Clinical Edits by Code List
Always Not Medically Necessary Denials Edit Add List
Applies to Medicare Advantage

Code	Description	Edit Type
A2019	Kerecis Marigen Shld Sq Cm	Not Medically Necessary (retro effective 4/1/2023)
A2020	Ac5 Wound System	Not Medically Necessary (retro effective 4/1/2023)
A2021	Neomatrix Per Sq Cm	Not Medically Necessary (retro effective 4/1/2023)
E1905	Vr Cbt Therapy	Not Medically Necessary (retro effective 4/1/2023)
Q4265	Neostim Tl Per Sq Cm	Not Medically Necessary (retro effective 4/1/2023)
Q4266	Neostim Per Sq Cm	Not Medically Necessary (retro effective 4/1/2023)
Q4267	Neostim Dl Per Sq Cm	Not Medically Necessary (retro effective 4/1/2023)
Q4268	Surgraft Ft Per Sq Cm	Not Medically Necessary (retro effective 4/1/2023)
Q4269	Surgraft Xt Per Sq Cm	Not Medically Necessary (retro effective 4/1/2023)
Q4270	Complete Sl Per Sq Cm	Not Medically Necessary (retro effective 4/1/2023)
Q4271	Complete Ft Per Sq Cm	Not Medically Necessary (retro effective 4/1/2023)