## Clinical Edits by Code List Non-Reimbursable Services Edit Removal List Applies to Medicare Advantage

| Code  | Description  | Edit Type                 |
|-------|--|---------------------------|
| 0512T | Esw integ wnd hlg 1st wnd                          | Non-Reimbursable Services |
| 0513T | Esw integ wnd hlg ea addl                          | Non-Reimbursable Services |
| G0056 | Opt Chronic Dx Mang Mvp                            | Non-Reimbursable Services |
| G2108 | Pt 66+ It ints > 90                                | Non-Reimbursable Services |
| G2109 | Pt 66+ frailty and med dem                         | Non-Reimbursable Services |
| G2110 | Pt 66+ frailty and adv ill                         | Non-Reimbursable Services |
| G8506 | Patient Receiving Angiotensin Converting Enzyme (a | Non-Reimbursable Services |
| G8818 | Pt disch to home by day#7                          | Non-Reimbursable Services |
| G8825 | Pt not disch to home day#7                         | Non-Reimbursable Services |
| G8852 | Pos air press prescribe                            | Non-Reimbursable Services |
| G8883 | Rev, comm, track, doc biopsy                       | Non-Reimbursable Services |
| G8884 | Doc reas biopsy not review                         | Non-Reimbursable Services |
| G8885 | No rev, comm, track biopsy                         | Non-Reimbursable Services |
| G8941 | No doc elder scrn, pt no el                        | Non-Reimbursable Services |
| G8963 | CSI per asx pt w/PCI 2 yrs                         | Non-Reimbursable Services |
| G8964 | CSI any other than PCI 2 yr                        | Non-Reimbursable Services |
| G9192 | System reason for no beta                          | Non-Reimbursable Services |
| G9229 | Ptrsn no gc chl syp test                           | Non-Reimbursable Services |
| G9451 | 1x scrn hcv infect                                 | Non-Reimbursable Services |
| G9453 | Pt reas no hcv infect                              | Non-Reimbursable Services |
| G9454 | No hcv infect srn                                  | Non-Reimbursable Services |
| G9596 | Hd inj >24h/gcs >15/no res                         | Non-Reimbursable Services |

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| Code  | Description                  | Edit Type                 |
|-------|------------------------------|---------------------------|
| G9612 | Pho doc >1 cecal ldmk com ex | Non-Reimbursable Services |
| G9613 | Doc post surg anatomy        | Non-Reimbursable Services |
| G9614 | No photodoc cecal ldmk exam  | Non-Reimbursable Services |
| G9697 | Pt rsn no presc bronchdil    | Non-Reimbursable Services |
| G9715 | Pt w/hosp anytime msmt per   | Non-Reimbursable Services |
| G9725 | Pt w/hosp anytime msmt per   | Non-Reimbursable Services |
| G9852 | Pt died from cancer          | Non-Reimbursable Services |
| G9853 | Icu stay last 30d life       | Non-Reimbursable Services |
| G9854 | No icu stay last 30d life    | Non-Reimbursable Services |
| G9927 | Doc no warf /fda pt trial    | Non-Reimbursable Services |
| G9995 | Pall Serv During Meas        | Non-Reimbursable Services |
| J9160 | Denileukin Diftitox 300 Mcg  | Non-Reimbursable Services |
| M1156 | Pt Recd Actv Chemo Any Time  | Non-Reimbursable Services |
| M1157 | Pt Recd Bone Mar Trnsplt     | Non-Reimbursable Services |
| M1158 | Pt Hx Immcomp Prior/Dur Pd   | Non-Reimbursable Services |
| S0171 | Injection Bumetanide 0.5 Mg  | Non-Reimbursable Services |

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