursable Services
M1306	Pt Anphx Due To Pneum	Non-Reimbursable Services
M1307	Doc Pt Pal Or Hospice	Non-Reimbursable Services
M1308	Flu Immunize No Admin	Non-Reimbursable Services
M1309	Pall Serv During Meas	Non-Reimbursable Services
M1310	Pt Scr Tob & Cess Int	Non-Reimbursable Services
M1311	Aphlx To Vax Bef Enc	Non-Reimbursable Services
M1312	No Pt Tbco Scrn Rng	Non-Reimbursable Services
M1313	No Tob Scr/Cess Int	Non-Reimbursable Services
M1314	Bmi Not Calculated	Non-Reimbursable Services
M1315	Crc No Doc No Rsn	Non-Reimbursable Services

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Code	Description	Edit Type
M1316	Tobacco Non-User	Non-Reimbursable Services
M1317	Pts Counsl Cpt Opt Out	Non-Reimbursable Services
M1318	Pts No Csp Doc Contact	Non-Reimbursable Services
M1319	Pts Csp Doc Contact	Non-Reimbursable Services
M1320	Pts Scrn + Hrsn	Non-Reimbursable Services
M1321	Pts No 7Wk Inj, No Iop, Iop > 25	Non-Reimbursable Services
M1322	Pts 7Wk Inj, Scrn Iop ≤ 25	Non-Reimbursable Services
M1323	Pts 7Wk Inj, Scrn Iop > 25	Non-Reimbursable Services
M1324	Pts Intravitreal/Pci	Non-Reimbursable Services
M1325	Doc Med Rsn Not Seen	Non-Reimbursable Services
M1326	Pts Dx Hypotony	Non-Reimbursable Services
M1327	Pts No Eval Ini Xm No 8 Wks	Non-Reimbursable Services
M1328	Pts Dx Acute Vitreous Hem	Non-Reimbursable Services
M1329	Pts Act Pvd 2 Wks 8 Wks	Non-Reimbursable Services
M1330	Doc Pts Rsn No F/U Xm	Non-Reimbursable Services
M1331	Pts Eval Ini Xm 8 Wks	Non-Reimbursable Services
M1332	Pts No Eval Ini Xm No 2 Wks	Non-Reimbursable Services
M1333	Acute Vitreous Hemorrhage	Non-Reimbursable Services
M1334	Pts Act Pvd 2 Wks 2 Wks	Non-Reimbursable Services
M1335	Doc Pts Rsn No F/U Xm	Non-Reimbursable Services
M1336	Pts Eval Ini Xm 2 Wks	Non-Reimbursable Services

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M1337	Acute Pvd	Non-Reimbursable Services
M1338	Pt F/U 30-180 Dys No + Imprv	Non-Reimbursable Services
M1339	Pts F/U 30-180 Dys + Improv	Non-Reimbursable Services
M1340	Indx Whodas 2.0 Or Sds	Non-Reimbursable Services
M1341	Pt No F/U 30-180 Dys	Non-Reimbursable Services
M1342	Pts Died Perf Per	Non-Reimbursable Services
M1343	Pt Pam Lvl 4 Base Or Srt Lin	Non-Reimbursable Services
M1344	Pts No Bsln Or 2Nd Pam Score	Non-Reimbursable Services
M1345	Pt Bsln Pam, 2Nd Scr 6-12 Mo	Non-Reimbursable Services
M1346	Pts No Pam 6 Pts 6-12 Mo	Non-Reimbursable Services
M1347	Pt Pam Incr 3 Pt 6-12 Mo	Non-Reimbursable Services
M1348	Pt Pam Incr 6 Pt 6-12 Mo	Non-Reimbursable Services
M1349	Pt No Pam 3 Pts 6-12 Mo	Non-Reimbursable Services
M1350	Pt W/ Suic Saf Pln Init Rev	Non-Reimbursable Services
M1351	Pt Cmpltd Suicd Saf Pln 120Dy	Non-Reimbursable Services
M1352	Suicd C-Ssrs Assessment, Equ	Non-Reimbursable Services
M1353	Pts No Cmpltd Suicd Saf Pln	Non-Reimbursable Services
M1354	Pt No Suicd Saf Pln 120Dy	Non-Reimbursable Services
M1355	Suicd Based Clin Eval	Non-Reimbursable Services
M1356	Pt Died Dur Meas Pd	Non-Reimbursable Services
M1357	Pt W/Red Suic Idea 120 Days	Non-Reimbursable Services

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M1358	Pts No <Suicd Idea 120 Dys	Non-Reimbursable Services
M1359	Indx Suicd Idea, No 0 Scr	Non-Reimbursable Services
M1360	Suicd C-Ssrs Assessment	Non-Reimbursable Services
M1361	Suicd Based Cln Eval	Non-Reimbursable Services
M1362	Pt Died Dur Meas Pd	Non-Reimbursable Services
M1363	Pts No F/U 120 Dys	Non-Reimbursable Services
M1364	Ascvd Risk >=20Pct	Non-Reimbursable Services
M1365	Hosp+Pall Care Spec Code 17	Non-Reimbursable Services
M1366	Focus On Women'S Health Mvp	Non-Reimbursable Services
M1367	Qual Care Ent Disorder Mvp	Non-Reimbursable Services
M1368	Prev Trt Inf D/O Hiv/Hep Mvp	Non-Reimbursable Services
M1369	Qualcare Mental Hlth/Sud Mvp	Non-Reimbursable Services
M1370	Rehab Support Msk Care Mvp	Non-Reimbursable Services
Q4279	Vendaje Ac, Per Sq Cm	Investigational Denial
Q4287	Dermabind DI, Per Sq Cm	Investigational Denial
Q4288	Dermabind Ch, Per Sq Cm	Investigational Denial
Q4289	Revoshield+ Amnio, Per Sq Cm	Investigational Denial
Q4290	Membrane Wrap Hydr Per Sq Cm	Investigational Denial
Q4291	Lamellas Xt, Per Sq Cm	Investigational Denial
Q4292	Lamellas, Per Sq Cm	Investigational Denial
Q4293	Acesso DI, Per Sq Cm	Investigational Denial

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Q4294	Amnio Quad-Core, Per Sq Cm	Investigational Denial
Q4295	Amnio Tri-Core, Per Sq Cm	Investigational Denial
Q4296	Rebound Matrix, Per Sq Cm	Investigational Denial
Q4297	Emerge Matrix, Per Sq Cm	Investigational Denial
Q4298	Amnicore Pro, Per Sq Cm	Investigational Denial
Q4299	Amnicore Pro+, Per Sq Cm	Investigational Denial
Q4300	Acesso TI, Per Sq Cm	Investigational Denial
Q4301	Activate Matrix, Per Sq Cm	Investigational Denial
Q4302	Complete Aca, Per Sq Cm	Investigational Denial
Q4303	Complete Aa, Per Sq Cm	Investigational Denial
Q4304	Grafix Plus, Per Sq Cm	Investigational Denial