

Clinical Edits by Code List
Edit Removal List
Applies to All Individual Plan Products

Code	Description	Edit Type
J1094	Injection Dexamethasone Actat 1 Mg	Non-Reimbursable Services
J1810	Inj Dropridl&fentnyl Citrat To 2ml	Non-Reimbursable Services
J1890	Inj Cephalothin Sodium To 1 Gm	Non-Reimbursable Services
Q4231	Corplex P, per cc	Investigational Denial