

Uniform Medical Plan coverage limits

Updates effective 10/1/2020

The benefit coverage limits listed below apply to these UMP plans:

- Uniform Medical Plan (UMP) Classic (PEBB)
- UMP Consumer-Directed Health Plan (UMP CDHP) (PEBB)
- UMP Plus–Puget Sound High Value Network (UMP Plus–PSHVN) (PEBB)
- UMP Plus–UW Medicine Accountable Care Network (UMP Plus–UW Medicine ACN) (PEBB)

- UMP Achieve 1 (SEBB)
- UMP Achieve 2 (SEBB)
- UMP High Deductible Plan (SEBB)
- UMP Plus–Puget Sound High Value Network (UMP Plus–PSHVN) (SEBB)
- UMP Plus–UW Medicine Accountable Care Network (UMP Plus–UW Medicine ACN) (SEBB)

Some services listed under these benefits have coverage limits. These limits are either determined by a [Health Technology Clinical Committee](#) (HTCC) decision or a Regence BlueShield medical policy. **The table below does not include every limit or exclusion under this benefit. For more details, refer to your plan's [Certificate of Coverage](#).**

Uniform Medical Plan Pre-authorization List

The Uniform Medical Plan (UMP) Pre-authorization List includes services and supplies that require pre-authorization or notification for UMP members.

How to submit a pre-authorization request or notification

Expedited requests

Use this process only when the member or his/her physician believes that waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in serious jeopardy.

Online

Providers submit an electronic pre-authorization request through the Availity Portal, via a pre-authorization request form, through the AIM Specialty Health Portal, or the eviCore portal.

Phone or fax

Submit the appropriate pre-authorization request form only if unable to submit online or if submitting an expedited request:

- [Medical services \(PDF\)](#)
- [Behavioral health services \(PDF\)](#)
- [Durable medical equipment \(DME\) \(PDF\)](#)
- [Skilled nursing facility \(SNF\), long term acute care \(LTAC\) and inpatient rehabilitation \(PDF\)](#)

Direct clinical information reviews (MCG Health)

For select CPT codes, Availity's electronic authorization tool automatically routes providers to MCG Health's website where they can document specific clinical criteria for patients.

[View the services that may receive automated approval.](#)

Type of service/request	Online	Phone	Fax (only if unable to submit online)
Skilled nursing facility only	Through Availity Portal	1 (844) 600-4376	1 (855) 848-8220
Long term acute care Inpatient rehabilitation		1 (888) 423-6884	1 (855) 848-8220
Substance Use Disorder and Mental health		1 (800) 780-7881	1 (888) 496-1540
Transplants		1 (888) 423-6884	1 (844) 679-7764
Professional services and DME		1 (888) 423-6884	1 (844) 679-7763
Expedited requests		1 (888) 423-6884	1 (844) 679-7764
Radiology program	Obtain an order number with AIM Specialty Health	1 (877) 291-0509	
Physical Medicine	Obtain or verify an authorization with eviCore healthcare	1 (855) 252-1115	1 (855) 774-1319
Sleep Medicine	Obtain an order number with AIM Specialty Health	1 (877) 291-0509	

Inpatient concurrent review		
	Phone	Fax
Notifications for: <ul style="list-style-type: none"> Tertiary care settings (skilled nursing facilities (SNFs), long-term acute care hospitals (LTACHs), residential treatment centers (RTCs) and inpatient rehabilitation) Inpatient discharges 	1 (800) 423-6884	1 (855) 848-8220
Clinical records for: <ul style="list-style-type: none"> Skilled nursing Long-term acute care Residential treatment Inpatient rehabilitation 	1 (800) 423-6884	1 (844) 629-4404

Acute inpatient medical and behavioral health hospital stays require concurrent review. Read answers to frequently asked questions about the concurrent review requirements.

Washington State Health Technology (HTCC) Assessments

Under state law, the Uniform Medical Plans (UMP Achieve 1, UMP Achieve 2, UMP Classic, UMP CDHP, UMP High Deductible, UMP Plus – Puget Sound High Value Network, and UMP Plus – UW Medicine ACN) must comply with decisions made by the Health Technology Clinical Committee (HTCC). The HTCC is a committee of independent health care professionals that reviews selected health technologies (services) to determine the conditions, if any, under which the service will be included as a covered benefit and, if covered, the criteria the plan must use to decide whether the service is medically necessary. These services may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. In public meetings, the HTCC considers public comments and scientific evidence regarding the safety, medical effectiveness, and cost-effectiveness of the services in making its determination. Final decisions and ongoing reviews may be accessed on the [HTCC website](#).

Criteria established by the HTCC supersede Regence Medical Policy.

Procedures that are subject to HTCC decision and require pre-authorization can be found on the UMP Pre-authorization Lists.

Procedures denied due to an HTCC decision will be member responsibility.

Important pre-authorization reminders

1. Failure to pre-authorize services subject to pre-authorization requirements will result in an administrative denial, claim non-payment and provider and facility write-off. Members may not be balance billed.
2. Before requesting pre-authorization, please verify eligibility and benefits via the Availity Portal as the member contract determines the covered benefits.
3. Verify that you are an in-network provider for each member to help reduce his or her out-of-pocket expense.
4. If services are to be rendered in a facility, the pre-authorization request submitted should designate the facility where the treatment will occur to ensure proper reconciliation with related inpatient claims.
5. HTCC Decisions, Medical policies, MCG and CMS criteria may be used as the basis for service coverage determinations, including length of stay and level of care. Visit MCG's website (<https://www.mcg.com/care-guidelines/care-guidelines/>) for information on purchasing their criteria or contact us and we will be happy to provide you with a copy of guidelines for specific services.
6. Emergency services do not require pre-authorization, but are subject to hospital admission notification requirements (see below).
7. The member's contract language will apply.
8. Please note that a pre-authorization does not guarantee payment for requested services. (See #2 above). Our reimbursement policies may affect how claims are reimbursed.

Payment of benefits is subject to pre-payment and/or post-payment review, and all plan provisions, including, but not limited to, eligibility for benefits and our Coding Toolkit clinical edits.

9. Investigational and cosmetic services and supplies are typically contract exclusions and are ineligible for payment. Unlisted codes may be used for potentially investigational services and are subject to review. Please refer to the [Clinical Edits by Code](#) list for additional information. View a sample [non-covered member consent form \(PDF\)](#).
10. Pre-authorization requirements are not dependent upon site of service. All CPT and HCPCS codes listed on our pre-authorization lists require pre-authorization. View list below for complete requirements.

Pre-authorization review timeframes		
Type of review	Timeframe	Additional time allowed for review if additional information is needed:
Expedited	72 hours	48 hours
Standard initial	15 calendar days	15 calendar days
Concurrent	24 hours Exception: Maternity notifications are required on day 6.	72 hours

Note that additional timeframes are after receipt of the documentation or the timeframe for submission of the requested information has expired - whichever comes first.

Payment implications for failure to pre-authorize services

Failure to secure approval for services subject to pre-authorization will result in claim non-payment and provider write-off. Our members must be held harmless and cannot be balance billed.

Please note the following:

- Hospital claims for elective services that require pre-authorization will be reimbursed based upon the member's contract only when the physician or other health care professional has completed and received approval of the pre-authorization for the services. We therefore strongly suggest that facilities develop a method to ensure that required pre-authorization requests have been submitted by the physician or other health care professional and approved prior to admission of the patient.
- If the physician or other health care professional follows the pre-authorization requirements outlined on our pre-authorization lists, they will not be subject to any pre-

authorization penalties for failure of the facility to provide the required inpatient admission and discharge notification.

- A pre-authorization does not guarantee payment for requested services. Health Plan reimbursement policies may affect how claims are reimbursed and payment of benefits is subject to all plan provisions, including eligibility for benefits. Services must always be covered benefits and medically necessary.
- If an elective service that requires pre-authorization needs to occur during the course of an inpatient admission, and that need could not be foreseen prior to admission, the facility or provider can request pre-authorization for the service while the member is inpatient (before the service occurs). If pre-authorization does not occur during the stay, services are subject to review post-service for medical necessity.

Pre-authorization exception

There may be exceptions to obtaining pre-authorization. The seven situations listed below may apply as part of our [Extenuating Circumstances Policy Criteria \(PDF\)](#):

1. Member presented with an incorrect member ID card or member number or indicated they were self-pay, and that no coverage was in place at the time of treatment, or the participating provider or facility is unable to identify from which carrier or its designated or contracted representative to request a pre-authorization.
2. Natural disaster prevented the provider or facility from securing a pre-authorization or providing hospital admission notification.
3. Member is unable to communicate (e.g., unconscious) medical insurance coverage. Neither family nor collateral support present can provide coverage information.
4. Compelling evidence the provider attempted to obtain pre-authorization. The evidence shall support the provider followed our policy and that the required information was entered correctly by the provider office into the appropriate system.
5. A surgery which requires pre-authorization occurs in an urgent/emergent situation. Services are subject to review post-service for medical necessity
6. A participating provider or facility is unable to anticipate the need for a pre-authorization before or while performing a service or surgery.

Learn how to notify us about an [extenuating circumstance \(PDF\)](#) prior to claim submission.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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	Comment
0001F	Heart Failure Composite	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0002M	ASH FibroSURE LapCorp	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0002U	measure of subst in urine to predict polyps large intestine	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0003M	NASH FibroSURE LapCorp	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0003U	Oncology ovarian 5 proteins ser alg scor	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0004M	Scoliosis DNA analysis using saliva	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0005F	Osteoarthritis Composite	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0005U	Test detect genes assoc with prostate cancer in urine	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0006M	Oncology mRNA express tumor	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0007M	Oncology PCR express tumor	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0008U	Hpylori detection abx resistance, DNA	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0010U	Infectious disease strain type whole gen seq	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0011M	Onc prstate cancer mrna 12 gen alg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0011U	Rx monitoring LCMS/MS oral fluid	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0012F	Cap Bacterial Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0012M	ONC mRNA 5 gene risk urothelial carcinoma	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0012U	Germline discorders gene rearrangement detection	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0013M	ONC mRNA gene recurrent urothelial carcinoma	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0013U	Oncology solid organ neo gene rearrangement	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0014F	Comprehensive Preoperative Assessment Performed Fo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0014M	Liver ds alys 3 bmrk srm alg	Investigational Denial	Always considered investigational; investigational services are denied member liability.

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Code	Description	Edit Type	Comment
0014U	Hematology HMTLMF neo gene rearrangement	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0015F	Melanoma Follow Up Completed (includes Assessment)	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0015M	AdrnI cortcl tum bchm asy 25	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0015U	Rx metabolism adverse RX RXN DNA	HTCC Decision	Possible HTCC decision denial
0016M	Onc bladder mrna 209 gen alg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0019U	Oncology RNA tissue predictive algorithm	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0021U	Oncology prostate detection 8 autoanitbodies	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0024U	Glyca nuc mr spectrsc quan	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0029U	Rx metab advrs trgt seq alys	HTCC Decision	Possible HTCC decision denial
0030U	Rx metab warf trgt seq alys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0031U	Cyp1a2 gene	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0032U	Comt gene	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0033U	Htr2a htr2c genes	HTCC Decision	Possible HTCC decision denial
0036U	XOME TUM & NML SPEC SEQ ALYS	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0038U	Vitamin D serum microsample quan	Medical Necessity	Review for medical necessity
0050U	Targeted genomic sequence DNA 194 genes	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0054T	Bone Surgery Using Computer	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
0055T	Bone Surgery Using Computer	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
0055U	Cardiology heart transplant 96 DNA sequence	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0056U	Hematology AML DNA gene rearrangement	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0062U	Autoimmue SLE IgG & IgM analysis 80 biomakers	Investigational Denial	Always considered investigational; investigational services are denied member liability.

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Code	Description	Edit Type	Comment
0063U	Neurology autism 32 amines algorithm	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0068U	Candida species panel amplified probe	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0069U	Oncology colorectal microRNA miR-31-3p	HTCC Benefit Denial	Not a covered benefit per HTCC
0071T	U/s Leiomyomata Ablate <200	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0072T	U/s Leiomyomata Ablate >200	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0075T	Perq Stent/chest Vert Art	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0076T	S&i Stent/chest Vert Art	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0078U	Pain management opioid use genotyping panel	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0080U	Onc lung 5 clin rsk factr alg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0082U	Rx test def 90+ RX/sbsts ur	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0083U	Onc rspse chemo cntrst tomog	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0085T	Breath Test Heart Reject	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0087U	Crđ hrt trnspl mrna 1283 gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0088U	Trnsplj kdn algrft rej 1494	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0089U	Onc mlnma prame & linc00518	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0090U	Onc cutan mlnma mrna 23 gene	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0091U	Onc clrct scr whl bld alg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0092U	Onc lng 3 prtn bmrk plsm alg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0094U	Genome rapid sequence alys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0100T	Prosth Retina Receive&gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0101T	Extracorp Shockw Tx,hi Enrg	HTCC Benefit Denial	Not a covered benefit per HTCC

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Code	Description	Edit Type	Comment
0101U	Hered colon ca do 15 genes	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0102T	Extracorp Shockw Tx, anesth	HTCC Benefit Denial	Not a covered benefit per HTCC
0102U	Hered brst ca rlt do 17 gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0103U	Hered ova ca pnl 24 genes	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0106T	Touch Quant Sensory Test	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0107T	Vibrate Quant Sensory Test	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0108T	Cool Quant Sensory Test	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0109T	Heat Quant Sensory Test	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0110T	Nos Quant Sensory Test	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0113U	Onc prst8 pca3&tmprss2- erg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0116U	Rx mntr nzm ia 35+oral flu	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0117U	Pain mgmt 11 endogenous anal	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0126T	Chd Risk Int Study	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0129U	Hered brst ca rlt do panel	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0130U	Hered colon ca do mrna pnl	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0131U	Hered brst ca rlt do pnl 13	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0132U	Hered ova ca rlt do pnl 17	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0133U	Hered prst8 ca rlt do 11	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0134U	Hered pan ca mrna pnl 18 gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0135U	Hered gyn ca mrna pnl 12 gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0139U	Neuro austm meas 6 c metablt	Investigational Denial	Always considered investigational; investigational services are denied member liability.

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The presence of codes on this list does not necessarily indicate coverage under the member's benefit contract.

Page 4 of 126

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Code	Description	Edit Type	Comment
0143U	Drug assay 120+ rx/metabl	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0144U	Drug assay 160+ rx/metabl	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0145U	Drug assay 65+ rx/metabl	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0146U	Drug assay 80+ rx/metabl	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0147U	Drug assay 85+ rx/metabl	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0148U	Drug assay 100+ rx/metabl	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0149U	Drug assay 60+ rx/metabl	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0150U	Drug assay 120+ rx/metabl	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0151U	Nfct bct/vir resp nfctj 33	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0153U	Onc breast mrna 101 genes	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0163T	Lumb Artif Disectomy Addl	HTCC Benefit Denial	Not a covered benefit per HTCC
0163U	Onc clrct scr 3 prtn alg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0164T	Remove Lumb Artif Disc Addl	HTCC Benefit Denial	Not a covered benefit per HTCC
0165T	Revise Lumb Artif Disc Addl	HTCC Benefit Denial	Not a covered benefit per HTCC
0166U	Liver ds 10 biochem asy srm	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0170U	Neuro asd rna next gen seq	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0171U	Trgt gen seq alys pnl dna 23	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0173U	Psyc gen alys panel 14 genes	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0174T	Cad Cxr With Interp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0174U	Onc solid tumor 30 prtn trgt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0175T	Cad Cxr Remote	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0175U	Psyc gen alys panel 15 genes	Investigational Denial	Always considered investigational; investigational services are denied member liability.

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0179U	Onc nonsm cll lng ca alys 23	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0198T	Ocular Blood Flow Measure	Investigational Denial	Always considered investigational; investigational services are denied member liability.
01999	Unlisted Anesth Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
0200T	Percutaneous sacral augmentation unilateral injec.	HTCC Benefit Denial	Not a covered benefit per HTCC
0201T	Percutaneous sacral augmentation bilateral injec	HTCC Benefit Denial	Not a covered benefit per HTCC
0202T	Post vertebral arthorplasty 1 lumbar	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0205U	Oph amd alys 3 gene variants	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0206U	Neuro alzheimer cell aggregj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0207T	Clear eyelid gland w/heat	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0207U	Neuro alzheimer quan imaging	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0212U	Rare ds gen dna alys proban	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0213T	Us facet jt inj cerv/t 1 lev	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0213U	Rare ds gen dna alys ea comp	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0214T	Us facet jt inj cerv/t 2 lev	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0215T	Us facet jt inj cerv/t 3 lev	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0216T	Us facet jt inj ls 1 level	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0216U	Neuro inh ataxia dna 12 com	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0217T	Us facet jt inj ls 2 level	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0217U	Neuro inh ataxia dna 51 gene	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0218T	Us facet jt inj ls 3 level	Investigational Denial	Always considered investigational; investigational services are denied member liability.

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0219T	Fuse spine facet jt cerv	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0220T	Fuse spine facet jt thor	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0221T	Fuse spine facet jt lumbar	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0222T	Fuse spine facet jt add seg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0226U	Svnt SAR COV2 elisa plsm srm	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
0232T	Inj plasma IMG guide harvest and prep	HTCC Benefit Denial	Not a covered benefit per HTCC
0234T	Trluml prph athrc ml art	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0235T	Trluml prph athrc visc art	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0236T	Trluml prph athrc abdl aorta	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0237T	Trluml prph athrc brchcphlc	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0238T	Trluml prph athrc iliac art	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0263T	IM B1 MRW cell therapy complete	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0264T	IM B1 MRW cell therapy excluding harvest	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0265T	IM B1 MRW cell therapy harvest only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0266T	Implantation/Rpl carotid sinus device total	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0267T	Implantation/Rpl carotid sinus device lead	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0268T	Implantation/Rpl carotid sinus device generator	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0269T	Revision/Remvl carotid sinus device total	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0270T	Revision/Remvl carotid sinus device lead	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0271T	Revision/Remvl carotid sinus device generator	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0272T	Interrogation carotid sinsus device	Investigational Denial	Always considered investigational; investigational services are denied member liability.

Effective Date: 10/1/2020
Generated Date: 9/23/2020

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Page 7 of 126

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0273T	Interrogation carotid sinus w/programming	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0274T	Perq lamot/lam crv/thrc	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0275T	Percutaneous laminotomy/laminectomy lumbar	HTCC Benefit Denial	Not a covered benefit per HTCC
0278T	Temptr	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0312T	Laps impltj nstim vagus	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0313T	Laps rmlv nstim array vagus	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0314T	Laps rmlv vgl arry & pls gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0315T	Rmlv vagus nerve pls gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0316T	Replc vagus nerve pls gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0317T	Elec alys vagus nrv pls gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0329T	Mntr IO pressure 24 hrs/> unilateral/bilateral	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0330T	Tear film imaging unilateral/bilateral w/I&R	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0331T	Heart symp imaging planar	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0332T	Heart symp imaging planar spect	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0335T	Extrasosseous joint stablj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0338T	Transcath renal symp denerv	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0339T	Transcath renal symp denerv	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0342T	Thxp apheresis w/ hdl delip	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0347T	In bone device for RSA	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0348T	RSA spine exam	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0349T	RSA upper extremity exam	Investigational Denial	Always considered investigational; investigational services are denied member liability.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0350T	RSA lower extremity exam	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0351T	Intraoperative optical breast/node specimen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0352T	Optical breast/node I&R per spec	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0353T	Intraoperative optical breast cavity	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0354T	Optical breast surgical cavity I&R	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0356T	Insertion drug device for IOP	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0358T	BIA whole body	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0378T	Visual field assmnt rev/rprt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0379T	Vis field assmnt tech suppt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0381T	Ext h rate epi sz 14 days	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0382T	Ext h rate sz 14 day ri only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0383T	Ext h rate sz up to 30 days	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0384T	Ex h rate sz 30 day ri only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0385T	Ex h rate for sz ovr 30 day	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0386T	Ex h rate sz 30+ day ri only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0397T	Ercp w/optical endomicroscopy	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0400T	Mltispectrl digital les alys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0401T	Mltispectrl digital les alys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0404T	Trnscrvt uterin fibroid abltj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0405T	Ovrsght xtrcorp liv asst pat	Investigational Denial	Always considered investigational; investigational services are denied member liability.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0408T	Insj/rplc cardiac modulj sys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0409T	Insj/rplc cardiac modulj pls gn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0410T	Insj/rplc car modulj atr elt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0411T	Insj/rplc car modulj vnt elt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0412T	Rmvl cardiac modulj pls gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0413T	Rmvl car modulj tranvns elt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0414T	Rmvl & rpl car modulj pls gn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0415T	Repos car modulj tranvns elt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0416T	Reloc skin pocket pls gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0417T	Pgrmg eval cardiac modulj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0418T	Interro eval cardiac modulj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0421T	Waterjet prostate abltj compl	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0422T	Tactile breast img uni/bi	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0423T	Assay secretory type ii pla2	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0424T	Insj/rplc nstim apnea compl	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0425T	Insj/rplc nstim apnea sen ld	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0426T	Insj/rplc nstim apnea stm ld	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0427T	Insj/rplc nstim apnea pls gn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0428T	Rmvl nstim apnea pls gen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0429T	Rmvl nstim apnea sen ld	Investigational Denial	Always considered investigational; investigational services are denied member liability.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0430T	Rmvl nstim apnea stimj ld	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0431T	Rmvl/rplc nstim apnea pls gn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0432T	Repos nstim apnea stimj ld	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0433T	Repos nstim apnea sensing ld	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0434T	Interro eval npgs sleep apnea	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0435T	Prgmng eval npgs apnea 1 ses	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0436T	Prgmng eval npgs apnea study	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0437T	Implant synthetic reinforcement abdominal wall	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0440T	Ablation perc uxttr/peripheral nerve	HTCC Benefit Denial	Not a covered benefit per HTCC
0441T	Ablation perc lxtr/perphl nerve	HTCC Benefit Denial	Not a covered benefit per HTCC
0442T	Ablation perc plex/trncl nerve	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0443T	R-T spectral analysis prostate tissue	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0444T	1st placement drug-eluting ocular insert	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0445T	Subsequent placement drug-eluting ocular insert	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0446T	Insj impltbl glucose sensor	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0447T	Rmvl impltbl glucose sensor	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0448T	Remvl insj impltbl gluc sens	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0449T	Insj aqueous drain dev 1st	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0450T	Insj aqueous drain dev each	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0451T	Insj/rplcmt aortic ventr sys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0452T	Insj/rplcmt dev vasc seal	Investigational Denial	Always considered investigational; investigational services are denied member liability.

Effective Date: 10/1/2020
Generated Date: 9/23/2020

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Page 11 of 126

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0453T	Insj/rplcmt mech-elec ntrfce	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0454T	Insj/rplcmt subq electrode	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0455T	Remvl aortic ventr cmpl sys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0456T	Remvl aortic dev vasc seal	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0457T	Remvl mech-elec skin ntrfce	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0458T	Remvl subq electrode	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0459T	Relocaj rplcmt aortic ventr	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0460T	Repos aortic ventr dev eltrd	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0461T	Repos aortic contrpulsj dev	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0462T	Pgrmg evl aortic ventr sys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0463T	Interrog aortic ventr sys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0465T	Supchrdl njx rxw/o supply	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0470T	Optical skin image acquisition I&R 1st	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0471T	Optical skin image acquisition I&R additional	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0472T	Progammng IO retinal +B6+B7	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0473T	Reprogammng IO retinal ELTRD RA	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0475T	Recording fetal cardiac signal 3 CH I&R	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0476T	Recording fetal cardiac signal elec transfer data	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0477T	Recording fetal cardiac signal extraction analysis	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0478T	Recording fetal cardiac 3 CH REV I&R	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0481T	Njx autol wbc concentrate	HTCC Benefit Denial	Not a covered benefit per HTCC

Effective Date: 10/1/2020
Generated Date: 9/23/2020

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Page 12 of 126

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0483T	Tmvi percutaneous approach	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0484T	Tmvi transthoracic approach	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0485T	Oct mid ear i&r unilateral	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0486T	Oct mid ear i&r bilateral	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0487T	Trvg biomchn mapg w/reprt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0489T	Regn cell tx scldr hands	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0490T	Regn cell tx scldr h mlt inj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0491T	Abl lsr opn wnd 1st 20 sqcm	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0492T	Abl lsr opn wnd addl 20 sqcm	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0493T	Near ifr spectrsc of wounds	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0497T	Xtrnl pt act ecg in-off conn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0498T	Xrtnl pt act ecg r&i pr 30 d	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0499T	Cysto f/urtl strix/stenosis	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0500F	Initial Prenatal Care Visit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0501F	Prenatal Flow Sheet	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0502F	Subsequent Prenatal Care	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0503F	Postpartum Care Visit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0505F	Hemodialysis Plan Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0505T	Endovenous femoral arterial revsc	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0507F	Periton Dialysis Plan Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0507T	Near-infrared dual imaging meibomian glands I&R	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0509F	Urin Incon Plan Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0510T	Rmvl sinus tarsi implant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0511T	Rmvl&rinsj sinus tarsi implt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0512T	Esw integ wnd hlg 1st wnd	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0513F	Elevated Blood Pressure Plan Of Care Documented (c	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0513T	Esw integ wnd hlg ea addl	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0514F	Plan Of Care For Elevated Hemoglobin Level Documen	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0514T	Intraop vis axis id pt fixj	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0515T	Insj wcs lv compl sys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0516F	Anemia Plan Of Care Documented (esrd)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0516T	Insj wcs lv eltrd only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0517F	Glaucoma Plan Of Care Documented (ec)5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0517T	Insj wcs lv pg compnt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0518F	Falls Plan Of Care Documented (ger)5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0518T	Rmvl pg compnt wcs	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0519F	Planned Chemotherapy Regimen, Including At A Minim	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0519T	Rmvl & rplcmt pg compnt wcs	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0520F	Normal Tissue Dose Constraints Established Within	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0520T	Rmvl&rplcmt pg wcs new eltrd	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0521F	Plan Of Care To Address Pain Documented (onc)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0521T	Interrog dev eval wcs ip	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0522T	Prgmg dev eval wcs ip	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0525F	Initial Visit For Episode (bkp)2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0525T	Insj/rplcmt compl iims	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0526F	Subsequent Visit For Episode (bkp)2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0526T	Insj/rplcmt iims eltrd only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0527T	Insj/rplcmt iims implt mntr	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0528F	Rcmnd Flw-up 10 Yrs Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0528T	Prgmng dev eval iims ip	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0529F	Intrvl 3+yrs Pts Clnscp Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0529T	Interrog dev eval iims ip	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0530T	Removal complete iims	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0531T	Removal iims electrode only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0532T	Removal iims implt mntr only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0533T	Cont rec mvmt do 6-10 days	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0534T	Cont rec mvmt do setup&train	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0535F	Dyspnea Mngmnt Plan Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0535T	Cont rec mvmt do rept cnfig	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0536T	Cont rec mvmt do dl w/i&r	Investigational Denial	Always considered investigational; investigational services are denied member liability.
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	Gluco Mngmnt Plan Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0541T	Myocardial imaging mcg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0542T	Myocardial imaging mcg i&r	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0543T	Ta mv rpr w/artif chord tend	Investigational Denial	Always considered investigational; investigational services are denied member liability.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0544T	Tcat mv annulus rcnstj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0545F	Follow up care plan mdd docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0545T	Tcat tv annulus rcnstj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0547T	B1 matrl qual tst mcrind tib	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0548T	Tprnl balo cntnc dev bi	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0549T	Tprnl balo cntnc dev uni	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0550F	Cytopathology report non-gyn specimen	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0550T	Tprnl balo cntnc dev rml ea	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0551F	Cytopathology report non-routine	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0551T	Tprnl balo cntnc dev adjmt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0552T	Low-level laser therapy	Potential Investigational*	Possibly investigational Review may be required. Submit appropriate documentation
0553T	Perq tcat iliac anast implt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0554T	B1 str & fx rsk analysis	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0555F	Symptom mgmnt plan care docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0555T	B1 str&fx rsk transmis data	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0556F	Plan care lipid control docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0556T	B1 str & fx rsk assessment	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0557F	Plan caremg angnl symptdocd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0557T	B1 str & fx rsk i&r	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0558T	Ct scan f/biomchn ct alys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0559T	Antmc mdl 3d print 1st cmpnt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0560T	Antmc mdl 3d print ea addl	Investigational Denial	Always considered investigational; investigational services are denied member liability.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0561T	Antmc guide 3d print 1st gd	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0562T	Antmc guide 3d print ea addl	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0563T	Evac meibomian gland heat bi	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0564T	Onc chemo rx cytotox csc 14	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0565T	Autol cell implt adps hrvg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0566T	Autol cell implt adps njx	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0567T	Perm flap tube occls w/implt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0568T	Intro mix saline&air f/ssg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0569T	Ttvr perq appr 1st prosth	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0570T	Ttvr perq ea addl prosth	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0571T	Insj/rplcmt icds ss eltrd	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0572T	Insertion ss dfb electrode	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0573T	Removal ss dfb electrode	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0574T	Repos prev ss impl dfb eltrd	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0575F	Hiv Rna Plan Care Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0575T	Prgmng dev eval icds ss ip	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0576T	Interrog dev eval icds ss ip	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0577T	Ephys eval icds ss	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0578T	Rem interrog dev icds phys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0579T	Rem interrog dev icds tech	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0580F	Multidisciplinary care plan	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
0580T	Rmvl ss impl dfb pg only	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0581F	Pt transferred from anesth to cc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0581T	Abltj mal brst tum perq crtx	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0582F	Not transferred from anesth to cc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0582T	Trurl abltj mal prst8 tiss	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0583F	Transfer care checklist used	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0584F	No transfer care checklist used	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
0600T	Ire abltj 1+tum organ perq	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0601T	Ire abltj 1+tumors open	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0602T	Transdermal GFR measurements	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0603T	Transdermal GFR monitoring	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0604T	Rem OCT rta dev setup & educaj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0605T	Rem OCT rta techl sprt min 8	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0606T	Rem OCT rta phys/qhp ea 30d	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0607T	Rem mntr pulm flu mntr setup	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0608T	Rem mntr pulm flu mntr alys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0609T	Mrs disc pain acquisj data	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0610T	Mrs disc pain transmis data	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0611T	Mrs disc pain alg alys data	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0612T	Mrs discogenic pain I & R	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0613T	Perq tcat intratrI septl sht	Investigational Denial	Always considered investigational; investigational services are denied member liability.

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Complete List
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Code	Description	Edit Type	Comment
0614T	Rmvl & rplcmt ss impl dfb pg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0615T	Eye mvmt alys w/o calbrj l & R	Investigational Denial	Always considered investigational; investigational services are denied member liability.
0619T	Cysto w/prst commissurotomy	Investigational Denial	Always considered investigational; investigational services are denied member liability.
1000F	Tobacco Use, Smoking, Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1002F	Assess Anginal Symptom/level	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1003F	Level Of Activity Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1004F	Clin Symp Vol Ovrlld Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1005F	Asthma Symptoms Evaluate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1006F	Osteoarthritis Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1007F	Anti-inflm/anlgsc Otc Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1008F	Gi/renal Risk Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1010F	Severity angina by actvty	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1011F	Angina present	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1012F	Angina absent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1015F	Copd Symptoms Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1018F	Assess Dyspnea Not Present	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1019F	Assess Dyspnea Present	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1022F	Pneumo Imm Status Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1026F	Co-morbid Condition Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1030F	Influenza Imm Status Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1031F	Smoking & 2nd hand assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1032F	Smoker/exposed 2nd hnd smoke	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1033F	Tobacco nonsmoker nor 2ndhnd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1034F	Current Tobacco Smoker	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1035F	Smokeless Tobacco User	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1036F	Tobacco Non-user	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1038F	Persistent Asthma	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1039F	Intermittent Asthma	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
1040F	Dsm-ivtm Info Mdd Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1050F	History Of Mole Changes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1052F	Type location activityassess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1055F	Visual Funct Status Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1060F	Doc Per/cont/parox Atr.fib	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1061F	Doc Lack Perm+cont+parox Fib	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1065F	Ischm Stroke Symp <3 Hrs B/4	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1066F	Ischm Stroke Symp >3 Hrs B/4	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1070F	Alarm Symp Assessed-absent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1071F	Alarm Symp Assessed-1 + Prsnt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1090F	Pres/absn Urin Incon Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1091F	Urine Incon Characterized	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1100F	Pt Falls Assess-doc'd>2+/yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1101F	Pt Falls Assessed-doc'd<1/yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1110F	Pt Lft Inpt Fac W/in 60 Days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1111F	Dschrg Med/current Med Merge	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1116F	Auric/peri Pain Assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1118F	Gerd Symptoms Assessed After 12 Months Of Therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1119F	Initial Evaluation For Condition (hep C)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1121F	Subsequent Evaluation For Condition (hep C)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1123F	Advance Care Planning Discussed And Documented; Ad	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1124F	Advance Care Planning Discussed And Documented In	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1125F	Pain Severity Quantified; Pain Present (onc)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1126F	Pain Severity Quantified; No Pain Present (onc)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1127F	New episode for condtion	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1128F	Subsequent episode for condtion	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1130F	Back Pain And Function Assessed, Including All Of	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
1134F	Episode Of Back Pain Lasting Six Weeks Or Less (bk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1135F	Episode Of Back Pain Lasting Longer Than Six Weeks	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1136F	Episode Of Back Pain Lasting 12 Weeks Or Less (bkp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1137F	Episode Of Back Pain Lasting Longer Than 12 Weeks	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1150F	Doc Pt Rsk Death W/in 1yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1151F	Doc No Pt Rsk Death W/in 1yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1152F	Doc Advncd Dis Comfort 1st	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1153F	Doc Advncd Dis Cmfrt Not 1st	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1157F	Advnc Care Plan In Rcrd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1158F	Advnc Care Plan Tlk Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1159F	Med List Docd In Rcrd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1160F	Rvw Meds By Rx/dr In Rcrd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1170F	Fxnl Status Assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1175F	Function stat assessed rwd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1180F	Thromboemb Risk Assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1181F	Neuropsychia sympts assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1182F	Neuropsychi sympt 1+present	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1183F	Neuropsychiatric symp absent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1200F	Seizure type(s)+ frq docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1205F	Epi etiol synd rwd and docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1220F	Patient Screened For Depression	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1400F	Parkinson's Disease diagnosis reviewed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1450F	Symptoms improved/consist	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1451F	Sympt show clin import drop	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1460F	Qual card diag prior 12 mons	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1461F	No qual card diag prior12mon	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1490F	Dem severity classified mild	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
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Code	Description	Edit Type	Comment
1491F	Dem severity classified mod	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1493F	Dem severity class severe	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1494F	Cognit assessed and reviewed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1500F	Symptom and sign symm polyneuro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1501F	Not initial eval for condition	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1502F	Pt queried pain function with instrument	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1503F	Pt queried symptoms resp insuff	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1504F	Pt has respiratory insufficiency	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
1505F	Pt has no respiratory insufficiency	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
15775	Hair Transplant Punch Grafts	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15776	Hair Transplant Punch Grafts	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15780	Abrasion Treatment Of Skin	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15781	Abrasion Treatment Of Skin	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15782	Abrasion Treatment Of Skin	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15783	Abrasion Treatment Of Skin	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15786	Abrasion, Lesion, Single	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15787	Abrasion, Lesions, Add-on	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15819	Plastic Surgery, Neck	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15824	Removal Of Forehead Wrinkles	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15825	Removal Of Neck Wrinkles	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15826	Removal Of Brow Wrinkles	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15828	Removal Of Face Wrinkles	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15829	Removal Of Skin Wrinkles	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.

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Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
15832	Excise Excessive Skin Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15833	Excise Excessive Skin Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15834	Excise Excessive Skin Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15835	Excise Excessive Skin Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15836	Excise Excessive Skin Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15837	Excise Excessive Skin Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15838	Excise Excessive Skin Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15839	Excise Excessive Skin Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15847	Exc Skin Abd Add-on	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15850	Removal Of Sutures	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
15876	Suction Assisted Lipectomy	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15877	Suction Assisted Lipectomy	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15878	Suction Assisted Lipectomy	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15879	Suction Assisted Lipectomy	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
15999	Removal Of Pressure Sore	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
17999	Skin Tissue Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
19105	Cryosurg Ablate Fa, Each	Investigational Denial	Always considered investigational; investigational services are denied member liability.
19300	Removal Of Breast Tissue	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
19499	Breast Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

**Clinical Edits by Code List
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Code	Description	Edit Type	Comment
2000F	Blood Pressure Measure	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2001F	Weight Record	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2002F	Clin Sign Vol OvrlD Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2004F	Initial Exam Involved Joints	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2010F	Vital Signs Recorded	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2014F	Mental Status Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2015F	Asthma impairment assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2016F	Asthma risk assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2018F	Hydration Status Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2019F	Dilated Macul Exam Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2020F	Dilated Fundus Eval Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2021F	Dilated Macul+exam Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2022F	Dil Retina Exam Interp Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2023F	Dilat rta xm w/o rtnophy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2024F	7 Field Photo Interp Doc Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2025F	7 fld rta photo w/o rtnophy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2026F	Eye Image Valid To Dx Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2027F	Optic Nerve Head Eval Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2028F	Foot Exam Performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2029F	Complete Phys Skin Exam Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2030F	H20 Stat Doc'd Normal	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2031F	H20 Stat Doc'd Dehydrated	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2035F	Tymp Memb/motion Exam'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2040F	Physical Examination On The Date Of The Initial Vi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2044F	Documentation Of Mental Health Assessment Prior To	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
2050F	Wound Char Size Etc Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
20552	Inj Trigger Point, 1/2 Muscl	HTCC Decision	Possible HTCC decision denial
20553	Inject Trigger Points, =/> 3	HTCC Decision	Possible HTCC decision denial

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Code	Description	Edit Type	Comment
2060F	Pt talk eval hlthwkr re mdd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
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.
20983	Ablate bone tumor(s) perq	Investigational Denial	Always considered investigational; investigational services are denied member liability.
20985	Cptr-asst Dir Ms Px	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
20999	Musculoskeletal Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
21089	Prepare Face/oral Prosthesis	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
21137	Reduction Of Forehead	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
21138	Reduction Of Forehead	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
21139	Reduction Of Forehead	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
21270	Augmentation, Cheek Bone	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
21280	Revision Of Eyelid	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
21282	Revision Of Eyelid	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
21299	Cranio/maxillofacial Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
21499	Head Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
21899	Neck/chest Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
22510	Perq cervicothoracic inject	HTCC Benefit Denial	Not a covered benefit per HTCC
22511	Perq lumbosacral injection	HTCC Benefit Denial	Not a covered benefit per HTCC
22512	Vertebroplasty addl inject	HTCC Benefit Denial	Not a covered benefit per HTCC
22513	Perq vertebral augmentation	HTCC Benefit Denial	Not a covered benefit per HTCC

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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

Code	Description	Edit Type	Comment
22514	Perq vertebral augmentation	HTCC Benefit Denial	Not a covered benefit per HTCC
22515	Perq vertebral augmentation	HTCC Benefit Denial	Not a covered benefit per HTCC
22526	Idet, Single Level	HTCC Benefit Denial	Not a covered benefit per HTCC
22527	Idet, 1 Or More Levels	HTCC Benefit Denial	Not a covered benefit per HTCC
22586	Prescr1 fuse w/ instr L5/S1	Investigational Denial	Always considered investigational; investigational services are denied member liability.
22841	Insert Spine Fixation Device	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
22857	Lumbar Artif Discectomy	HTCC Benefit Denial	Not a covered benefit per HTCC
22862	Revise Lumbar Artif Disc	HTCC Benefit Denial	Not a covered benefit per HTCC
22865	Remove Lumb Artif Disc	HTCC Benefit Denial	Not a covered benefit per HTCC
22867	Insj stablj dev w/dcmprn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
22868	Insj stablj dev w/dcmprn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
22869	Insj stablj dev w/o dcmprn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
22870	Insj stablj dev w/o dcmprn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
22899	Spine Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
22999	Abdomen Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
23929	Shoulder Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
24999	Upper Arm/elbow Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
25999	Forearm Or Wrist Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
26989	Hand/finger Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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

Code	Description	Edit Type	Comment
27299	Pelvis/hip Joint Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
27599	Leg Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
27899	Leg/ankle Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
28890	High Energy Eswt, Plantar F	HTCC Benefit Denial	Not a covered benefit per HTCC
28899	Foot/toes Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
29799	Casting/strapping Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
29999	Arthroscopy Of Joint	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
3006F	Cxr Doc Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3008F	Body mass index docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3011F	Lipid Panel Doc Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3014F	Sceen Mammo Doc Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3015F	Cerv cancer screen docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3016F	Pt Scrnd Unhlthy Oh Use	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3017F	Colorectal Ca Screen Doc Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3018F	Pre-prxd Rsk Et Al Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3019F	Lvef assess planpost dschrge	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3020F	Lvf Assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3021F	Lvef Mod/sever Depres Syst	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3022F	Lvef >40% Systolic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3023F	Spirom Doc Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3025F	Spirom Fev/fvc <70% W Copd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3027F	Spirom Fev/fvc >70% W/o Copd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
3028F	O2 Saturation Doc Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3035F	O2 Saturation <88% /pao<55%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3037F	O2 Saturation >88% /pao>55	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3038F	Pulm fx w/in 12 mon b/4 surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3040F	Fev <40% Predicted Value	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3042F	Fev >40% Predicted Value	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3044F	Hg A1c Level <7.0%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3045F	Hg A1c Level 7.0 - 9.0%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3046F	Hemoglobin A1c Level > 9.0%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3048F	Ldl-c < 100 Mg/dl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3049F	Ldl-c 100-129 Mg/dl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3050F	Ldl-c = 130 Mg/dl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3051F	Hg a1c>equal 7.0%<8.0%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3052F	Hg a1c>equal 8.0%<equal 9.0%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3055F	Lvef less than/equal to 35%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3056F	Lvef greater than 35%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3060F	Pos Microalbuminuria Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3061F	Neg Microalbuminuria Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3062F	Pos Macroalbuminura Rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3066F	Nephropathy Doc Tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3072F	Low Risk For Retinopathy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3073F	Pre-surg Eye Measures Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3074F	Sust Bp < 130 MmHg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3075F	Syst Bp >130 - 139 MmHg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3077F	Syst Bp = 140 Mm Hg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3078F	Diast Bp < 80 Mm Hg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3079F	Diast Bp 80-89 Mm Hg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3080F	Diast Bp = 90 Mm Hg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3082F	Kt/v <1.2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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3083F	Kt/v >= 1.2 And < 1.7	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3084F	Kt/v > 1.7	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3085F	Suicide Risk Assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3088F	Mdd Mild	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3089F	Mdd Moderate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3090F	Mdd Severe; W/o Psych	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3091F	Mdd Severe; W/psych	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3092F	Mdd In Remission	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3093F	Doc New Diag 1st/addl. Mdd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3095F	Central Dexa Results Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3096F	Central Dexa Ordered	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
30999	Nasal Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
3100F	Carot Blk Doc'd W/carot Ref	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3110F	Pres/absn Hmrhg/lesion Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3111F	Ct/mri Brain Done W/in 24 Hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3112F	Ct/mri Brain Done > 24 Hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3115F	Quant results activity +symp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3117F	Hf assessment tool completed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3118F	Ny heart assoc class docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3119F	No eval activity clin symp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3120F	12-lead Ecg Performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3126F	Esophageal biopsy report/dysplasia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
31299	Sinus Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
3130F	Upper Gi Endoscopy Performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3132F	Doc Ref. Upper Gi Endoscopy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3140F	Forceps Esoph Biopsy Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3141F	Upper Gi Endo Shows Barrrt's	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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3142F	Upper Gi Endo Not Barritt's	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3150F	Forceps Esoph Biopsy Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3155F	Cytogen Test Marrow B/4 Tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
31599	Larynx Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
3160F	Doc Fe+ Stores B/4 Epo Tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
31647	Bronchial valve init insert	Investigational Denial	Always considered investigational; investigational services are denied member liability.
31648	Bronchial valve addl insert	Investigational Denial	Always considered investigational; investigational services are denied member liability.
31649	Bronchial valve remov init	Investigational Denial	Always considered investigational; investigational services are denied member liability.
31651	Bronchial valve remov addl	Investigational Denial	Always considered investigational; investigational services are denied member liability.
31660	Bronch thermoplasty 1 lobe	HTCC Benefit Denial	Not a covered benefit per HTCC
31661	Bronch thermoplasty 2/> lobes	HTCC Benefit Denial	Not a covered benefit per HTCC
3170F	Flow Cyto Done B/4 Tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
31830	Revise Windpipe Scar	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
31899	Airways Surgical Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
3200F	Barium Swallow Test Not Req	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3210F	Grp A Strep Test Performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3215F	Pt Immunity To Hep A Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3216F	Pt Immunity To Hep B Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3218F	Rna Testing For Hepatitis C Documented As Performe	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3220F	Hep C Quant Rna Tstng Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3230F	Note Hring Tst W/in 6 Mon	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3250F	Noprim Loc Anat Bx Site Tumor	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3260F	Pt Cat/pn Cat/hist Grd Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3265F	Ribonucleic Acid (rna) Testing For Hepatitis C Vir	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
3266F	Hepatitis C Genotype Testing Documented As Perform	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3267F	Path report w/PT PN CAT ET AL	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3268F	Prostate-specific Antigen (psa), And Primary Tumor	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3269F	Bone Scan Performed Prior To Initiation Of Treatme	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3270F	Bone Scan Not Performed Prior To Initiation Of Tre	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3271F	Low Risk Of Recurrence, Prostate Cancer (prca)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3272F	Intermediate Risk Of Recurrence, Prostate Cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3273F	High Risk Of Recurrence, Prostate Cancer (prca)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3274F	Prostate Cancer Risk Of Recurrence Not Determined	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3278F	Serum Levels Of Calcium, Phosphorus, Intact Parath	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3279F	Hemoglobin Level Greater Than Or Equal To 13 G/dl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3280F	Hemoglobin Level 11 G/dl To 12.9 G/dl (ckd, Esrd)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3281F	Hemoglobin Level Less Than 11 G/dl (ckd, Esrd)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3284F	Intraocular Pressure (iop) Reduced By A Value Of G	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3285F	Intraocular Pressure (iop) Reduced By A Value Less	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3288F	Falls Risk Assessment Documented (ger)5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3290F	Patient Is D (rh) Negative And Unsensitized (prena	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3291F	Patient Is D (rh) Positive Or Sensitized (prenatal	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3292F	Hiv Testing Ordered Or Documented And Reviewed Dur	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3293F	Abo rh blood typing docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3294F	Grp b strep screening docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
32999	Chest Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
3300F	American Joint Committee On Cancer (ajcc) Stage Do	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3301F	Cancer Stage Documented In Medical Record As Metas	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3315F	Estrogen Receptor (er) Or Progesterone Receptor (p	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
3316F	Estrogen Receptor (er) And Progesterone Receptor (Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3317F	Pathology Report Confirming Malignancy Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3318F	Pathology Report Confirming Malignancy Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3319F	One Of The Following Diagnostic Imaging Studies Or	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3320F	None Of The Following Diagnostic Imaging Studies O	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3321F	Ajcc Cncr O/ia Mela Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3322F	Melanoma >ajcc Stage 0 Or Ia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3323F	Clin node stngng docdb/4 surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3324F	Mri ct scan ord rvwd rqstd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
33250	Ablate Heart Dysrhythm Focus	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
33251	Ablate Heart Dysrhythm Focus	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
3325F	Preoperative Assessment Of Functional Or Medical I	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
33289	Tcat impl wrls p-art prs snr	Investigational Denial	Always considered investigational; investigational services are denied member liability.
3328F	Prfrmnc docd 2 wks b/4 surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3330F	Imaging Study Ordered (bkp)2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3331F	Imaging Study Not Ordered (bkp)2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3340F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3341F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3342F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3343F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3344F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3345F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3350F	Mammo Bx Proven Malig Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3351F	Neg Screen Dep Symp By Dep Tool	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3352F	No Sig Dep Symp By Dep Tool	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
3353F	Mild-mod Dep Symp By Dep Tool	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
33548	Restore/remodel, Ventricle	Investigational Denial	Always considered investigational; investigational services are denied member liability.
3354F	Clin Sig Dep Symp By Dep Tool	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3370F	Ajcc Breast Cancer Stage 0 Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3372F	Ajcc Breast Cancer Stage1 + Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3374F	Ajcc Brst Cancer Tumor Size >1cm To 2cm Stage 1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3376F	Ajcc Breast Cancer Stage 2 Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3378F	AJCC Breast Cancer Stage III, documented (ONC)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3380F	Ajcc Breast Cancer Stage 4 Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3382F	Ajcc Colon Cancer Stage 0 Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3384F	Ajcc Colon Cancer Stage 1 Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3386F	Ajcc Colon Cancer Stage 2 Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3388F	Ajcc Colon Cancer Stage 3 Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3390F	Ajcc Colon Cancer Stage 4 Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3394F	Quant HER2 IHC eval breast cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3395F	Quant HER2 IHC eval breast cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
33999	Cardiac Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
3450F	Dyspnea Scrnd, No-mild Dysp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3451F	Dyspnea Scrnd Mod-high Dysp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3452F	Dyspnea Not Screened	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3455F	Tb Scrng Done-interpd 6mon	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3470F	Ra Disease Activity, Low	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3471F	Ra Disease Activity, Mod	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3472F	Ra Disease Activity, High	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3475F	Disease Progn Ra Poor Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3476F	Disease Progn Ra Good Docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
34839	Plnning pt spec fenest graft	Non-Reimbursable Services	CMS Status B, not reimbursed separately.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
3490F	History - Aids-defining Cond	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3491F	Hiv Unsure Baby Of Hiv+moms	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3492F	History Cd4+ Cell Count <350	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3493F	No Hist Cd4+cell Cnt<350	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3494F	Cd4+cell Count <200cells/mm3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3495F	Cd4+cell Cnt 200-499 Cells	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3496F	Cd4+ Cell Count =500 Cells	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3497F	Cd4+ Cell Percentage <15%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3498F	Cd4+ Cell Percentage =15%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3500F	Cd4 +cell Count% Documented As Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3502F	Hiv Rna Vrl Load <lmits Quantif	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3503F	Hiv Rna Vrl Load Below Limits Of Quantif	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3510F	Doc Tb Screening Results Interpreted	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3511F	Chlamydia And Gonorrhea Documented Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3512F	Syphilis Screening Documented As Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3513F	Hepatitis Screening Documented As Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3514F	Hepatitis C Screening Documented As Done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3515F	Patient Has Documented Immunity To Hep C	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3517F	Hbv assess&results intrp 1yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3520F	Cdifficile testing performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3550F	Low Risk Thromboembolism	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3551F	Intermediate Risk Thromboembolism	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3552F	High Risk For Thromboembolism	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3555F	Patient Inr Measurement Preformed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3570F	Report Scint X-ref With X-ray	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3572F	Patient Considered Poss Risk Fx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3573F	Patient Not Considered Poss Risk Fx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
36000	Place Needle In Vein	Non-Reimbursable Services	CMS Status B, not reimbursed separately.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
36299	Vessel Injection Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
36416	Capillary Blood Draw	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
36468	Injection(s), Spider Veins	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
36473	Endovenous mchnchem 1st vein	Investigational Denial	Always considered investigational; investigational services are denied member liability.
36474	Endovenous mchnchem add-on	Investigational Denial	Always considered investigational; investigational services are denied member liability.
3650F	EEG ordered rwd reqstd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
36511	Apheresis Wbc	Medical Necessity	Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
3700F	Psychiatric disorder or disturbances assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3720F	Cognitive impairment or dysfunction assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3725F	Screen depression performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
37501	Vascular Endoscopy Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
3750F	Ptnotrcvngsteroid>=10mg/day	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3751F	Electrodiag polyneuro 6 months	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3752F	No electrodiag polyneuro 6 months	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3753F	Pt has symp and signs neuropathy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3754F	Screeing tests dm done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3755F	Cognitive and behav impairment scrng	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3756F	Pt with pseudobulb affect ALS	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3757F	Pt with no pseudobulb affect ALS	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3758F	Pt referred pulmon fx test / peak flow	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3759F	Pt screened dysphag/wt loss/nutr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3760F	Pt w/ dysphag/wt loss/nutr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3761F	Pt w/o dysphag/wt loss/nutr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3762F	Patient is dysarthric	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3763F	Patient is not dysarthric	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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3775F	Adenoma(s)/neoplasm detected during colonoscopy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
3776F	Adeonom(s)/neoplasm not detected in colonoscopy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
37799	Vascular Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
38129	Laparoscope Proc, Spleen	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
38204	BI Donor Search Management	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
38589	Laparoscope Proc, Lymphatic	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
38999	Blood/lymph System Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
39499	Chest Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
39599	Diaphragm Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4003F	Pt Ed Write/oral, Pts W/ Hf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4004F	Pt tobacco use done rcvd tlk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4005F	Pharm Thx For Op Rx'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4008F	Beta-blocker therapy rxd/tnk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4010F	Ace/arb therapy rxd/taken	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4011F	Oral Antiplatelet Therapy Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4012F	Warfarin Therapy Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4013F	Statin therapy/currently tkn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4014F	Written Discharge Instr Prvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4015F	Persist Asthma Medicine Ctrl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4016F	Anti-inflm/anlgsc Agent Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4017F	Gi Prophylaxis For Nsaid Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4018F	Therapy Exercise Joint Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
4019F	Doc Recept Counsl Vit/calc+	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4025F	Inhaled Bronchodilator Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4030F	Oxygen Therapy Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4033F	Pulmonary Rehab Rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4035F	Influenza Imm Rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4037F	Influenza Imm Order/admin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4040F	Pneumo Imm Order/admin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4041F	Doc Order Cefazolin/cerfurox	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4042F	Doc Antibio Not Given	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4043F	Doc Order Given Stop Antibio	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4044F	Doc Order Given Vte Prophylx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4045F	Empiric Antibiotic Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4046F	Doc Antibio Given B/4 Surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4047F	Doc Antibio Given B/4 Surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4048F	Doc Antibio Given B/4 Surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4049F	Doc Order Given Stop Antibio	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4050F	Ht Care Plan Doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4051F	Referred For An Av Fistula	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4052F	Hemodialysis Via Av Fistula	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4053F	Hemodialysis Via Av Graft	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4054F	Hemodialysis Via Catheter	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4055F	Pt. Rcvng Perton Dialysis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4056F	Approp. Oral Rehyd Recomm'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4058F	Ped Gastro Ed Given Caregrv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4060F	Psych Svcs Provided	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4062F	Pt Referral Psych Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4063F	Antidepress rxthxpy not rxd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4064F	Antidepressant Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4065F	Antipsychotic Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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4066F	Ect Provided	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4067F	Pt Referral For Ect Doc'd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4069F	Vte prophylaxis rcvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4070F	Dvt Prophylx Recv'd Day 2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4073F	Oral Antiplat Thx Rx Dischrg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4075F	Anticoag Thx Rx At Dischrg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4077F	Doc T-pa Adm Considered	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
40799	Lip Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4079F	Doc Rehab Svcs Considered	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4084F	Aspirin Recv'd W/in 24 Hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4086F	Aspirin/clopidogrel rxd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
40899	Mouth Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4090F	Pt Recvng Epo Thxpy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4095F	Pt Not Rcvng Epo Thxpy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4100F	Biphos Thxpy Vein Ord/rec'vd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4110F	Int Mam Art Used For Cabg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4115F	Beta Blckr Admin W/in 24 Hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4120F	Antibiot Rx'd/given	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4124F	Antibiot Not Rx'd/given	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4130F	Topical Prep Rx, Aoe	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4131F	Syst Antimicrobial Thx Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4132F	No Syst Antimicrobial Thx Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4133F	Antihist/decong Rx/recom	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4134F	No Antihist/decong Rx/recom	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4135F	Systemic Corticosteroids	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4136F	Syst Corticosteroids Not Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4140F	Inhaled corticosteroids rxd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
4142F	Corticoster sparing txmnt rxd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4144F	Alt long-term cntrl med rxd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4145F	2+ anti-hyprtnsv agents tkn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4148F	Hep A Vaccine Injection Admin/recvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4149F	Hep B Vaccine Injection Admin/recvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4150F	Pt Recvng Antivir Txmnt Hepc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
41512	Tongue Base Suspension, Permanent Suture Technique	Investigational Denial	Always considered investigational; investigational services are denied member liability.
4151F	Pt Not Recvng Antiv Hep C	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
41530	Submucosal Ablation Of The Tongue Base, Radiofrequ	Investigational Denial	Always considered investigational; investigational services are denied member liability.
4153F	Combo Pegintf/rib Rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4155F	Hep A Vac Series Prev Recvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4157F	Hep B Vac Series Prev Recvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4158F	Pt Conslid About Risk Of Alcoho	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
41599	Tongue And Mouth Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4159F	Contrcp Talk B/4 Antiv Txmnt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4163F	Patient Counseling At A Minimum On All Of The Foll	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4164F	Adjuvant (ie, In Combination With External Beam Ra	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4165F	Three-dimensional Conformal Radiotherapy (3d-crt)	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4167F	Head Of Bed Elevation (30-45 Degrees) On First Ven	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4168F	Patient Receiving Care In The Intensive Care Unit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4169F	Patient Either Not Receiving Care In The Intensive	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4171F	Patient Receiving Erythropoiesis-stimulating Agent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4172F	Patient Not Receiving Erythropoiesis-stimulating A	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4174F	Counseling About The Potential Impact Of Glaucoma	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4175F	Best-corrected Visual Acuity Of 20/40 Or Better (d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
4176F	Counseling About Value Of Protection From Uv Light	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4177F	Counseling About The Benefits And/or Risks Of The	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4178F	Anti-d Immune Globulin Received Between 26 And 30	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4179F	Tamoxifen Or Aromatase Inhibitor (ai) Prescribed (Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4180F	Adjuvant Chemotherapy Prescribed Or Previously Rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4181F	Conformal Radiation Therapy Received (onc)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4182F	Conformal Radiation Therapy Not Received (onc)1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4185F	Continuous (12-months) Therapy With Proton Pump In	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4186F	No Continuous (12-months) Therapy With Either Prot	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4187F	Disease Modifying Anti-rheumatic Drug Therapy Pres	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4188F	Appropriate Angiotensin Converting Enzyme (ace)/an	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
41899	Dental Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4189F	Appropriate Digoxin Therapeutic Monitoring Test Or	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4190F	Appropriate Diuretic Therapeutic Monitoring Test O	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4191F	Appropriate Anticonvulsant Therapeutic Monitoring	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4192F	Pt Not Rcvng Glucoco Thxpy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4193F	Pt Rcvng<10mg Daily Predniso	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4194F	Pt Rcvng>10mg Daily Predniso	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4195F	Pt Rcvng Anti-rheum Thxpy Ra	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4196F	Ptnot Rcvng Anti-rhm Thxpyra	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4200F	External Beam Radiotherapy To Prostate W/wo (prca)	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4201F	External Beam Radiotherapy For Prostate Cancer To	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4210F	Angiotensin Converting Enzyme (ace) Or Angiotensin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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4220F	Digoxin Medication Therapy For 6 Months Or More (m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4221F	Diuretic Medication Therapy For 6 Months Or More (Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
42299	Palate/uvula Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4230F	Anticonvulsant Medication Therapy For 6 Months Or	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4240F	Instruction In Therapeutic Exercise With Follow-up	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4242F	Counseling For Supervised Exercise Program Provide	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4245F	Patient Counseled During The Initial Visit To Main	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4248F	Patient Counseled During The Initial Visit For An	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4250F	Active Warming Used Intraoperatively For The Purpo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4255F	Anesth >= 60 min as docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4256F	Anesth < 60 min as docd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4260F	Wound Srfc Culturetech Used	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4261F	Tech Other Than Surfcl Cultr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4265F	Wet-dry Dressings Rx-recmd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4266F	No Wet-dry Drssings Rx-recmd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4267F	Comprssion Thxpy Prescribed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4268F	Pt Ed Re Comp Thxpy Rcvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
42699	Salivary Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4269F	Appropos Mthd Offloading Rxd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4270F	Patient Receiving Anti R-viral Therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4271F	Patient Receiving Anti R-viral Therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4274F	Flu Immunization Administered Received	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4276F	Potent antivir thxpy rxd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4279F	Pcp Prophylaxis Rxd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4280F	Pcp Prophylax Rxd 3mon Low %	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4290F	Patient Screen For Injection Drug Use (hiv) 5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
4293F	Patient Screened High-risk Sexual Behavior	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
42999	Throat Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4300F	Patient Receiving Warfin Therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4301F	Patient Not Receiving Warfin Therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4305F	Pt Ed Re Ft Care Inspct Rcvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4306F	Pt Tlk Psych & Rx Opd Addic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4320F	Patient Talk Psychsoc And Treatment Oh Dpnd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
43210	Egd esophagogastrc fndoplsty	Investigational Denial	Always considered investigational; investigational services are denied member liability.
4322F	Crgvr prov w/ ed addl rsrcs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4324F	Patient queried Parkinson's Disease Complications	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
43257	Uppr Gi Scope W/thrml Txmnt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
4325F	Med and surgical treatment options reviewed w/ pt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4326F	Patient asked regarding symptoms auto dysfxn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
43284	Laps esophgl sphnctr agmntj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
43285	Rmvl esophgl sphnctr dev	Investigational Denial	Always considered investigational; investigational services are denied member liability.
43289	Laparoscope Proc, Esoph	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4328F	Patient asked regarding sleep disturbances	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4330F	Cnslng epi spec sfty issues	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4340F	Cnslng chldbrng+ women epi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
43499	Esophagus Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4350F	Cnslng provided symp mngmnt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
43631	Removal Of Stomach, Partial	Medical Necessity	Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
43632	Removal Of Stomach, Partial	Medical Necessity	Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
43633	Removal Of Stomach, Partial	Medical Necessity	Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
43634	Removal Of Stomach, Partial	Medical Necessity	Review for medical necessity, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
43645	Lap Gastr Bypass Incl Smll I	Investigative/Benefit	Check benefits for Investigational denial vs Non-covered denial.
43659	Laparoscope Proc, Stom	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
43842	V-band Gastroplasty	Medical Necessity/Benefit	Check benefits for Medical Necessity vs Non-covered denial.
43843	Gastroplasty W/o V-band	Investigative/Benefit	Check benefits for Investigational denial vs Non-covered denial.
43845	Gastroplasty Duodenal Switch	Investigative/Benefit	Check benefits for Investigational denial vs Non-covered denial.
43847	Gastric Bypass Incl Small I	Investigative/Benefit	Check benefits for Investigational denial vs Non-covered denial.
43999	Stomach Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4400F	Rehab therapy options with patient	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
44238	Laparoscope Proc, Intestine	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4450F	Self-care ed provided to pt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
44705	Prepare fecal microbiota	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
4470F	Icd counseling provided	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
44799	Unlisted Procedure Intestine	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4480F	Pt rcvng ace/arb b-blockertx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4481F	Pt rcvng ace/arb blker<3mons	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
44899	Bowel Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
44979	Laparoscope Proc, App	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4500F	Ref to outpt card rehab prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4510F	Prev cardrehab qualcardevent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

Effective Date: 10/1/2020
Generated Date: 9/23/2020

The presence of codes on this list does not necessarily indicate coverage under the member's benefit contract.

Page 43 of 126

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
4525F	Neuropsychia interven order	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4526F	Neuropsychia interven rcvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
45399	Unlisted procedure colon	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4540F	Disease modifying pharmacothpxy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4541F	Pt offered tx for pseudobulb	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
45499	Laparoscope Proc, Rectum	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
4550F	Noninvas resp support talk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4551F	Nutritional support offered	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4552F	Pt ref for speech lang path	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4553F	Pt asst in planning for end of liffe issues	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4554F	Pt receieved inhalation anesthetic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4555F	Pt received no inhalation anesthetic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4556F	Pt w/3 or more post op nausea and vomiting	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4557F	Pt w/o 3 or more post op nausea and vomiting	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4558F	Pt received 2 rx anti-emetic agents	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4559F	1 body temp >=35.5 cw/in 30 min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4560F	Anesth w/o gen/neuraxial anesth	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4561F	Pt w/ coronary artery stent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4562F	Pt w/o coronary artery stent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
4563F	Pt received aspirin within 24 hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
45999	Rectum Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
46707	Repair anorectal fist w/plug	Investigational Denial	Always considered investigational; investigational services are denied member liability.
46948	Int hrhc tranal dartlzz 2+	Investigational Denial	Always considered investigational; investigational services are denied member liability.

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Code	Description	Edit Type	Comment
46999	Anus Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
47379	Laparoscope Procedure, Liver	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
47399	Liver Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
47579	Laparoscope Proc, Biliary	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
47999	Bile Tract Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
48999	Pancreas Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
49329	Laparo Proc, Abdm/per/oment	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
49659	Laparo Proc, Hernia Repair	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
49999	Abdomen Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
5005F	Pt CounslD On Exam For Moles	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
5010F	Macul+fdngs To Dr Mng Dm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
5015F	Doc Fx & Test/txmnt For Op	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
5020F	Treatment Summary Report Communicated To Physician	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
5050F	Treatment Plan Communicated To Provider(s) Managin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
50549	Laparoscope Proc, Renal	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
5060F	Findings From Diagnostic Mammogram Communicated To	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
5062F	Documentation Of Direct Communication Of Diagnosti	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
50949	Laparoscope Proc, Ureter	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
5100F	Rsk Fx Ref W/n 24 Hrs X-ray	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
51999	Laparoscope Proc, Bladder	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
5200F	Eval appros surg thxpy epi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
5250F	Asthma discharge plan presnt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
53854	Trurl dstrj prst8 tiss rf wv	Investigational Denial	Always considered investigational; investigational services are denied member liability.
53899	Urology Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
54400	Insert Semi-rigid Prosthesis	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54401	Insert Self-contd Prosthesis	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54405	Insert Multi-comp Penis Pros	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54406	Remove Muti-comp Penis Pros	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54408	Repair Multi-comp Penis Pros	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54410	Remove/replace Penis Prosth	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54411	Remov/replc Penis Pros, Comp	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54415	Remove Self-contd Penis Pros	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54416	Remv/repl Penis Contain Pros	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54417	Remv/replc Penis Pros, Compl	Benefit	Possibly a benefit exclusion, documentation required. Submit operative report and medical and treatment history for the service and/or diagnosis
54699	Laparoscope Proc, Testis	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Code	Description	Edit Type	Comment
55559	Laparo Proc, Spermatic Cord	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
55899	Genital Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
58578	Laparo Proc, Uterus	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
58579	Hysteroscope Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
58674	Laps abltj uterine fibroids	Investigational Denial	Always considered investigational; investigational services are denied member liability.
58679	Laparo Proc, Oviduct-ovary	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
58999	Genital Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
59897	Fetal Invas Px W/us	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
59898	Laparo Proc, Ob Care/deliver	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
59899	Maternity Care Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
6005F	Care Level Rationale Doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6010F	Dysphag Test Done B/4 Eating	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6015F	Pt Recvng/ok For Eatng/swallowing	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6020F	Npo (nothing-mouth) Ordered	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6030F	All Elements Of Maximal Sterile Barrier Technique	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6040F	Use Of Appropriate Radiation Dose Reduction Device	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6045F	Radiation Exposure Or Exposure Time In Final Repor	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
60659	Laparo Proc, Endocrine	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
60699	Endocrine Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
6070F	Pt asked/cnsld aed effects	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6080F	Patient/Caregiver queried about falls	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6090F	Patient/Caregiver counseled about safety issues	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6100F	Verify pt site procedure documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6101F	Safety counseling dementia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6102F	Safety counseling dem order	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6110F	Counsel prov driving risks	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
6150F	Pt notrcvng1st antitnf txmnt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
62263	Epidural Lysis Mult Sessions	Investigational Denial	Always considered investigational; investigational services are denied member liability.
62264	Epidural Lysis On Single Day	Investigational Denial	Always considered investigational; investigational services are denied member liability.
62287	Percutaneous Diskectomy	HTCC Benefit Denial	Not a covered benefit per HTCC
62292	Injection Into Disk Lesion	HTCC Benefit Denial	Not a covered benefit per HTCC
64505	N Block, Sphenopalatine Gangl	Investigational Denial	Always considered investigational; investigational services are denied member liability.
64640	Injection Treatment Of Nerve	HTCC Benefit Denial	Not a covered benefit per HTCC
64999	Nervous System Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
66999	Eye Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
67299	Eye Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
67399	Eye Muscle Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Code	Description	Edit Type	Comment
67599	Orbit Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
67999	Revision Of Eyelid	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
68399	Eyelid Lining Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
68899	Tear Duct System Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
69090	Pierce Earlobes	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
69399	Outer Ear Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
69420	Incision Of Eardrum	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
69421	Incision Of Eardrum	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
69424	Remove Ventilating Tube	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
69433	Create Eardrum Opening	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
69436	Create Eardrum Opening	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
69799	Middle Ear Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
69949	Inner Ear Surgery Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
69979	Temporal Bone Surgery	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
7010F	Patient Information Entered Into A Recall System W	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
7020F	Breast Imaging-reporting And Data System (bi-rads-	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
7025F	Patient Information Entered Into A Reminder System	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
74263	Ct colonography, screen	HTCC Benefit Denial	Not a covered benefit per HTCC
75571	Ct hrt w/o dye w/ca test	HTCC Benefit Denial	Not a covered benefit per HTCC
76140	X-ray Consultation	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
76390	Mr Spectroscopy	Investigational Denial	Always considered investigational; investigational services are denied member liability.
76496	Fluoroscopic Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
76497	Ct Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
76498	Mri Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
76499	Radiographic Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
76801	Ob Us < 14 Wks, Single Fetus	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
76805	Ob Us >= 14 Wks, Sngl Fetus	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
76813	Ob Us Nuchal Meas, 1 Gest	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
76817	Transvaginal Us, Obstetric	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
76999	Echo Examination Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
77063	Breast tomosynthesis bi	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
77085	Dxa bone density study	HTCC Benefit Denial	Not a covered benefit per HTCC
77086	Fracture assessment via dxa	HTCC Benefit Denial	Not a covered benefit per HTCC
77299	Radiation Therapy Planning	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
77399	External Radiation Dosimetry	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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	Comment
77499	Radiation Therapy Management	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
77799	Radium/radioisotope Therapy	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78099	Endocrine Nuclear Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78199	Blood/lymph Nuclear Exam	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78299	Gi Nuclear Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78399	Musculoskeletal Nuclear Exam	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78499	Cardiovascular Nuclear Exam	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78599	Respiratory Nuclear Exam	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78699	Nervous System Nuclear Exam	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78799	Genitourinary Nuclear Exam	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
78999	Nuclear Diagnostic Exam	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
79999	Nuclear Medicine Therapy	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
80320	Drug screen quantalcohols	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80321	Alcohols biomarkers 1or 2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80322	Alcohols biomarkers 3/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
80323	Alkaloids nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80324	Drug screen amphetamines 1/2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80325	Amphetamines 3or 4	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80326	Amphetamines 5 or more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80327	Anabolic steroid 1 or 2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80328	Anabolic steroid 3 or more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80329	Analgesics non-opioid 1 or 2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80330	Analgesics non-opioid 3-5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80331	Analgesics non-opioid 6/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80332	Antidepressants class 1 or 2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80333	Antidepressants class 3-5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80334	Antidepressants class 6/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80335	Antidepressant tricyclic 1/2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80336	Antidepressant tricyclic 3-5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80337	Tricyclic & cyclicals 6/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80338	Antidepressant not specified	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80339	Antiepileptics nos 1-3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80340	Antiepileptics nos 4-6	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80341	Antiepileptics nos 7/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80342	Antipsychotics nos 1-3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80343	Antipsychotics nos 4-6	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80344	Antipsychotics nos 7/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80345	Drug screening barbiturates	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80346	Benzodiazepines 1-12	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80347	Benzodiazepines 13 or more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80348	Drug screening buprenorphine	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80349	Cannabinoids natural	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80350	Cannabinoids synthetic 1-3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80351	Cannabinoids synthetic 4-6	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
80352	Cannabinoid synthetic 7/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80353	Drug screening cocaine	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80354	Drug screening fentanyl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80355	Gabapentin non-blood	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80356	Heroin metabolite	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80357	Ketamine and norketamine	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80358	Drug screening methadone	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80359	Methylenedioxyamphetamines	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80360	Methylphenidate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80361	Opiates 1 or more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80362	Opioids & opiate analogs 1/2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80363	Opioids & opiate analogs 3/4	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80364	Opioid & opiate analog 5/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80365	Drug screening oxycodone	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80366	Drug screening pregabalin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80367	Drug screening propoxyphene	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80368	Sedative hypnotics	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80369	Skeletal muscle relaxant 1/2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80370	Skel musc relaxant 3 or more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80371	Stimulants synthetic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80372	Drug screening tapentadol	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80373	Drug screening tramadol	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80374	Stereoisomer analysis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80375	Drug/substance nos 1-3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80376	Drug/substance nos 4-6	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80377	Drug/substance nos 7/more	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80500	Lab Pathology Consultation	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
80502	Lab Pathology Consultation	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
81099	Urinalysis Test Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
81171	Aff2 gene detc abnor alleles	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81172	Aff2 gene charac alleles	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81226	Cyp2d6 gene com variants	HTCC Decision	Possible HTCC decision denial
81227	Cyp2c9 gene com variants	HTCC Benefit Denial	Not a covered benefit per HTCC
81230	CYP3A4 Gene common variants	HTCC Decision	Possible HTCC decision denial
81231	CYP3A5 Gene common variants	HTCC Decision	Possible HTCC decision denial
81232	DPYD Gene common variants	HTCC Decision	Possible HTCC decision denial
81291	Mthfr gene	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81313	Pca3/klk3 antigen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81324	Pmp22 gene dup/delet	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81325	Pmp22 gene full sequence	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81326	Pmp22 gene known fam variant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81328	SLCO1B1 Gene common variants	HTCC Decision	Possible HTCC decision denial
81332	Serpina1 gene	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81346	TYMS Gene common variants	HTCC Decision	Possible HTCC decision denial
81355	Vkorc1 gene	HTCC Benefit Denial	Not a covered benefit per HTCC
81422	Fetal chromoml microdeltj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81425	Genome sequence analysis	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81426	Genome sequence analysis	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81427	Genome re-evaluation	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81435	Hereditary colon cancer	Investigational Denial	Always considered investigational; investigational services are denied member liability.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
81436	Hereditary colon ca synd	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81440	Mitochondrial gene	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81448	Hrdtry perph neurphy panel	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81460	Whole mitochondrial genome	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81465	Whole mitochondrial genome	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81479	Unlisted molecular pathology	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
81490	Autoimmune rheumatoid arthr	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81493	Cor artery disease mrna	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81500	Onco (ovar) two proteins	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81503	Onco (ovar) five proteins	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81504	Oncology tissue of origin	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81525	Oncology colon mrna	HTCC Benefit Denial	Not a covered benefit per HTCC
81535	Oncology gynecologic	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81536	Oncology gynecologic	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81538	Oncology lung	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81539	Oncology prostate prob score	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81540	Oncology tum unknown origin	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81595	Cardiology hrt trnspl mrna	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81596	Nfct ds chrnc hcv 6 assays	Investigational Denial	Always considered investigational; investigational services are denied member liability.
81599	MAA	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
82075	Assay Of Breath Ethanol	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
82306	Assay Of Vitamin D	Medical Necessity	Review for medical necessity
82523	Collagen Crosslinks	Investigational Denial	Always considered investigational; investigational services are denied member liability.
82652	Assay Of Dihydroxyvitamin D	Medical Necessity	Review for medical necessity
83698	Lipoprotein-associated Phospholipase A2 (lp-pla2)	Investigational Denial	Always considered investigational; investigational services are denied member liability.
83951	Oncoprotein; Des-gamma-carboxy-prothrombin (dcp)	Investigational Denial	Always considered investigational; investigational services are denied member liability.
83987	Exhaled breath condensate	Investigational Denial	Always considered investigational; investigational services are denied member liability.
83992	Assay For Phencyclidine	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
84112	Placenta alpha micro ig c/v	Investigational Denial	Always considered investigational; investigational services are denied member liability.
84999	Clinical Chemistry Test (oncotype)	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
85999	Hematology Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
86001	Allergen Specific Igg	Investigational Denial	Always considered investigational; investigational services are denied member liability.
86152	Cell enumeration & id	Investigational Denial	Always considered investigational; investigational services are denied member liability.
86153	Cell enumeration phys interp	Investigational Denial	Always considered investigational; investigational services are denied member liability.
86343	Leukocyte Histamine Release	Investigational Denial	Always considered investigational; investigational services are denied member liability.
86408	Neutrizg antib SARSCOV2 SCR	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
86409	Neutriz antib SARSCOV2 titer	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
86849	Immunology Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
86999	Transfusion Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
87472	Bartonella, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87482	Candida, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87483	Cns dna amp probe type 12-25	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87487	Chylmd Pneum, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87510	Gardner Vag, Dna, Dir Probe	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87511	Gardner Vag, Dna, Amp Probe	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87512	Gardner Vag, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87525	Hepatitis G, Dna, Dir Probe	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87526	Hepatitis G, Dna, Amp Probe	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87527	Hepatitis G, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87530	Hsv, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87542	Legion Pneumo, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87552	Mycobacteria, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87557	M.tuberculo, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87562	M.avium-intra, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87582	M.pneumon, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87592	N.gonorrhoeae, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87652	Strep A, Dna, Quant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
87999	Microbiology Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
88099	Necropsy (autopsy) Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
88199	Cytopathology Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
88299	Cytogenetic Study	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
88399	Surgical Pathology Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
88749	In vivo lab service	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
89240	Pathology Lab Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
89398	Unlisted reprod med lab proc	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
9001F	Aortic aneurysm<5cm diam ct	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
9002F	Aortic aneurysm 5-5.4cm diam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
9003F	Aortic anrysm5.5-5.4cm diam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
9004F	Aortic anrysm 6/grtr cm diam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
9005F	Asympt carot/vrtbrbas sten	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
9006F	Sympt sten-tia/strk<120days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
9007F	Other carot sten120days/grtr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90393	Vaccina Ig, Im	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90399	Immune Globulin	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
90476	Adenovirus Vaccine, Type 4	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90477	Adenovirus Vaccine, Type 7	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90634	Hep A Vacc, Ped/adol, 3 Dose	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90654	Flu vaccine no preserv, id	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

Effective Date: 10/1/2020
Generated Date: 9/23/2020

The presence of codes on this list does not necessarily indicate coverage under the member's benefit contract.

Page 58 of 126

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
90655	Flu Vaccine No Preserv 6-35m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90657	Flu Vaccine, 6-35 Mo, Im	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90660	Flu Vaccine, Nasal	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90676	Rabies Vaccine, Id	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90749	Vaccine Toxoid	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
90863	Pharmacologic mgmt w/psytch	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90865	Narcosynthesis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
90867	Tcranial magn stim tx plan	HTCC Decision	Possible HTCC decision denial
90868	Tcranial magn stim tx deli	HTCC Decision	Possible HTCC decision denial
90882	Environmental Manipulation	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
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.
90899	Psychiatric Service/therapy	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
91112	Gi wireless capsule measure	Investigational Denial	Always considered investigational; investigational services are denied member liability.
91299	Gastroenterology Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
92132	Cmptr ophth dx img ant segmt	Investigational Denial	Always considered investigational; investigational services are denied member liability.
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.
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.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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

Code	Description	Edit Type	Comment
92499	Eye Service Or Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
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.
92560	Bekesy Audiometry, Screen	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
92561	Bekesy Audiometry, Diagnosis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
92562	Loudness Balance Test	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
92564	Sisi Hearing Test	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
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.
92700	Ent Procedure/service	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
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.
93264	Rem mntr wrls p-art prs snr	Investigational Denial	Always considered investigational; investigational services are denied member liability.
93278	Ecg/signal-averaged	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
93356	Myocrd strain img spckl trck	Investigational Denial	Always considered investigational; investigational services are denied member liability.
93701	Bioimpedance, Thoracic	Investigational Denial	Always considered investigational; investigational services are denied member liability.
93702	Bis xtracell fluid analysis	Investigational Denial	Always considered investigational; investigational services are denied member liability.
93740	Temperature Gradient Studies	Non-Reimbursable Services	CMS Status B, not reimbursed separately.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
93770	Measure Venous Pressure	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
93799	Cardiovascular Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
93895	Carotid intima atheroma eval	Investigational Denial	Always considered investigational; investigational services are denied member liability.
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.
94760	Measure Blood Oxygen Level	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
94761	Measure Blood Oxygen Level	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
94799	Pulmonary Service/procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
95060	Eye Allergy Tests	Investigational Denial	Always considered investigational; investigational services are denied member liability.
95065	Nose Allergy Test	Investigational Denial	Always considered investigational; investigational services are denied member liability.
95120	Immunotherapy, One Injection	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
95125	Immunotherapy, Many Antigens	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
95130	Immunotherapy, Insect Venom	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
95131	Immunotherapy, Insect Venoms	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
95132	Immunotherapy, Insect Venoms	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
95133	Immunotherapy, Insect Venoms	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
95134	Immunotherapy, Insect Venoms	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
95199	Allergy Immunology Services	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
95803	Actigraphy Testing, Recording, Analysis, Interpret	Investigational Denial	Always considered investigational; investigational services are denied member liability.
95905	Motor/sens nrve conduct test	Investigational Denial	Always considered investigational; investigational services are denied member liability.
95999	Neurological Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
96040	Genetic Counseling, 30 Min	Benefit	Possibly a benefit exclusion Review may be required.

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Complete List
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Code	Description	Edit Type	Comment
96379	Unlisted Therapeutic, Prophylactic, Or Diagnostic	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
96549	Chemotherapy, Unspecified	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
96902	Trichogram	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
96904	Whole Body Photography	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
96931	Rcm celulr subcelulr img skn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
96932	Rcm celulr subcelulr img skn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
96933	Rcm celulr subcelulr img skn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
96934	Rcm celulr subcelulr img skn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
96935	Rcm celulr subcelulr img skn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
96936	Rcm celulr subcelulr img skn	Investigational Denial	Always considered investigational; investigational services are denied member liability.
96999	Dermatological Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
97010	Hot Or Cold Packs Therapy	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
97039	Physical Therapy Treatment	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
97124	Massage Therapy	HTCC Decision	Possible HTCC decision denial
97139	Physical Medicine Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
97602	Wound(s) Care Non-selective	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
97610	Low frequency non-thermal us	Investigational Denial	Always considered investigational; investigational services are denied member liability.
97799	Physical Medicine Procedure	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
97810	Acupunct W/o Stimul 15 Min	HTCC Decision	Possible HTCC decision denial

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Complete List
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Code	Description	Edit Type	Comment
97811	Acupunct W/o Stimul Addl 15m	HTCC Decision	Possible HTCC decision denial
97813	Acupunct W/stimul 15 Min	HTCC Decision	Possible HTCC decision denial
97814	Acupunct W/stimul Addl 15m	HTCC Decision	Possible HTCC decision denial
98926	Osteopathic Manipulation	HTCC Decision	Possible HTCC decision denial
98927	Osteopathic Manipulation	HTCC Decision	Possible HTCC decision denial
98928	Osteopathic Manipulation	HTCC Decision	Possible HTCC decision denial
98929	Osteopathic Manipulation	HTCC Decision	Possible HTCC decision denial
98940	Chiropractic Manipulation	HTCC Decision	Possible HTCC decision denial
98941	Chiropractic Manipulation	HTCC Decision	Possible HTCC decision denial
98942	Chiropractic Manipulation	HTCC Decision	Possible HTCC decision denial
98943	Chiropractic Manipulation	HTCC Decision	Possible HTCC decision denial
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.
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. Will be denied provider write-off.
99027	Out-of-hosp On Call Service	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
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.
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.
99072	Addl supl matrl&staf tm phe	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
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.
99190	Special Pump Services	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99191	Special Pump Services	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99192	Special Pump Services	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99199	Special Service/proc/report	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
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. Will be denied provider write-off.
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. Will be denied provider write-off.
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. Will be denied provider write-off.
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.
99429	Unlisted Preventive Service	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
99453	Rem mntr physiol param setup	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99454	Rem mntr physiol param dev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99457	Rem physiol mntr 20 min mo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
99458	Rem physiol mntr ea addl 20	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99485	Suprv interfacility transport	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99486	Suprv interfac trnsport addl	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
99490	Chron care mgmt srvc 20 min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99491	Chrnrc care mgmt svc 30 min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99499	Unlisted E&m Service	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
99605	Medication Therapy Management Service(s) Provided	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99606	Medication Therapy Management Service(s) Provided	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
99607	Medication Therapy Management Service(s) Provided	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
A0140	Nonemerg Trnsprt & Air Travel	HTCC Benefit Denial	Not a covered benefit per HTCC
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.
A4335	Incontinence Supply; Miscellaneous	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A4421	Ostomy Supply; Miscellaneous	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A4467	Belt strap sleev grmnt cover	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
A4550	Surgical Trays	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
A4553	Nondisp underpads, all sizes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
A4555	Ca tx e-stim electr/transduc	HTCC Benefit Denial	Not a covered benefit per HTCC
A4575	Topical Hyprbr Oxygen Chamb Dispbl	HTCC Benefit Denial	Not a covered benefit per HTCC
A4595	Elec Stim Supplies 2 Lead Per Month	HTCC Benefit Denial	Not a covered benefit per HTCC
A4630	Repl Battry Trnsq Elec Stim Ownd Pt	HTCC Benefit Denial	Not a covered benefit per HTCC

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Code	Description	Edit Type	Comment
A4649	Surgical Supply; Miscellaneous	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A4913	Miscellaneous Dialysis Supplies Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A6261	Wound Filler Gel/paste-fl Ounce Nec	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A6262	Wound Filler Dry Form Per Gram Nec	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A6512	Compression Burn Garment Noc	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A6549	Gradient Compression Stocking Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A9286	Any hygienic item, device	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
A9900	Dme Sup/access/srv-compon/oth Hcpcs	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
A9901	Dme Del Set&/dspns Srvc Anoth Hcpcs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
B9999	Noc For Parenteral Supplies	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
C1748	Endoscope, single, ugi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
C1754	Catheter Intradiscal	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C1821	Interspinous Implant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C1824	Generator, ccm, implant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C1841	Retinal prosth int/ext comp	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C1842	Retinal prosth int/ext comp; add-on to C1841	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C1890	No device w/dev-intensive px	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
C2596	Probe, robotic, water-jet	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C2614	Probe Percut Lumbar Discectomy	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C2624	Wireless pressure sensor	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C8937	Cad breast mri	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
C9122	Mometasone furoate (sinuva)	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9399	Unclassified Drugs Or Biologicals	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
C9727	Insert Palate Implants	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9734	U/S treatment, not leiomyomata	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9745	Nasal endoscopy eustachian tube	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9749	Repair of nasal vestibular lateral wall stenosis w/implant	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9752	Intraosseous des lumb/sacrum	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9753	Intraosseous destruct addl	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9760	Non-blind interatrial shunt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
C9762	Cardiac MRI seg dys strain	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9763	Cardiac MRI seg dys stress	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9764	Revasc intravasc lithotripsy	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9765	Revasc intra lithotrip-stent	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9766	Revasc intra lithotrip-ather	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9767	Revasc lithotrip-stent-ather	Investigational Denial	Always considered investigational; investigational services are denied member liability.
C9899	Implanted Prosthetic Device, Payable Only For Inpa	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Code	Description	Edit Type	Comment
E0446	Topical Ox Deliver sys, nos	HTCC Benefit Denial	Not a covered benefit per HTCC
E0485	Orl Devc/appl Rduc Ua Collaps Prfab	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E0676	Inter Limb Compress Dev Nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
E0720	Tens Two Lead Localized Stimulation	HTCC Benefit Denial	Not a covered benefit per HTCC
E0730	Tens Devc 4/more Leads Mx Nerv Stim	HTCC Benefit Denial	Not a covered benefit per HTCC
E0731	Form Fit Conduct Garm Tens/nmes	HTCC Benefit Denial	Not a covered benefit per HTCC
E0740	Incont Tx Sys Pelv Flr Stim &/trner	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E0744	Neuromuscular Stimulator Scoliosis	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E0745	Neuromusc Stim Elec Shock Unit	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E0761	Non-thrml Puls Radiowave Elecmagnet	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E0762	Transcut Elec Joint Stim Devc Sys	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E0764	Func Neuromusc Stim Cmpt Sc Inj	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E0766	Elec stim cancer treatment	HTCC Benefit Denial	Not a covered benefit per HTCC
E0769	Estim/elecmagnet Wound Tx Devc Noc	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E0770	Functional Electrical Stimulator, Transcutaneous S	Investigational Denial	Always considered investigational; investigational services are denied member liability.
E1229	Wheelchair Pediatric Size Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
E1239	Power Wheelchair Pediatric Size Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
E1399	Dme Miscellaneous	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
E1699	Dialysis Equipment Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Code	Description	Edit Type	Comment
E2599	Access Speech Generating Device Noc	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
G0071	Comm svcs by rhc/fqhc 5 min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0076	Care manag h vst new pt 20 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0077	Care manag h vst new pt 30 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0078	Care manag h vst new pt 45 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0079	Care manag h vst new pt 60 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0080	Care manag h vst new pt 75 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0081	Care man h v ext pt 20 mi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0082	Care man h v ext pt 30 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0083	Care man h v ext pt 45 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0084	Care man h v ext pt 60 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0085	Care man h v ext pt 75 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0086	Care man home care plan 30 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0087	Care man home care plan 60 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0175	Sched Intradiscipln Team Conf Pt Prs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0177	Trn&ed Pts Disabl Mentl Hlth-sess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0179	Phys Re-cert Mcr-covr Hom Hlth Svc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0180	Phys Cert Mcr-covr Hom Hlth Svc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0181	Phys Supv Pt Recv Mcr-covr Hom Hlth	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0182	Phys Supv Pt Und Mcr-apprvd Hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0235	Pet Imaging Any Site Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
G0255	Cpt/snct Per Limb Any Nerve	Investigational Denial	Always considered investigational; investigational services are denied member liability.
G0269	Plcmt Occl Devc Post Surg/intrvnl	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
G0276	Pild/placebo control clinical trial	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0281	E-stim 1/> Chrn Stage Iii&iv Ulcrs	Investigational Denial	Always considered investigational; investigational services are denied member liability.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G0282	E-stim 1/> Areas Wnd Care Not G0281	Investigational Denial	Always considered investigational; investigational services are denied member liability.
G0289	Scpe Knee Remv Fb Tm Surg Diff Comp	HTCC Decision	Possible HTCC decision denial
G0293	Noncovr Surg Sedat Anes-mcr Qual	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0294	Noncovr Proc No Anes/loc-mcr Qual	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0295	Elec magnet Tx 1/>area Not G0329/oth	Investigational Denial	Always considered investigational; investigational services are denied member liability.
G0329	Em Tx Ulcers Not Healing 30 Da Care	Investigational Denial	Always considered investigational; investigational services are denied member liability.
G0455	Fecal microbiota prep instil	HTCC Decision	Possible HTCC decision denial Review may be required. Submit appropriate documentation
G0460	Autologous PRP for ulcers	HTCC Benefit Denial	Not a covered benefit per HTCC
G0463	Hospital outpt clinic visit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0471	Venous blood collection SNF/HHA	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0482	Drug test definitive	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
G0483	Drug test definitive	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
G0500	Mod sedat endo service >5yrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0501	Resource-inten svc during ov	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
G0506	Comp asses care plan ccm svc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0913	Improve visual funct	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0914	Survey not complete	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0915	No improve visual funct	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0916	Satisfy with care	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0917	Satisfy survey not complete	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G0918	No satisfy with care	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1001	Cdsm evicore	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1002	Cdsm medcurrent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1003	Cdsm medicalis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1004	Cdsm ndsc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1005	Cdsm nia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G1006	Cdsm test approp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1007	Cdsm aim	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1008	Cdsm cranberry pk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1009	Cdsm sage health	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1010	Cdsm stanson	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1011	Cdsm qualified nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1012	Cdsm agilemd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1013	Cdsm evidencicare	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1014	Cdsm inveniq	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1015	Cdsm reliant	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1016	Cdsm speed of care	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1017	Cdsm healthhelp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1018	Cdsm infinx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1019	Cdsm logicnets	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1020	Cdsm curbside	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1021	Cdsm ehealthline	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1022	Cdsm intermountain	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G1023	Cdsm persivia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2001	Post D/C home visit new pt 20 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2002	Post D/C home visit new pt 30 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2003	Post D/C home visit new pt 45 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2004	Post D/C home visit new pt 60 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2005	Post D/C home visit new pt 75 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2006	Post D/C home visit existing pt 20 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2007	Post D/C home visit existing pt 30 mintues	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2008	Post D/C home visit existing pt 45 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2009	Post D/C home visit existing pt 60 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2013	Post D/C home vist existing pt 75 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2014	Post D/C care plan oversight 30 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G2015	Post D/C care plan oversight 60 minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2021	Hea care pract tx in place	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2022	Benef refuses service, mod	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2058	Ccm add 20min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2061	Qual nonmd est pt 5-10m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2062	Qual nonmd est pt 11-20m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2063	Qual nonmd est pt 21>min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2064	Md mang high risk dx 30	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2065	Clin mang h risk dx 30	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2067	Med assist tx meth wk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2068	Med assist tx bupre oral	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2069	Med assist tx inject	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2070	Med assist tx implant	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2071	Med tx remove implant	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2072	Med tx insert/remove imp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2073	Med tx naltrexone	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2074	Med assist tx no drug	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2075	Med tx meds nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2076	Intake act w/med exam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2077	Periodic assessment	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2078	Take-home meth	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2079	Take-hom buprenorphine	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2080	Add 30 mins counsel	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2081	Pt 66+ snp or ltc pos > 90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2082	Visit esketamine 56m or less	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2083	Visit esketamine, > 56m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2086	Off base opioid tx 70min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2087	Off base opioid tx, 60 m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2088	Off base opioid tx, add30	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G2089	A1c level 7 to 9%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2090	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2091	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2092	Ace arb arni	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2093	Med doc rsn no ace arn arni	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2094	Pt rsn no ace arn arni	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2095	Sys rsn no ace arn arni	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2096	No rsn ace arb arni	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2097	Child dx uri 3d of other dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2098	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2099	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2100	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2101	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2102	Dil retinal eye exam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2103	7 stereo photos interpret	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2104	Eye img valid w/7 stereo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2105	Pt 66+ It ints > 90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2106	Pt 66+ It ints > 90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2107	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2108	Pt 66+ It ints > 90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2109	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2110	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2112	Pred<=5 mg ra glu <6m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2113	Pred>5 mg >6m, no chg da	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2114	Pt 66-80 frailty and med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2115	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2116	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2117	Pt 66-80 frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2118	Pt 81+ frailty	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G2119	Calc vitd opt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2120	No calc vitd opt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2121	Psy dep anx ap and icd asse	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2122	Psy/dep/anx/apandicd noasse	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2123	Pt 66-80 frailty med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2124	Pt 66-80 frailty adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2125	Pt 81+ frailty	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2126	Pt 66+ frailty adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2127	Pt 66+ frailty med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2128	No aspirin med rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2129	No bp outpt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2130	Pt 66+ lt inst > 90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2131	Pt 81+ frailty	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2132	Pt 66-80 frailty and med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2133	Pt 66-80 frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2134	Pt 66+ frailty and med dem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2135	Pt 66+ frailty and adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2136	Bk pain vas 6-20wk = 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2137	Bk pain vas 6-20wk > 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2138	Bk pain vas 9-15mo = 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2139	Bk pain vas 9-20mo > 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2140	Leg pain vas 6-20wk = 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2141	Leg pain vas 6-20wk > 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2142	Fs odi 9-15mo postop<= 22	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2143	Fs odi 9-15mo > 22	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2144	Fs odi 6-20wk postop > 22	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2145	Fsodi 6-20wk >22 or chg 30pt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2146	Leg pain vas 9-15mo <= 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2147	Leg pain vas 9-15mo > 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G2148	Mpm used	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2149	No mpm med rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2150	No mpm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2151	Dx degen neuro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2152	Res change sc =0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2153	Hosp dur meas pd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2154	Td 9 yrs start end meas	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2155	Hist contraindications	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2156	No prior td or hx contra	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2157	Pneum vacc 12 mo 60+	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2158	Pneum vacc adv rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2159	No pneum vacc 12 mo 60+	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2160	Herpzos 50+	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2161	Adv rx zos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2162	No herpzos 50+	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2163	Infl vacc 07/01 to 06/30	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2164	Adv rx infl vacc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2165	No infl vacc 07/01 to 06/30	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2166	No pt adm dx no neck fs prom	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2167	Res change sc < 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2168	Svs by pt in home health	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G2169	Svs by ot in home health	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8395	Left Ventricular Ejection Fraction (Ivof) >= 40% O	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8396	Left Ventricular Ejection Fraction (Ivof) Not Perf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8397	Dilated Macular Or Fundus Exam Performed, Includin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8398	Dilated Macular Or Fundus Exam Not Performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8399	Patient With Central Dual-energy X-ray Absorptiome	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8400	Patient With Central Dual-energy X-ray Absorptiome	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
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Code	Description	Edit Type	Comment
G8404	Lower Extremity Neurological Exam Performed And Do	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8405	Lower Extremity Neurological Exam Not Performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8410	Footwear Evaluation Performed And Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8415	Footwear Evaluation Was Not Performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8416	Clinician Documented That Patient Was Not An Eligi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8417	Bmi >= 30 Was Calculated And A Follow-up Plan Was	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8418	Bmi < 22 Was Calculated And A Follow-up Plan Was D	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8419	Bmi >= 30 Or < 22 Was Calculated, But No Follow-up	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8420	Bmi < 30 And >= 22 Was Calculated And Documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8421	Bmi Not Calculated	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8422	Patient Not Eligible For Bmi Calculation	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8427	Written Provider Documentation Was Obtained Confir	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8428	Current Medications With Dosages (includes Prescri	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8430	Documentation That Patient Is Not Eligible For Med	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8431	Documentation Of Clinical Depression Screening Usi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8432	No Documentation Of Clinical Depression Screening	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8433	Patient Not Eligible/not Appropriate For Clinical	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8442	Documentation That Patient Is Not Eligible For Pai	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8450	Beta-blocker Therapy Prescribed For Patients With	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8451	Clinician Documented Patient With Left Ventricular	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8452	Beta-blocker Therapy Not Prescribed For Patients W	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8465	High Risk Of Recurrence Of Prostate Cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8473	Angiotensin Converting Enzyme (ace) Inhibitor Or A	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8474	Angiotensin Converting Enzyme (ace) Inhibitor Or A	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8475	Angiotensin Converting Enzyme (ace) Inhibitor Or A	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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

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Code	Description	Edit Type	Comment
G8476	Most Recent Blood Pressure Has A Systolic Measurem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8477	Most Recent Blood Pressure Has A Systolic Measurem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8478	Blood Pressure Measurement Not Performed Or Docume	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8482	Influenza Immunization Was Ordered Or Administered	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8483	Influenza Immunization Was Not Ordered Or Administ	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8484	Influenza Immunization Was Not Ordered Or Administ	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8506	Patient Receiving Angiotensin Converting Enzyme (a	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8509	Documentation Of Pain Assessment (including Locati	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8510	Negative Screen For Clinical Depression Using A St	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8511	Screen For Clinical Depression Using A Standardize	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8535	No Documentation Of An Elder Maltreatment Screen,	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8536	No Documentation Of An Elder Maltreatment Screen,	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8539	Documentation Of A Current Functional Outcome Asse	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8540	Documentation That The Patient Is Not Eligible For	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8541	No Documentation Of A Current Functional Outcome A	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8542	Documentation Of A Current Functional Outcome Asse	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8543	Documentation Of A Current Functional Outcome Asse	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8559	Pt ref doc oto eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8560	Pt hx act drain prev 90 days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8561	Pt inelig for ref oto eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8562	Pt no hx act drain 90 d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8563	Pt no ref oto reas no spec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8564	Pt ref oto eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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

Code	Description	Edit Type	Comment
G8565	Ver doc hear loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8566	Pt inelig ref oto eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8567	Pt no doc hear loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8568	Pt no ref otolo no spec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8569	Prol intubation req	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8570	No prol intub req	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8571	Ster wd ifx 30 d postop	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8572	No ster wd ifx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8573	Stk/CVA CABG	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8574	No strk/CVA CABG	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8575	Postop ren insuf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8576	No postop ren insuf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8577	Reop req bld grft oth	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8578	No reop req bld grft oth	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8598	Asp therp used	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8599	No asp therp used	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8600	tPA initi w/in 3 hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8601	No elig tPA init w/in 3 hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8602	No tPA init w/in 3 hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8627	Surg proc w/in 30 days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8628	No surg proc w/in 30 days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8633	Pharm ther osteo rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8635	No pharm ther osteo rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8647	Fun stat score knee >= 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8648	Fun stat score knee < 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8650	Fun stat score knee not done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8651	Fun stat score hip >= 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8652	Fun stat score hip < 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8654	Fun stat score hip not done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G8655	Fun stat score LE >= 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8656	Fun stat score LE < 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8658	Fun stat score LE not done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8659	Fun stat score LS >= 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8660	Fun stat score LS < 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8661	Fun stat score LS pt no elg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8662	Fun stat score LS not done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8663	Fun stat score shdl >=0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8664	Fun stat score shdl < 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8666	Fun stat score shdl not done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8667	Fun stat score UE >=0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8668	Fun stat score UE < 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8670	Fun stat score UE not done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8671	Fun stat score neck/TS >=0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8672	Fun stat score neck/TS < 0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8674	Fun stat scor nek/TS not don	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8694	Lvef <40%	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8708	Antibiotic not pres	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8709	Med reas antibiotic pres	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8710	Pt pres antibiotic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8711	Pres antibiotic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8712	Not pres antibiotic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8721	Pt, pn, hist grade doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8722	Med reas pt, pn, not doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8723	Spec sit not prim tumor	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8724	Pt, pn, hist grade not doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8730	Pain doc pos and plan	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8731	Pain neg no plan	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8732	No doc of pain	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G8733	Doc pos elder mal scrn plan	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8734	Doc neg elder mal no plan	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8735	Eld mal scrn pos no plan	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8749	Signs of melanoma absent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8752	Sys bp less 140	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8753	Sys bp > or = 140	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8754	Dias bp less 90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8755	Dias bp > or = 90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8756	No bp measure doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8783	Bp scrn perf rec interval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8785	Bp scrn no perf at interval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8797	Specimen site not esophagus	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8798	Specimen site not prostate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8806	Transab or transvag us	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8807	Doc reas no us	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8808	No transab or transvag us	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8809	Rh-immunoglobulin order	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8810	Doc reas no rh-immuno	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8811	No rh-immunoglobulin order	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8815	Doc reas no statin therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8816	Statin med pres at disch	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8817	Doc reas no statin med disch	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8818	Pt disch to home by day#7	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8825	Pt not disch to home day#7	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8826	Pt disch home day #2 evar	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8833	Pt not disch home day#2 evar	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8834	Pt disch home day #2 cea	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8838	Not disch home by day #2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8839	Sleep apnea assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G8840	Doc reas no sleep apnea	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8841	No sleep apnea assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8842	Ahi or rdi initial dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8843	Doc reas no ahi or rdi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8844	No ahi or rdi initial dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8845	Pos airway press prescribed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8846	Mod or severe osa	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8849	Doc reas no pos air press	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8850	No pap prescribed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8851	Adhere pos air press therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8852	Pos air press prescribe	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8854	Reas no adhere pos air pres	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8855	Pos air press adhere no perf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8856	Ref for oto eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8857	No elig ref for oto eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8858	Not ref for oto eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8863	No assess bone loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8864	Pneumococcal vaccine admin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8865	Doc med reas no pneumococcal	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8866	Doc pt reas no pneumococcal	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8867	No pneumococcal admin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8869	Doc immun hep b 1st antitnf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8872	Intraop image confirm excise	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8873	Specimen not intraop image	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8874	Tissue not image intraop	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8875	Breast cancer dx min invsive	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8876	Doc reas no min inv dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8877	No brst cncr dx min invasive	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8878	Sent lymph node biopsy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G8880	Doc reas no lymph node biop	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8881	Brst cncr stage > t1n0m0	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8882	No sent lymph node biopsy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8883	Rev, comm, track, doc biopsy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8884	Doc reas biopsy not review	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8885	No rev, comm, track biopsy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8907	Pt doc no events on discharge	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8908	Pt doc with burn prior to discharge	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8909	Pt doc with no burn prior to discharge	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8910	Pt doc to have fall in ASC	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8911	Pt doc no fall in ASC	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8912	Pt doc with wrong event	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8913	Pt doc with no wrong event	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8914	Pt trans to hospital post discharge from ASC	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8915	Pt not trans to hospital at discharge from ASC	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8916	Pt with IV AB given on time	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8917	Pt with IV AB not given on time	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8918	Pt w/o preop order IV AB prop	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8923	LVEF < 40% or lvsd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8924	Spiro EV1/FVC <60% COPD sym	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8925	Spiro >=60% or pt no COPD sym	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8926	Spiro no perf or doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8934	LVEF <40% or dep lv sys fcn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8935	Rx ACE or ARB therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8936	Pt not eligible ACE/ARB	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8937	No rx ACE/ARB therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8938	BMI calc, pt no f/u plan elg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8939	Pain assess doc, f/u no doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8941	No doc elder scrn, pt no el	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G8942	Doc fcn/care plan w/30 days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8944	AJCC Mel cnr stg 0 - IIC	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8946	MIBM but no dx of breast CA	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8950	Pre-htn or htn doc, f/u indc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8952	Pre-htn/htn, no f/u, not gvn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8955	Most recent assess vol mgmt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8956	Pt rcv HeDia outpt dyls fac	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8958	Assess vol mgmt not doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8959	Clin tx MDD comm to tx clin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8960	Clin tx MDD not comm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8961	CSIT lowrisk surg pts preop	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8962	CSIT on pt any reas 30 days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8963	CSI per asx pt w/PCI 2 yrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8964	CSI any other than PCI 2 yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8965	CSIT perf on low CHD rsk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8966	CSIT perf sx or high CHD rsk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8967	Wrfm or oral anticoag pres	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8968	Md rsn no pres Wrfm or othr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8969	Pt rsn no pres Wrfm or othr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8970	No rsk fac or 1 mod risk TE	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8973	Mst rcnt Hbb < 10g/dL	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8974	Hgb not doc rns not gvn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8975	Hgb <10g/dL, med rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G8976	Hgb >= 10 g/dL	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9001	Coordinated Care Fee Initial Rate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9002	Coordinated Care Fee Maint Rate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9003	Coord Care Fee Risk Adjustd Hi Init	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9004	Coord Care Fee Risk Adjustd Lw Init	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9005	Coord Care Fee Risk Adjusted Maint	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G9006	Coord Care Fee Home Monitoring	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9007	Coord Care Fee Schedule Team Conf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9008	Coord Care Fee Phys Ovrsght Srvc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9009	Coord Care Fee Risk Adj Maint Lvl 3	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9010	Coord Care Fee Risk Adj Maint Lvl 4	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9011	Coord Care Fee Risk Adj Maint Lvl 5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9012	Coord Care Fee Risk Adj Maint Oth	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9013	Esrd Demo Basic Bundle Level I	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9014	Esrd Demo Expnd Bundle W/venus Acss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9016	Smok Cessatn Cnsl Ind Absnc/add E&m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9050	Onc; Prim Focus; Wrkup Eval/stag	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9051	Onc; Prim Focus; Tx Decision Optns	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9052	Onc; Prim; Surveillance Recur;	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9053	Onc; Prim; Expect Mgmt Evidence Ca;	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9054	Onc;prim;sup Pt Term Ca;palliatv Tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9055	Onc;prim;oth Uns Not Otherwise List	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9056	Onc;prac Guide;mgmt Adhers To Guide	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9057	Onc; Prac; Mgmt Differ Clin Trial	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9058	Onc; Mgmt Difr Phys Disagree Guide	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9059	Onc;prac;mgmt Differs Pt Opt Alt Tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9060	Onc; Prac; Mgmt Differ Comorbid Ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9061	Onc; Pts Cond Not Addressed Guide	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9062	Onc; Prac; Mgmt Differs Oth Reason	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9063	Onc; Status; Nslc; St I No Progrsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9064	Onc; Status; Nslc;st li No Progrsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9065	Onc;nsclc; St lii A No Progressn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9066	Onc; Status; Nslc; St lii B-4 Met	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9067	Onc; Status; Nslc; Extent Dz Unkn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9068	Onc; Status; Sc&comb;ltid No Progrsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G9069	Onc; Status; Sclc Sc&comb; Ext Met	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9070	Onc;status;sclc Sc&comb;extent Unkn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9071	Onc; Brst; Aca;st I/ii;pos; No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9072	Onc; Brst; Aca; St I/ii;neg;no Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9073	Onc; Brst; Aca; St Iii; Pos;no Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9074	Onc; Brst; Aca; St Iii; Neg;no Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9075	Onc; Status; F Brst Ca; Aca; M1 Met	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9077	Onc;pros Ca;t1-t2c& Psa</=20no Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9078	Onc; Pros Ca; T2 Psa >20 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9079	Onc;pros Ca; T3b-t4 N; T N1 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9080	Onc; Pros Ca; Tx Rising Psa	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9083	Onc; Pros Ca Aca; Extent Unkn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9084	Onc; Colon Ca; T1-3 N0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9085	Onc; Colon Ca; T4 N0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9086	Onc; Colon Ca; T1-4 N1-2 M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9087	Onc; Colon Ca; M1 Met W/curr Dz	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9088	Onc; Colon Ca; M1 Met No Curr Dz	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9089	Onc; Status; Colon Ca; Extent Unk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9090	Onc; Rectal Ca; T1-2 N0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9091	Onc; Rectal Ca; T3 N0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9092	Onc; Rectal Ca;t1-3 N1-2 M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9093	Onc; Rectal Ca; T4 Any N M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9094	Onc; Status; Rectal Ca; M1 Met	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9095	Onc; Status; Rectal Ca; Extent Unk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9096	Onc;esoph Ca;t1-t3 N0-n1/nx No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9097	Onc; Esoph Ca; T4 Any N M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9098	Onc; Status; Esoph Ca ; M1 Metastat	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9099	Onc; Status; Esoph Ca; Extent Unk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9100	Onc; Gastr Ca; R0 Resect No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9101	Onc; Gastr Ca; R1/r2 Resect No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9102	Onc; Gastr Ca; M0 Unresect No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9103	Onc; Status; Gastr Ca; Clin M1 Met	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9104	Onc; Status; Gastr Ca ; Extent Unk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9105	Onc; Pan Ca; R0 Resect No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9106	Onc; Pan Ca; R1/r2 Resect No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9107	Onc; Pan Ca; Unresectbl M1 Met	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9108	Onc; Status; Pan Ca; Extent Dz Unk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9109	Onc; H&n Ca; T1-t2&n0 M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9110	Onc;h&n Ca; T3-4&n1-3 M0 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9111	Onc; Status; H&n Ca; M1 Met Loc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9112	Onc; Status; H&n Ca; Extent Unkn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9113	Onc; Ov Ca; St Ia-b Gr 1 No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9114	Onc; Ov Ca; St Ia-b; Ic; Ii;no Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9115	Onc; Ov Ca; St Iii-iv; No Prog	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9116	Onc; Ov Ca; Progrssn&/platinm Resist	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9117	Onc; Status; Ov Ca; Extent Unkn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9123	Onc; Nhl Transto Dlbcl; Relapsed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9124	Onc; Nhl; Relapsed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9125	Onc;nhl; Stage Not Detrm Poss Relap	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9126	Onc; Status; Ov Ca; Stage Ia/Ib	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9128	Onc; Status; Mm; Stage Ii /higher	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9129	Onc; Cml; Extnt Unk Tx Opt Considrd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9130	Onc; Status; Mx Myeloma; Extent Unk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9131	Onc Dx Brst Unknown Nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9132	Onc Dx Prostate Mets No Cast	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9133	Onc Dx Prostate Clinical Mets	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9134	Onc Nhlstg 1-2 No Relap No	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9135	Onc Dx NI Stg 3-4 Not Relap	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9136	Onc Dx Nhl Trans To Ig Bcell	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9137	Onc Dx Nhl Relapse/refractor	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9138	Onc Dx Nhl Stg Unknown	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9139	Onc Dx Coml. Dx Status Unknown	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9140	Frontier Extended Stay Clin Demo;	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9143	Warfarin respon genetic test	Investigational Denial	Always considered investigational; investigational services are denied member liability.
G9148	Medical Home Level I	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9149	Medical Home Level II	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9150	Medical Home Level III	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9151	MAPCP demo state	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9152	MAPCP demo community	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9153	MAPCP demo physician	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9187	BPCI home visit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9188	Beta not given no reason	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9189	Beta pres or already taking	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9190	Medical reason for no beta	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9191	Pt reason for no beta	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9192	System reason for no beta	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9196	Med reason for no ceph	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9197	Order for ceph	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9198	No order for ceph no reason	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9212	Doc of dsm-iv init eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9213	No doc of dsm-iv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9223	Pjp proph ordered cd4 low	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9225	Norsn no foot exam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9226	3 comp foot exam completed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9227	Docrsn no care plan	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9228	Gc chl syp documented	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9229	Ptrsn no gc chl syp test	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9230	Norsn for gc chl syp test	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9231	Doc esrd dia trans preg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9232	Docrsn no comm comorb	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9239	Docrsn for catheter	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9240	Doc pt w cath maint dia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9241	Doc pt w out cath maint dia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9242	Doc viral load >=200	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9243	Doc viral load <200	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9246	No med visit in 24mo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9247	1 med visit in 24mo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9250	Doc of pain comfort 48hr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9251	Doc no pain comfort 48hr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9254	Doc pt dischg >2d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9255	Doc pt dischg <=2d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9256	Doc death after cas	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9257	Doc stroke after cas	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9258	Doc stroke after cea	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9259	Doc surv no stroke after cas	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9260	Doc death after cea	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9261	Doc surv no stroke after cea	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9262	Doc death in hosp aaa repair	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9263	Doc surv in hosp aaa repair	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9264	Docrsn for cath maint dia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9265	Doc cath >90d for maint dia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9266	Norsn pt cath >=90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9267	Doc comp or mort w in 30d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9268	Doc comp or mort w in 90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9269	Doc no comp or mort w in 30d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9270	Doc no comp or mort w in 90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9273	Sys<140 and dia<90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9274	Bp out of nrml limits	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9275	Doc of non tobacco user	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9276	Doc of tobacco user	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9277	Doc daily aspirin or contra	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9278	Doc no daily aspirin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9279	Pne scrn done doc vac done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9280	Pne not given norsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9281	Pne scrn done doc not ind	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9282	Doc medrsn no histo type	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9283	Hist type doc on report	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9284	No hist type doc on report	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9285	Site not small cell lung ca	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9286	Doc antibio order w in 7d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9287	No doc antibio order w in 7d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9288	Doc medrsn no hist type rpt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9289	Doc type nsm lung ca	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9290	No doc type nsm lung ca	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9291	Not nsm lung ca	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9292	Medrsn no pt category	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9293	No pt category on report	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9294	Pt cat and thck on report	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9295	Non cutaneous loc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9296	Doc share dec prior proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9297	No doc share dec prior proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9298	Eval risk vte card 30d prior	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9299	No eval riskk vte card prior	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9300	Doc medrsn no compl antibio	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9301	Doc compl inf antibio	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9302	Norsn incomp inf antibio	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9303	Norsn no pros info op rpt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9304	Pros info op rpt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9305	No interv req for leak	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9306	Interv req for leak	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9307	No ret for surg w in 30d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9308	Unplnd ret to surg w in 30d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9309	No unplnd hosp readm in 30d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9310	Unplnd hosp readm in 30d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9311	No surg site infection	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9312	Surgical site infection	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9313	Docrsn not first line amox	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9314	Norsn not first line amox	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9315	Doc first line amox	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9316	Doc comm risk calc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9317	No doc comm risk calc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9318	Image std nomenclature	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9319	Image not std nomenclature	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9321	Doc count of ct in 12mo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9322	No doc count of ct in 12mo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9326	Norsn no ct rpt to reg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9327	Ct rpt to reg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9329	Norsn no dicom format doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9340	Dicom format doc on rpt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9341	Srch for ct w in 12 mos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9342	No srch for ct in 12mo norsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9344	Sysrsn no dicom srch	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9345	Follow up pulm nod	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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	Comment
G9347	No follow up pulm nod norsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9348	Docrsn no sinus ct dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9349	Doc sinus ct 28d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9350	No doc sinus ct 28d or dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9351	Doc >1 sinus ct w 90d dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9352	Not >1 sinus ct w 90d dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9353	Medrsn >1 sinus ct w 90d dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9354	Norsn >1 sinus ct w 90d dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9355	No early ind/delivery	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9356	Early ind/delivery	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9357	Pp eval/edu perf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9358	Pp eval/edu not perf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9359	Doc of neg or man pos tb scn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9360	No doc of neg or man pos tb	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9361	Medical indication for induction	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9364	Sinus caus bac inx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9365	1high risk med ord	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9366	1high risk no ord	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9367	2high risk med ord	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9368	2high risk no ord	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9380	Off assis eol iss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9382	No off assis eol	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9383	Recd scrn hcv infec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9384	Doc med reas no offer eol	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9385	Doc pt reas not rec hcv srn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9386	Scrn hcv infec not recd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9389	Unpln rup post cap	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9390	No unpln rup post cap	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9393	Ini phq9 >9 remiss <5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
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In addition, some cosmetic codes may be denied as cosmetic (member liability) or not medically necessary (provider liability).

Code	Description	Edit Type	Comment
G9394	Dx bipolar, death, nhres, hosp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9395	Ini phq9 >9 no remiss >=5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9396	Ini phq9 >9 not assess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9399	Doc disc tx choices	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9400	Doc reas no disc tx opt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9401	No disc tx choices	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9402	Recd f/u w/in 30d disch	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9403	Doc reas no 30 day f/u	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9404	No 30 day f/u	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9405	Recd f/u w/in 7d disch	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9406	Doc reas no 7d f/u	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9407	No 7d f/u	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9408	Card tamp w/in 30d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9409	No card tamp e/in 30d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9410	Admit w/in 180d req remov	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9411	No admit w/in 180d req remov	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9412	Admit w/in 180d req surg rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9413	No admit req surg rev	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9414	1dose menig vac btwn 11 & 13	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9415	No 1dose meni vac btwn 11&13	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9416	Tdap or td or 1tet/diph	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9417	No tdap or td or 1tet/diph	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9418	Lungcx bx rpt docs class	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9419	Med reas no rpt histo type	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9420	Spec site no lung	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9421	Lung cx bx rpt no doc class	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9422	Rpt doc class histo type	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9423	Med reas rpt no histo type	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9424	Site no lung or lung cx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G9425	Spec rpt no doc class histo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9426	Impr med time edarr pain med	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9427	No impro med time pain med	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9428	Rpt pt cat and pt1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9429	Doc med reas no pt cat	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9430	Spec site no cutaneous	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9431	No pt cat and pt1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9432	Asth controlled	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9434	Asth not controlled	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9448	Born 1945-1965	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9449	Hx bld transf b/f 1992	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9450	Hx injec drug use	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9451	1x scrn hcv infect	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9452	Doc med reas no scrn hcv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9453	Pt reas no hcv infect	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9454	No hcv infect scrn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9455	Abd imag w/us, ct or mri	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9456	Doc med pt reas no hcc scrn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9457	No abd imag w/o reason	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9458	Tob user recd cess interv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9459	Tob non-user	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9460	No tob assess or cess inter	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9468	No recd cortico>=10mg/d >60d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9469	Rec cortico>60d or 1rx 600mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9470	No rec cortico>60d 1rx 600mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9471	W/in 2yr dxa not order	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9474	Diet counsel at hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9475	Other counselor at hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9476	Volun service at hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9477	Care coord at hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9478	Othe therapist at hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9479	Pharmacist at hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9480	Admission to mccm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9481	Remote E/M new pt 10 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9482	Remote E/M new pt 20 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9483	Remote E/M new pt 30 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9484	Remote E/M new pt 45 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9485	Remote E/M new pt 60 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9486	Remote E/M est. pt 10 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9487	Remote E/M est. pt 15 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9488	Remote E/M est. pt 25 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9489	Remote E/M est. pt 40 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9490	Joint replac mod home visit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9497	Preop anes or proxy b/4 surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9498	Abx reg prescribed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9500	Rad exp time w/fluor doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9501	Rad exp time w/o fluor doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9502	Med reas no perf foot exam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9503	Pt tk tams hcl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9504	Doc reas no hbv status	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9505	Abx pres w/in 10 dys of symp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9506	Bio imm resp mod presc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9507	Doc reas on statin or contra	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9508	Doc pt not on statin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9509	Remis 12m phq-9 score <5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9510	Remis 12m not phq-9 score <5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9511	Phq-9 >9 during 12m time	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9512	Indiv pdc > 0.8	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9513	Indiv pdc not > 0.8	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9514	Req ret or w/in 90d of surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9515	No reas, no ret or w/in 90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9516	Impr vis acuit w/in 90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9517	No impr vis acuit w/in 90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9518	Doc active inj drug use	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9519	Final refract +/- 1.0 in 90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9520	Refract not +/- 1.0 w/in 90d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9521	Er and ip hosp <2 in 12 mos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9522	Er/ip hosp =/>2 in 12 mos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9523	D/c hemo or perit dialysis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9524	Refer to hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9525	Doc pt reas no hospice refer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9526	No reason, no refer hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9529	Minor blunt trauma w/head ct	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9530	Min hd traum gcs=15 w/ct ed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9531	Indic for head ct valid	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9532	Inj >24 hr in ed gcs <15	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9533	Indic for head ct not valid	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9534	Adv brain image not ordered	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9535	Normal neuro exam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9536	Doc med reas adv brain image	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9537	Doc system reas adv imaging	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9538	Adv brain image ordered	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9539	Intent pot remv time placemt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9540	Pt alive 3 mos post proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9541	Filter gone aft 3mos placmt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9542	Doc reass appr remo filt 3ms	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9543	Doc 2x re-assess filt remov	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9544	No filt remov w/in 3mos plcm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9547	Incid ct liver/kid/adre fdg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9548	Abd imag and followup rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9549	Doc med reas no follow imag	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9550	Abd imag and followup no rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9551	Abd imag w/o liv/kid/adr les	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9552	Inc thyr node <1.0 in rpt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9553	Prior thyroid dise dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9554	Ct/mri chest/neck follup rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9555	Doc med reas no follow imag	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9556	Ct/mri chest follup not rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9557	Ct/mri chest/neck no thy nod	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9558	Tx beta-lactam abx therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9559	Doc med reas no abx therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9560	No beta-lactam abx ther, rng	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9561	Presc opiates >6 wks	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9562	Foll-up eval q3mo opioid tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9563	No f/u eval q3mo opioid tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9573	Remis 6m w/6mos phq-9 <5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9574	Remis 6m w/o 6mos phq-9 <5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9577	Presc opiates >6 wks	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9578	Doc opioid tx 1x during ther	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9579	No doc opioid tx 1x at ther	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9580	Door to punc time <2hrs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9582	Door to punc time >2hr, nrg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9583	Presc opiates >6 wks	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9584	Eval opioid use instr/pt int	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9585	No eval opi use instr/intv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9593	Low pecarn ped head trauma	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9594	Gsc >15 & hd ct by ed md	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9595	Val rsn hd ct ord reg indic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9596	Hd inj >24h/gcs >15/no res	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9597	No low pecarn ped head traum	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9598	Aor ane 5.5-5.9 cm max diam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9599	Aor ane >=6.0 cm max diam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9600	Symp aaa urgent repair	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9601	Pt dchg home post op day 7	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9602	Pt no dchg home postop day 7	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9603	Pt surv improv bsline tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9604	Pt surv results not avail	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9605	Surv score no improv w/tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9606	Intraop cyst eval trac inj	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9607	Pt not elig	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9608	Intraop cyst eval not done	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9609	Doc order anti-plat or p2y12	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9610	Doc md rsn no antipla/p2y12	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9611	No antipla/p2y12 ord, rs nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9612	Pho doc >1 cecal ldmk com ex	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9613	Doc post surg anatomy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9614	No photodoc cecal ldmk exam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9615	Pre-op asst doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9616	Doc rsn no preop assmt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9617	Pre-op asst not doc, rng	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9618	Doc scr uter mal or us/samp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9620	No scr utr malig/us/samp rng	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9621	Scr unheal etoh w/counsel	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9622	No unheal etoh user	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9623	Doc med rsn no scr etoh use	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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	Comment
G9624	No etoh scr/no councl/nrg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9625	Bld inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9626	Pt not elig	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9627	No bld inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9628	Vis inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9629	Pt not elig	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9630	No vis inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9631	Urtr inj at surg/1mos post	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9632	Pt not elig	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9633	No urtr inj at surg/1ms post	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9634	Qual life tool 2x same/impr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9635	No doc rsn do qual life assm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9636	No life asst 2x same/decr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9637	Doc >1 dose reduc tech	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9638	No doc >1 dose reduc tech	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9639	Amp no reqd in48h ieler proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9640	Doc plan hybrid/stage proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9641	Amp reqd w/in 48h ieler proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9642	Current cig smoker	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9643	Elective surgery	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9644	No smok b/4 anes day of surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9645	Had smoke b/4 anes day surg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9646	Pt w/90d mrs 0-2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9647	No mrs score in 90d followup	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9648	Pt w/90d mrs >2	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9649	Psori tool doc w/benchmk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9651	Psori tool doc/no bnchmk met	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9654	Mon anesth care	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9655	Toc tool incl key elem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G9656	Pt direct anesth loc to pacu	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9658	Toc tool incl elem not used	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9659	>85y no hx colo ca/rsn scope	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9660	Doc med rsn scope pt >85y	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9661	>85y scope othr rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9662	Prior dx/active clin ascvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9663	Fast/dir ldl = 190 mg/dl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9664	Taking statin or rec'd order	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9665	No statin/no order statin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9666	Fas/dir ldl 70-189mg/dl mst	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9674	Pt w/clin ascvd dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9675	Pt w/fast/dir lab ldl-c >190	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9676	40-75y w/type 1/2 w/ldl-c rs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9678	Oncology Care Model service	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9679	Acute care pneumonia	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9680	Acute care congestive heart	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9681	Acute care chronic obstruct	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9682	Acute care skin infection	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9683	Actue care fluid or electrolyte disorder	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9684	Acute care urinary tract infection	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9685	Acute nursing facility care	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9687	Hospice anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9688	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9689	Inpt elect carotid intervent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9690	Pt rec hospice dur msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9691	Pt hosp dur msmt period	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9692	Hosp recd by pt dur msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9693	Pt use hosp during msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9694	Hosp srv used pt in msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9695	Long act inhal bronchdil pre	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9696	Med rsn no presc bronchdil	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9697	Pt rsn no presc bronchdil	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9698	Sys rsn no presc bronchdil	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9699	Long inhal bronchdil no pres	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9700	Pt is w/hosp during msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9701	Child anbx 30 prior dx estab	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9702	Pt use hosp during msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9703	Child anbx 30 prior dx phary	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9704	Ajcc br ca stg i: t1 mic/t1a	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9705	Ajcc br ca stg ib	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9706	Low recur prost ca	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9707	Pt had hosp dur msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9708	Bilat mast/hx bi /unilat mas	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9709	Hosp srv used pt in msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9710	Pt prov hosp srv msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9711	Pt hx tot col or colon ca	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9712	Doc med rsn presc anbx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9713	Pt use hosp during msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9714	Pt is w/hosp during msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9715	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9716	Bmi not norm, no follow, doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9717	Doc dx depr/dx bipolar, no scr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9718	Hospice anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9719	Pt not ambul/immob/wc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9720	Hospice anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9721	Pt not ambul/immob/wc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9722	Doc hx renal fail or cr+ >4	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9723	Hosp recd by pt dur msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9724	Pt w/doc use anticoag mst yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9725	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9726	Refused to participate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9727	No knee intake prom, no prox	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9728	Refused to participate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9729	No hip intake prom, no proxy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9730	Refused to participate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9731	No foot prom, no proxy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9732	Refused to participate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9733	No back intake prom, no prox	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9734	Refused to participate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9735	Pt no foto knee and no proxy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9736	Refused to participate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9737	Pt no foto elbow, no proxy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9738	Refused to participate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9739	Pt no foto orth, no proxy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9740	Hosp srv to pt dur msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9741	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9742	Psych sympt assessed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9743	Psych symp not assessed, rns	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9744	Pt not elig, dx htn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9745	Doc rsn no scr high bp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9746	Mit sten, valve or trans af	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9747	Pall dialysis with catheter	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9748	App transpl lvg kidney donor	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9749	Pall dialysis with catheter	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9750	App transpl lvg kidney donor	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9751	Pt died w/in 24 mos rpt time	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9752	Urgent surgery	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9753	Doc no dicom, ct other fac	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9754	Incid pulm nodule	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9755	Doc med rsn for imaging	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9756	Surg proc w/silicone oil	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9757	Surg proc w/silicone oil	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9758	Hospice or term phase	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9759	Hx preop post cap rup	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9760	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9761	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9762	Pt had hpv b/t 9-13 yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9763	Pt no hpv b/t 9-13 yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9764	Pt tx oral syst/bio med psor	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9765	Pt decl chan/conind or <6m	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9766	Cva stroke dx tx transf fac	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9767	Hosp new dx cva consid evst	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9768	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9769	Bn den 2yr/got ost med/ther	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9770	Perip nerve block	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9771	Anes end, 1 temp >35.5(95.9)	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9772	Doc temp >35.5(95.9), anest	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9773	No temp >35.5(95.9), anes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9774	Pt had hyst	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9775	Recd 2 anti-emet pre/intraop	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9776	Doc med rsn no proph antiem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9777	Pt no antiemet pre/intraop	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9778	Pts dx w/pregn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9779	Pts breastfeeding	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9780	Pts dx w/rhabdomyolysis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9781	Doc rsn no statin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9782	Hx dx fam/pure hypercholes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9783	Doc dx dm, fast <70, no stat	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9784	Path/derm 2nd opin bx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9785	Path rpt snt path/derm in 7d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9786	No path rpt sent in 7d	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9787	Pt alive 1st day msmt yr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9788	Most rct bp <= 140/90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9789	Record bp ip, er, urg/self	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9790	Most rct bp >= 140/90	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9791	Most rct tob stat free	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9792	Most rct tob stat not free	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9793	Pt on daily asa/antiplat	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9794	Doc med rsn no asa/antiplat	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9795	Pt no daily asa/antiplat	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9796	Pt not currently on statin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9797	Pt currently on statin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9798	D/c ami btw 7/1-6/30 mst per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9799	Med disp evt indic hx asth	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9800	Pt id intol/alleg beta-block	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9801	Nonacut transf from inpt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9802	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9803	Post d/c 180d tx beta-bl ami	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9804	No post d/c 180d tx bb ami	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9805	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9806	Pt recd cerv cyto/hpv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9807	Pt no recd cerv cyto/hpv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9808	Pt no asthm cont med mst per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9809	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9810	Pdc 75% w/asthm cont med	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9811	No pdc 75% w/asth cont med	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9812	Pt died during inpt/30d aft	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9813	Pt not died w/in 30d of proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9814	Death occ dur hospitaliz	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9815	No death occ dur hospitaliz	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9816	Death occ 30d post proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9817	No death occ 30d post proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9818	Doc sex activity	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9819	Pt w/hosp anytime msmt per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9820	Doc chlam scr test w/follow	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9821	No doc chlam scr ts w/follow	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9822	Endo abl proc yr prev ind dt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9823	Endo smpl/hyst bx res doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9824	Endo smpl/hyst bx res no doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9825	Her-2 neg,undoc/unkn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9826	Transf pract aft init chemo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9827	Her-2 targ ther no init tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9828	Her-2 targ ther dur init tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9829	Breast adj chemo admin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9830	Her-2 pos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9831	Ajcc stg brt ca dx ii or iii	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9832	Brt ca dx i, no t1/t1a/t1b	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9833	Transf pract aft init chemo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9834	Pt met dis at dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9835	Trastuz given w/in 12 mos dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9836	Rsn no trast given doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9837	Trastuz not in 12 mos dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9838	Pt met dis at dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9839	Anti-egfr mon anti ther	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
G9840	Kras tst bfr beg anti moab	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9841	No kras tst bfr beg ant moab	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9842	Pt met dis at dx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9843	Kras gene mut	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9844	Pt no recd anti-egfr ther	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9845	Pt recd anti-egfr ther	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9846	Pt died from cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9847	Pt recd chemo last 14d life	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9848	Pt no chemo last 14d life	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9849	Pt died from cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9850	1/more ed last 30d life	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9851	1/no ed visit last 30d life	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9852	Pt died from cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9853	Icu stay last 30d life	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9854	No icu stay last 30d life	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9855	Pt died from cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9856	Pt no hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9857	Pt admit hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9858	Pt enroll hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9859	Pt died from cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9860	Pt less 3d hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9861	Pt more than 3d hospice	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9862	Doc rsn no 10 yr follow	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9868	Asynch telehealth derm/opth 10 min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9869	Asynch telehealth derm/opth 10-20 min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9870	Asynch telehealth derm/opth 20 or> min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9873	1 EM core session	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9874	4 EM core sessions	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9875	9 EM core sessions	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9876	2 EM core MS mo 7-9 no weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9877	2 EM core MS mo 10-12 no weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9878	2 EM core MS mo 7-9 weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9879	2 EM core MS mo 10-12 weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9880	EM 5 percent weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9881	EM 9 percent weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9882	2 EM ongoing MS mo 13-15 weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9883	2 EM ongoing MS mo 16-18 weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9884	2 EM ongoing MS mo 19-21 weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9885	2 EM ongoing MS mo 22-24 weight loss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9890	EM Bridge Payment	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9891	EM session reporting	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9892	Doc pt rsn no dil mac exam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9893	No mac exam	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9894	Adr dep thrpy prescribed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9895	Doc med rsn no adr dep thrpy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9896	Doc pt rsn no adr dep thrpy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9897	Pt nt prsc adr dep thrpy rng	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9898	Snplg trm cre pt w/pos cde	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9899	Scrn mam perf rsults doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9900	Scrn mam perf rsults not doc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9901	Snplg trm cre pt w/pos cde	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9902	Pt scrn tbco and id as user	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9903	Pt scrn tbco id as non user	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9904	Doc med rsn no tbco scrn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9905	No pt tbco scrn rng	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9906	Pt recv tbco cess interv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9907	Doc med rsn no tbco interv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9908	No pt tbco cess interv rng	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9909	Doc med rsn no tbcv interv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9910	Snplg trm cre pt w/pos cde	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9911	Node neg pre/post syst ther	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9912	Hbv status assesed and int	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9913	No hbv status assesd and int	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9914	Pt receiving anti-tnf agent	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9915	No documntd hbv results rcd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9916	Funct status past 12 months	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9917	Doc med rsn no funct status	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9918	No funct stat perf, rsn nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9919	Scrn nd pos nd prov of rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9920	Scrnng perf and negative	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9921	No or part scrn nd rng or os	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9922	Sfty cncrns scrn nd mit recs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9923	Safty cncrns scrn and neg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9924	Doc med rsn no scrn or recs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9925	No scrn prov rsn nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9926	Sfty cncrns scrn but no recs	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9927	Doc no warf /fda pt trial	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9928	No warf or fda drug presc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9929	Trs/rev af	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9930	Com care	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9931	No chad or chad scr 0 or 1	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9932	Doc pt rsn no tb scrn recrds	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9933	Canc detectd during col scrn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9934	Doc rsn not detecting cancer	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9935	Canc not detectd during srcn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9936	Pmh plyp/neo co/rect/jun/ans	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9937	Dig or surv colsco	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9938	Snplg trm cre pt w/pos cde	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9939	Same path/derm perf biopsy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9940	Doc reas no statin therapy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9942	Adtl spine proc on same date	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9943	Bk pn nt msr vas scl pre/pst	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9945	Pt w/cancer scoliosis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9946	Bk pn nt msr vas pre-pst 1y	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9948	Adtl spine proc on same date	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9949	Lg pn nt msr vas scl pre/pst	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9954	Pt >2 rsk fac post-op vomit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9955	Inhnt anesth only for induc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9956	Combo thrpy of >= 2 prophly	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9957	Doc med rsn no combo thrpy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9958	No combo prophyl thrp for pt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9959	Systemic antimicro not presc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9960	Med rsn sys antimi nt rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9961	Systemic antimicro presc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9962	Embolization doc separatly	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9963	Embolization not doc separat	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9964	Pt recv >=1 well-chld visit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9965	No well-chld vist recv by pt	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9966	Scrn, inter, report child	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9967	No scrn, inter, reprt child	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9968	Pt reldr 2 pvdr/spclst in pp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9969	Pvdr rfrd pt rpt rcvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9970	Pvdr rfrd pt no rpt rcvd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9974	Dil mac exam performed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9975	Doc med rsn no mac exm perf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9976	Doc pat rsn no mac exm perf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
G9977	Dil mac exam no perf rsn nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9978	Remote E/M new patient 10 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9979	Remote E/M new patient 20 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9980	Remote E/M new patient 30 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9981	Remote E/M new patient 45 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9982	Remote E/M new patient 60 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9983	Remote E/M est. patient 10 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9984	Remote E/M est. patient 15 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9985	Remote E/M est. patient 25 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9986	Remote E/M est. patient 40 mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
G9987	BPCI advanced in home visit	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0001	Alcohol And/or Drug Assessment	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0003	Alcohol&rx Scr;lab Analy Alcohol&rx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0004	Behavioral Health Cnsl&tx-15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0005	Alcohol&rx Srv; Grp Cnsl Clinician	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0008	Alcohol&rx Srv;sub-ac Dtox Hosp Ip	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0009	Alcohol&rx Srv; Acute Dtox Hosp Ip	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0010	Alcohol&rx Srv; Sub-ac Dtox Res Ip	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0011	Alcohol&rx Srv;ac Dtox Res Prog Ip	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0012	Alcohol&rx Srv; Sub-ac Dtox Res Op	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0013	Alcohol&rx Srv;ac Dtox Res Prog Op	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0014	Alcohol & Rx Srv; Amb Dtoxication	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0016	Alcohol &or Rx Srv; Medical/somatic	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0017	Bhval Health; Res W/o Room&bd-diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0018	Bhval Hlth; Shrt-term Res Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0019	Bhval Hlth; Lng-term Res Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0031	Mental Health Assess Non-physician	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0032	Mentl Hlth Srv Plan Dvlp Non-phys	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0035	Mental Health Part Hosp Tx < 24 Hr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
H0046	Mental Health Services Nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0049	Alcohol/drug Screening	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H0050	Alcohol/drug Service 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H1000	Prenatal Care At-risk Assessment	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H1001	Prenatal at risk Enhncd Srvc; Antprtm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H1002	Prenatal at risk Enhncd Srvc; Coord	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H1003	Prenatal at risk Enhncd Srvc; Ed	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H1004	Prenatal at risk Enhncd Srvc; F/u Hom	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H1005	Prenatal at risk Enhncd Srvc Pkg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H2013	Psyc Health FacI Service Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H2014	Skills Training&dvlp Per 15 Minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H2035	Alcohol &or Oth Drug Tx Progm-hour	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
H2036	Alcohol &or Oth Drug Tx Progm-diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0120	Injection Tetracycline Up To 250 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0190	Injection Biperiden Lactat Per 5 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0200	Inj Alatrofloxacin Mesylate 100 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0205	Injection Alglucerase Per 10 Units	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0288	Inj Amphotericin B Cholesteryl 10 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0350	Injection Anistreplase Per 30 Units	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0365	Injection Aprotonin 10000 Kiu	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0380	Inj Metaraminol Bitartrate 10 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0390	Injection Chloroquine Hcl Up 250 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0395	Injection Arbutamine Hcl 1 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0400	Aripirazole Injection	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0520	Inj Bethanechol Chlorid Up 5 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0591	Inj deoxycholic acid, 1 mg	Cosmetic Denial	Always considered cosmetic; cosmetic services are denied member responsibility.
J0620	Inj CalcM Glycrophsphte&lactat-10ml	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0710	Inj Cephapirin Sodium To 1 Gm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
J0715	Inj Ceftizoxime Sodium Per 500 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0745	Inj Codeine Phosphate Per 30 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0890	Peginesatide injection	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J0945	Inj Brompheniramine Maleate-10 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1094	Injection Dexamethasone Actat 1 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1180	Injection Dyphylline Up To 500 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1320	Inj Amitriptyline Hcl To 20 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1330	Inj Ergonovine Maleate Up To 0.2 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1435	Injection Estrone Per 1 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1436	Inj Etidronate Disodium Per 300 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1452	Inj Fomivirsen Sodium Io 1.65 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1457	Injection Gallium Nitrate 1 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1562	Immune Globulin Subcutaneo/brand Name - Vivaglobin	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1600	Inj Gold Sodium Thiomalate To 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1620	Inj Gonadoreln Hydrochlorid 100 Mcg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1642	Injection Heparin Sodium 10 Units	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1655	Injection Tinzaparin Sodium 1000 Iu	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1675	Inj Histrelin Actat 10 Microgms	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1700	Inj Hydrocortisone Actat To 25 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1710	Inj Hydrocortison Sod Phos To 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1730	Injection Diazoxide Up To 300 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1810	Inj Dropridl&fentnyl Citrat To 2ml	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1835	Injection Itraconazole 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1890	Inj Cephalothin Sodium To 1 Gm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1945	Injection Lepirudin 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1960	Inj Levorphanol Tartrate To 2 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J1990	Inj Chlordiazepoxide Hcl To 100 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2180	Inj Mepridin&promthzin Hcl To 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
Applies to Uniform Medical Plan (UMP)**

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

Code	Description	Edit Type	Comment
J2320	Inj Nandrolone Decanoate To 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2460	Inj Oxytetracycline Hcl To 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2513	Inj Pentastarch 10% Sol 100 MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2650	Inj Prednisolone Acetate To 1 MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2670	Injection Tolazoline Hcl To 25 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2725	Injection Protirelin Per 250 Mcg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2910	Injection Aurothioglucose To 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2940	Injection Somatrem 1 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2950	Injection Promazine Hcl Up To 25 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J2995	Inj Streptokinase Per 250000 Iu	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3280	Inj Thiethylprazine Maleat To 10 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3302	Inj Triamcinolone Diactat 5 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3305	Inj Trimetrexate Glucuronate 25 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3310	Injection Perphenazine Up To 5 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3320	Inj Spctnomycn Dhydrochlorid To 2 Gm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3350	Inj Urea Up To 40 Gm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3364	Injection Urokinase 5000 Iu Vial	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3400	Inj Triflupromazine Hcl To 20 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3472	Inj Hyaluronidase Ovine 1000 Usp U	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3490	Unclassified Drugs	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J3520	Edetate Disodium Per 150 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3530	Nasal Vaccine Inhalation	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J3535	Drug Admin Thru Metered Dose Inhal	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3570	Laetrile Amygdalin Vitamin B17	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J3590	Unclassified Biologics	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Complete List
Applies to Uniform Medical Plan (UMP)**

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

Code	Description	Edit Type	Comment
J7110	Infusion Dextran 75 500 MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7191	Factor VIII Ahf Procine Per Iu	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7196	Antithrombin recombinant	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7199	Hemophilia Clotting Factor Noc	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J7306	Levonorgestrel Contraceptv Impl Sys	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7401	Mometasone furoate sinus imp	Investigational Denial	Always considered investigational; investigational services are denied member liability.
J7505	Muromonab-cd3 Parenteral 5 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7513	Daclizumab Parenteral 25 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7599	Immunosuppressive Drug Noc	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J7633	Budesonide Inhal Sol Dme-0.25 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7648	Isoetharine Hcl Inhal Sol Conc-mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7649	Isoetharine Hcl Inhal Sol U-mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7658	Isoproterenol Hcl Inhal Sol Conc-mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7659	Isoproterenol Hcl Inhal Sol U-mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7668	Metaproterenol Inhal Sol Conc-10 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7669	Metaproterenol Inhal Sol U-10 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J7699	Noc Rx Inhal Sol Adminded Thru Dme	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J7799	Noc Rx Not Inhal Rx Admned Thru Dme	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J7999	Compounded drug, noc	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J8498	Antiemetic Drug Rectal/supp Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J8499	Prsc Rx Oral Nonchemothapeutic Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
J8562	Oral fludarabine phosphate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J8565	Gefitinib Oral 250 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J8597	Antiemetic Drug Oral Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J8999	Prsc Drug Oral Chemothapeutic Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
J9160	Denileukin Diftitox 300 Mcg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J9165	Diethylstilbestrol Diphoshat 250 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J9212	Inj Infrfern Alfacon-1 Recomb 1 Mcg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J9213	Intrferon Alfa-2a Recombinant 3 M U	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J9219	Leuprolide Acetate Implant 65 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J9270	Plicamycin 2.5 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
J9999	Not Othwise Class Antineoplstc Drug	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
K0009	Other Manual Wheelchair/base	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
K0014	Oth Motorized/power Wheelchair Base	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
K0108	Wc Component/accessory Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
K0900	Custom DME other than wheelchair	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
K1002	Ces system w/supplies access	Investigational Denial	Always considered investigational; investigational services are denied member liability.
K1007	Bil hkaf pc s/d micro sensor	Investigational Denial	Always considered investigational; investigational services are denied member liability.
L0999	Addition To Spinal Orthosis Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Code	Description	Edit Type	Comment
L1499	Spinal Orthosis Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L2006	Kaf sng/dbl swg/stn mcpr cus	HTCC Benefit Denial	Not a covered benefit per HTCC
L2999	Lower Extremity Orthoses Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L3649	Orthoped Shoe Mod Add/transfer Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L3999	Upper Limb Orthosis Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L5859	Knee-shin pro flex/ext cont	HTCC Benefit Denial	Not a covered benefit per HTCC
L5969	Ak/ft power asst incl motors	HTCC Benefit Denial	Not a covered benefit per HTCC
L5973	Ank-foot sys dors-plant flex	HTCC Benefit Denial	Not a covered benefit per HTCC
L5999	Lower Extremity Prosthesis Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L7499	Upper Extremity Prosthesis Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L8039	Breast Prosthesis Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L8048	Uns Maxlofce Prosth Br Prov Non-md	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L8499	Unlisted Proc Misc Prosth Services	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
L8605	Inj bulking agent anal canal	Investigational Denial	Always considered investigational; investigational services are denied member liability.
L8608	Arg ii ext com/sup/acc misc	Investigational Denial	Always considered investigational; investigational services are denied member liability.
L8699	Prosthetic Implant Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.

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Code	Description	Edit Type	Comment
L8701	Pow ue rom dev ewh uprt cust	Investigational Denial	Always considered investigational; investigational services are denied member liability.
L8702	Pow ue rom dev ewhf uprt cus	Investigational Denial	Always considered investigational; investigational services are denied member liability.
L9900	Ortho/prosth Supp Acces &/ Serv	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
M0076	Prolotherapy	Investigational Denial	Always considered investigational; investigational services are denied member liability.
M1003	Tb scr 12 mo pri fst bio dz	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1004	Doc med rsn no sm tb	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1005	Tb scr no perf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1006	Dz not ases, no rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1007	>=50% total pt outpt ra enct	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1008	<50% total pt outpt ra encts	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1009	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1010	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1011	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1012	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1013	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1014	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1015	Pt tx and final eval comp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1016	Pt dx meop or sur steri	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1017	Pt adm to palitve serv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1018	Pt dx hst cr pt sk lg cr scr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1019	Adl pt mj dep ds rs 12 phq<5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1020	Adl pt mj dep ds no rs 12 mo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1021	Pt uc in pp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1022	Pt hospice during perf pd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1023	Adl pt mj dep ds rs 6 phq<5	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1024	Adl pt mj dep ds no rs 6 mo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
M1025	Pt hospice during perf pd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1026	Pt hospice during perf pd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1027	Img head (ct or mri) obtnd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1028	Doc of pt prm hda dx and otr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1029	Doc sysm rsn img hd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1031	Pt clin ind img hd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1032	Adt tkng pharmthry for oud	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1033	Pharmthry for oud afr 6.30	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1034	Adt 180 dys pharmthry oud	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1035	Adt pd out mat pr 180 dys tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1036	Adt no 180 dys pharmthry oud	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1037	Pt dx lum sp reg cacr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1038	Pt dx lum sp reg fract	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1039	Pt dx lum sp reg inf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1040	Pt dx lum idi or cong scol	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1041	Pt cr ft inf lm or pt id sl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1043	Ftl st mea sco no ot odi	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1045	Fsm wth scr oks pre and post	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1046	Fsm wth scr no oks pre and p	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1049	Fsm wth scr no odi pre and p	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1051	Pt w/cancer scoliosis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1052	Lg pn nt msr vas scl pre/pst	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1054	Pt uc in pp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1055	Aspirin used	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1056	Presc antico med in pp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1057	Aspirin not used, no rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1058	Pt prm nurs hm res in pp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1059	Pt no prm nurs hm res in pp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1060	Pt died in pp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
M1061	Pt preg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1062	Pt imcomprmd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1063	Pt rec hg dos imsup thpy	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1064	Shing vac doc adm or pv rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1065	Shing vac no adm clinc rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1066	Shing vac no doc no rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1067	Hspc pt prv time meam per	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1068	Pt not ambulatory	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1069	Pt scr ft fall rsk	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1070	Pt not scrn fut fall no rsn	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1071	Pt had addl sp pcr perf	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1106	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1107	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1108	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1109	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1110	Oc ni pt selfdc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1111	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1112	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1113	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1114	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1115	Oc ni pt selfdc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1116	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1117	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1118	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1119	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1120	Oc ni pt selfdc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1121	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1122	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1123	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
M1124	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1125	Oc ni pt selfdc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1126	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1127	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1128	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1129	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1130	Oc ni pt self dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1131	Docu dx degen neuro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1132	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1133	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1134	Oc ni pt self dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1135	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1136	Start eoc doc med rec	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1138	Oc ni pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1139	Oc ni pt self dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1140	Oc ni pt dc 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1141	Fs no oks	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1142	Emerge cases	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1143	Ni rehab med chiro	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
M1144	Oc no ind pt 1-2 vis	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
P2028	Cephalin Flocculation Blood	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
P2029	Congo Red Blood	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
P2031	Hair Analysis	Investigational Denial	Always considered investigational; investigational services are denied member liability.
P2033	Thymol Turbidity Blood	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
P2038	Mucoprotein Blood	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
P9020	Platelet Rich Plasma Each Unit	HTCC Benefit Denial	Not a covered benefit per HTCC
P9603	Travl 1 Way Nec Lab Spec; Actl Mile	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
P9604	Travl 1 Way Nec Lab Spec; Trip Chrg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

**Clinical Edits by Code List
Complete List
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Code	Description	Edit Type	Comment
P9612	Cath Clct Spec 1 Pt All Places Srvc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
P9615	Catheterization Collection Specimen	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q0035	Cardiokymography	Investigational Denial	Always considered investigational; investigational services are denied member liability.
Q0091	Scr Pap Smer; Obtain Prep&convy-lab	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q0173	Trimethobenzamide Hcl 250 Mg Oral	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q0174	Thiethylperazine Maleate 10 Mg Oral	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q0181	Uns Oral Anti-emetic Not>48 Hr Dose	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
Q0515	Inj Sermorelin Actate 1 Mcg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q2034	Influenza virus vaccine, split virus, for IM use	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q2036	Flulaval vacc, 3 yrs & >, im	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q2038	Fluzone vacc, 3 yrs & >, im	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q2039	NOS flu vacc, 3 yrs & >, im	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
Q2052	IVIG demo, sevices/supplies	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q3031	Collagen Skin Test	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
Q4050	Cast Spl Unlist Types&matl Casts	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
Q4051	Splint Supplies Miscellaneous	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
Q4082	Drug/bio NOC part B drug CAP	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
Q9001	Va chaplain assessment	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q9002	Va chaplain counsel individu	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q9003	Va chaplain counsel group	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q9951	Locm 400/> Mg/ml Iodine Conc MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q9953	Inj Ironbased Mr Contrast Agent MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q9954	Oral Mr Contrast Agent MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Applies to Uniform Medical Plan (UMP)**

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Code	Description	Edit Type	Comment
Q9955	Inj Perflexane Lipid Microspheres MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q9959	Hocm 150-199 Mg/ml Iodine Conc MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q9962	Hocm 300-349 Mg/ml Iodine Conc MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
Q9964	Hocm 400 Or > Mg/ml Iodine Conc MI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
R0076	Trans Prtble Ekg Faci/location-pt	Non-Reimbursable Services	CMS Status B, not reimbursed separately.
S0014	Tacrine Hydrochloride 10 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0021	Injection Ceftoperazone Sodium 1 Gm	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0023	Inj Cimetidine Hydrochloride 300 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0034	Injection Ofloxacin 400 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0081	Inj Piperacillin Sodium 500 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0140	Saquinavir 200 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0142	Colistmthate Soduim Inhal Conc-mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0177	Levamisole Hydrochloride Oral 50 Mg	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0220	Med Conf Md W/team Hlth Prof;30 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0221	Med Conf Md W/team Hlth Prof;60 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0260	Hx & Phys Related To Surgical Proc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0265	Genetic Cnsl Phys Sup Ea 15 Mins	Benefit	Possibly a benefit exclusion Review may be required.
S0270	Home Std Case Rate 30 Days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0271	Home Hospice Case 30 Days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0272	Home Episodic Case 30 Days	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0273	Md Home Visit Outside Cap	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0274	Nurse Practr Visit Outs Cap	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0280	Medical home, initial plan	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0281	Medical home, maintenance	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0310	Hospitalist Services	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0311	Comprehensive management care coord adv ill	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0320	Tel Calls Rn Dz Mgmt Memb Monitr;mo	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0353	Cancer treatment plan initial	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S0354	Cancer treatment plan change	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
S0601	Screening Proctoscopy	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S0630	Remv Sutures; Md Not Md Who Clos Wnd	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S1035	Artificial pancreas invasive disposable sensor	Medical Necessity	Review for medical necessity
S1036	Artificial pancreas external transmitter	Medical Necessity	Review for medical necessity
S1037	Artificial pancreas external receiver	Medical Necessity	Review for medical necessity
S2080	Laser-assisted Uvulopalatoplasty	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S2102	Islet Cell Tissue Transplant Panc; Allogen	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S2103	Adrenal Tissue Transplant To Brain	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S2107	Adoptive Immunotherapy Course Treatment	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S2117	Arthroereisis Subtalar	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S2118	Total Hip Resurfacing	HTCC Benefit Denial	Not a covered benefit per HTCC
S2348	Decomp Perq Disc Rf 1/mx Lumb	HTCC Benefit Denial	Not a covered benefit per HTCC
S2900	Surg Tech Rqr Use Robotic Surg Sys	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S3005	Prfrm Msr Eval Pt Self Assess Dprss	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S3600	Stat Laboratory Request	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S3601	Emerg Stat Lab Chrg Pt Hb/nrs FacI	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S3650	Saliva Test Hormone Level;menopause	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S3722	Dose optimization auc - 5fu	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S3852	Dna Analy Apoe Epsilon 4 Allele Alz	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S3900	Surface Electromyography	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S4989	Contracept Iud Incl Impl&supplies	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S5013	5% Dxtros/45% N/s Kci&mgso4 1000 Ml	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S5014	5% Dxtros/45% N/s Kci&mgso4 1500 Ml	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S8110	Peak Expiratory Flow Rate	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
S8130	Interferential stim 2 chan	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
S8131	Interferential stim 4 chan	Not Medically Necessary	Always considered not medically necessary. Will be denied as a provider write-off
S8301	Infection Control Supplies Nos	Unlisted Code	Unlisted Code. Submit documentation to describe service. Unlisted codes may be used for potentially investigational or potentially cosmetic services and are subject to review.
S8930	Auricular electrostimulation	HTCC Decision	Possible HTCC decision denial
S8940	Equestrian/hippotherapy Per Session	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S8948	Applic Modal 1/more Areas; Lw-level	Potential Investigational*	Possibly investigational Review may be required. Submit appropriate documentation
S8990	Phys/manip Tx Maint Not Restoration	HTCC Decision	Possible HTCC decision denial
S8999	Resuscitation Bag	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S9055	Procuren/oth Growth Factor Prep	HTCC Benefit Denial	Not a covered benefit per HTCC
S9083	Global Fee Urgent Care Centers	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S9088	Services Prov An Urgent Care Center	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S9090	Vert Axial Decomprs Per Session	Investigational Denial	Always considered investigational; investigational services are denied member liability.
S9145	Insulin Pump Init Instruct Use Pump	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S9150	Evaluation By Occularist	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S9430	Pharm Compounding & Dispensing Serv	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S9480	Intensive Op Psyc Services Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S9529	Routine veinpuncture for collection of specimen(s)	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
S9981	Medical Records Copying Fee Admin		Review may be required. Submit appropriate documentation
S9982	Medical Records Copying Fee-page		Review may be required. Submit appropriate documentation
T1000	Priv Duty/independent Nrs To 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1001	Nursing Assessment/evaluation	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1002	Rn Services Up To 15 Minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1003	Lpn/lvn Services Up To 15 Minutes	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1004	Srvc Qualified Nrs Aide To 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1005	Srvc Qual Nursing Aide Up To 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1006	Alcohol&sbstnc Abs Fam/couple Cnsl	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
T1007	Alcohol&/substance Abuse Services	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1009	Child Sit Ind Alc&/substnc Abs Srvc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1010	Meals Rec Alcohl&/substnc Abs Srvc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1012	Alcohol&/substnc Abs Srvc Skl Dvlp	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1013	Sign Lange/oral Intepr Srvc-15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1014	Telehealth Trans Min Prof Srvc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1015	Clinic Vst/encounter All-inclusive	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1016	Case Management Each 15 Mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1017	Targeted Case Management Ea 15 Mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1018	School-basd Ind Ed Prog Serv Bundld	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1019	Personal Care Services Per 15 Mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1020	Personal Care Services Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1021	Home Hlth Aide/cert Nurse Asst Vst	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1022	Contract Home Health Agcy Srvc Day	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1023	Scr Ind Particip Spec Prog Proj/tx	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1024	Eval&tx Team Mx/sev Handicap Child	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1025	Mxdisciplin Child Cmplx Impair Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1026	Mxdisciplin Child W/cmplx Impair Hr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1027	Fam Train & Cnsl Child Dvlp 15 Mins	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1028	Assess Home Physical & Family Envir	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1029	Comp Envir Lead Investigat-dwell	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1030	Nrs Care Home Registered Nurse-diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1031	Nursing Care The Home Lpn Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1040	Comm bh clinic svc per diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1041	Comm bh clinic svc per month	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1502	Admn Orl Im&/subq Med Hlth Prof	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1503	Med Admin Other Than Oral	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1505	Elec med comp dev, noc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T1999	Misc Tx Items&supplies Retail Noc	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
T2001	N-emerg Trnsprt; Pt Attendnt/escort	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2002	Non-emerg Transportation; Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2003	Non-emerg Trnsprt; Encounter/trip	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2004	N-emerg Trnsprt;commer Carr Mx-pass	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2005	Nonemergency Trnsprt; Stretcher Van	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2007	Trnsprt Wait Time Non-er Veh 1/2 Hr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2010	Pasrr Level I Id Screen Per Screen	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2011	Pasrr Level li Evaluation Per Eval	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2012	Habilitation Ed Waiver; Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2013	Habilitation Ed Waiver; Hour	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2014	Habilitatn Prevocationl Waivr;diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2015	Habilitation Prevocational Waivr;hr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2016	Habilitation Res Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2017	Habilitation Res Waiver; Per 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2018	Habilitatn Supp Emplmnt Waivr;diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2019	Habilitatn Supp Emplmnt Waivr;15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2020	Day Habilitation Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2021	Day Habilitation Waiver; Per 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2022	Case Management; Per Month	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2023	Targeted Case Management; Per Month	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2024	Srvc Assess/plan Care Dvlp Waiver	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2025	Waiver Services; Nos	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2026	Splized Childcare Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2027	Splized Childcare Waiver; 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2028	Specialized Supply Nos Waiver	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2029	Specialized Medical Eqp Nos Waiver	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2030	Assisted Living Waiver; Per Month	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2031	Assisted Living Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2032	Res Care Nos Waiver; Per Month	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.

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Code	Description	Edit Type	Comment
T2033	Res Care Nos Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2034	Crisis Interven Waiver; Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2035	Utility Services Med Eqp Waiver	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2036	Tx Camping Ovrngt Waiver; Ea Sess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2037	Tx Camping Da Waiver; Ea Sess	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2038	Cmty Transition Waiver; Per Service	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2039	Vehicle Mod Waiver; Per Service	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2040	Financial Mgmt Waiver; 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2041	Supp Broker Slf-dired Waivr; 15 Min	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2042	Hospice Routine Home Care Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2043	Hospice Continuous Home Care Per Hr	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2044	Hospice Inpat Respite Care Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2045	Hospice General Inpat Care Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2046	Hospice Lt Care Rm And Bd Per Diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2047	Hab prevo waiver per 15	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2048	Bhval Hlth; Ltc Res W/room&bd-diem	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2049	Non-emerg Trnsprt; Van Mileage;mile	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T2101	Humn Brst Milk Prc Stor&dstrb Only	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T4545	Incon disposable penile wrap	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T5001	Pstn Seat Pers W/spcl Orthoped Need	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.
T5999	Supply, Not Otherwise Specified	Non-Reimbursable Services	Not considered a payable service. Will be denied provider write-off.



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Extenuating Circumstances

This policy is modeled after the Best Practice Recommendations that support Washington State Senate Bill 5346 and regulatory requirements of WAC 284-43-2060.

This policy and process is applicable to all plans issued or renewed on or after January 1, 2018 by Regence with exception of Extenuating Circumstances Criteria #7 below. *Extenuating Circumstances criteria # 7 is applicable to plans issued on or after January 1, 2018 by Regence in WA State only excluding Medicare Advantage and FEP.

This policy does not apply to prescription drug services.

Overview

Obtaining required pre-authorization prior to service delivery is the optimal practice to mitigate provider and member financial risk, however several extenuating circumstances may make it impossible, before treating the member, to obtain a prior authorization.

Claims will not be administratively denied for lack of prior authorization so long as we are contacted before the claim is submitted, the specific extenuating circumstance is documented (suggested supporting documentation is outlined below) and such circumstance meets at least one of the Extenuating Circumstances criteria outlined below. If we are contacted after the claim is submitted, the administrative denial may be disputed as an extenuating circumstance via the appeal process if the specific extenuating circumstance is documented, as noted above, and such circumstance meets at least one of the Extenuating Circumstances criteria outlined below.

NOTE: If we are contacted after the claim is submitted but still in process, the administrative denial on the claim must be disputed via the appeal process post claim denial. We are unable to stop claims processing.

In addition, even if the service(s) meet the below Extenuating Circumstances criteria, we will still review for appropriateness, level of care, medical necessity and benefit coverage under the criteria for the applicable plan based on the information available to the provider or facility at the time of treatment.

The criteria and procedures that participating providers and facilities must follow to notify Regence of an extenuating circumstance pre-claim submission or to dispute a claim denied for no pre-authorization are outlined below.

Extenuating Circumstances Criteria

The following seven exceptions to obtaining pre-authorization may qualify as an Extenuating Circumstance:

- 1. Member presented with an incorrect member ID card or member number or indicated they were self-pay, and that no coverage was in place at the time of**



treatment, or the participating provider or facility is unable to identify from which carrier or its designated or contracted representative to request a pre-authorization.

Examples:

- The provider verified that no medical coverage was in place at time of treatment. It was later determined that medical coverage was in place. In some cases, patients prefer to pay out of pocket rather than initiate COBRA coverage and pay the ongoing premium. However, a second care encounter could change the patient's mind and COBRA coverage would be initiated retroactively to the beginning to the month, thus providing coverage for a treatment that has already been delivered.
- The provider asked the patient about current coverage prior to the service, the patient provided current insurance coverage information and the provider verified that the coverage was in force at time of treatment. After the patient was treated, it was discovered that another health plan takes precedent and is responsible for coverage.
- Coverage retrospectively determined to not be related to an accident or work-related injury. During the scheduling process, these patients indicate that their condition is accident related. During or after treatment, the provider discovers that the service is not accident/work related.
- Other primary insurance retrospectively discovered: Coverage for these patients is verified with the health plan of record prior to treatment and any pre-authorization/admission notification requirements are met. After the patient is treated, the provider is notified that another health plan is primary. Two examples: a. Before treatment, Department of Social and Health Services (DSHS) benefits are verified with no other insurance on file at that time. Later, DSHS notifies the provider that commercial coverage was in place. b. Before treatment, the patient's father's health plan verifies eligibility. Later, the health plan notifies the provider that the other parent has coverage and that coverage is primary.

This DOES NOT INCLUDE when the provider could communicate with the member prior to giving treatment, but insurance coverage information was not obtained and/or was not verified prior to the service(s). This situation is not an extenuating circumstance. The normal prior authorization and/or admission notification practices are to be followed.

Note to Providers: Best practice is verifying that current insurance information is on file, which can help reduce the number of 'Unable to Know Coverage' situations. Each time a patient is seen, providers should obtain comprehensive coverage information from the guarantor/member.

2. Natural disaster prevented the provider or facility from securing a pre-authorization or providing hospital admission notification.

3. Member is unable to communicate (e.g., unconscious) medical insurance coverage. Neither family nor collateral support present can provide coverage information.

Examples:



- Trauma or unresponsive patients: These patients are usually brought in via 911 with no family, no id etc. – may be admitted as Jane/John Doe.
- Psychiatric patients: These patients are admitted through the Emergency Department for clinical conditions related to cognitive impairment.
- Child not attended by parent: These patients are children who need immediate medical attention and are brought in by someone other than their parents, e.g. babysitter, grandparent, etc.
- Non-English speaking patients: These patients don't speak English and a translator cannot be obtained in a timely manner.

4. Compelling evidence the provider attempted to obtain pre-authorization. The evidence shall support the provider followed our policy and that the required information was entered correctly by the provider office into the appropriate system.

Note: A copy of the faxed pre-authorization request showing the information was entered correctly indicating the member health plan information and a fax confirmation from the fax machine showing the fax was successfully sent to the appropriate health plan fax number will be considered compelling evidence.

5. A surgery which requires pre-authorization occurs in an urgent/emergent situation. Services are subject to review post-service for medical necessity

6. A participating provider or facility is unable to anticipate the need for a pre-authorization before or while performing a service or surgery.

These are situations where immediate or very-near-term medical services are required that are typically related to a service already being performed, e.g., diagnostic, office visit, surgery. Prior authorization is not completed prior to service delivery. (Note: These situations are only extenuating circumstances related to a prior authorization and do not prevent a provider from notifying the health plan about an admission within the specified time period, e.g., 24 hours.)

Examples:

- Patient is seen in a physician's office and the physician determines there is an acute and immediate need for diagnostic imaging or a hospital admission.
- Patient is undergoing a procedure which may or may not require pre-authorization. Once the procedure begins, it evolves into a different/additional/more complex procedure or identifies the need for an add-on surgery/procedure, which is often scheduled for the same day or late in the afternoon/evening for the next morning.

This DOES NOT INCLUDE when the provider performs a procedure or provides a service that is considered experimental or investigational where a health plan denial of coverage would result in patient financial responsibility.

An extenuating circumstance DOES NOT APPLY when the service or services occur during an office visit solely for the convenience of the provider.

***7. An enrollee is discharged from a facility and insufficient time exists for institutional or home health care services to receive approval prior to delivery of the service. *NOTE:**



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This criteria is only applicable to plans issued on or after January 1, 2018 by Regence in WA State only excluding Medicare Advantage and FEP.

Notifying Regence About an Extenuating Circumstance

Pre-Claim Submission

Call the Provider Contact Center to notify us of an extenuating circumstance

The following may be requested:

Member name, DOB, ID #

Provider name and ID

Date of Service

Description of extenuating circumstance that was present

Supporting documentation of the extenuating circumstance will be requested to be faxed to (866) 273-1820

Suggested supporting documentation is outlined below.

Notification of an extenuating circumstance may also be faxed directly to (866) 273-1820 and must include ALL the following:

Member Name, DOB and ID

Provider name and ID

Date of Service

CPT codes

Description of extenuating circumstance that was present

Fax cover sheet should include "Extenuating Circumstance" in subject line:

Return Fax #

Supporting documentation (suggested documentation is outlined below)

Note: Claims submitted prior to receiving a written response from Regence regarding the extenuating circumstance request may be subject to the administrative denial.

Post Claim Administrative Denial

Use the adverse determination appeal form to dispute a claim that has denied for no pre-authorization. Please complete the form and follow the instructions outlined in the section that applies to 'Denials for Pre-authorization not obtained'.



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Please fax the completed form and all extenuating circumstance supporting documentation as applicable to: (866) 273-1820.

Suggested supporting documentation is outlined below.

Extenuating Circumstance Supporting Documentation

Submit the following documentation to support an extenuating circumstance as applicable:

Dated documentation, e.g. admission face sheet, obtained at the time of service indicating: The insurance information provided by the patient/representative or the patient's/representative's inability to provide insurance information or the patient's/representative's reporting self-pay.

Verification of no coverage such as Availity screenshot at the time of inquiry (though eligibility at date of service was later confirmed).

Dated documentation obtained at time of service showing eligibility confirmation from another payer, e.g. web eligibility screen shot or copy of electronic eligibility confirmation, AND/OR that payer's EOB denying the service as not eligible for coverage (e.g. denied due to alternate primary coverage).

Applicable office visit chart notes for either the date of service or the referral along with other clinical documentation (as needed), e.g. diagnosis, H & P, failed alternative treatment(s), or interim/alternative treatment(s) as appropriate, indicating the medical necessity for the procedure and the rationale for providing the procedure at that time without prior authorization, i.e. procedure is time sensitive or emergent.

A copy of the faxed pre-authorization request showing the information was entered correctly indicating the member health plan information and a fax confirmation from the fax machine showing the fax was successfully sent to the appropriate health plan fax number.

Any other documentation felt to support an extenuating circumstance was present.

Note: Submission of the above referenced documentation does not guarantee payment. Even if the Extenuating Circumstance criteria applies, the service is subject to benefit coverage and medical necessity under post service review.

MEDICAL POLICIES AVAILABLE FOR ELECTRONIC AUTHORIZATION AND ROUTING TO THE CITE AUTO AUTHORIZATION TOOL

The electronic authorization tool will automatically route to the Cite Auto Authorization tool for select procedure codes and allow documentation of specific clinical criteria for your patient. If all criteria are met, you will be able to see the approval on the Auth/Referral Dashboard soon after you click submit.

The policies listed below are available when routed to the Cite Auto Authorization tool:

Policy Title	Section and Policy Number	Codes
Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	Durable Medical Equipment, Policy No. 45	E0481, E0483
Myoelectric Prosthetic Components for the Upper Limb	Durable Medical Equipment, Policy No. 80	L6026, L6693, L6715, L6880, L6881, L6882, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7180, L7181, L7190, L7191
Tumor Treating Fields Therapy for Glioblastoma	Durable Medical Equipment, Policy No. 85	E0766
Genetic Testing for Alzheimer's Disease	Genetic Testing, Policy No. 01	81401, 81405, 81406
Genetic Testing for Hereditary Breast and Ovarian Cancer and Li-Fraumeni Syndrome	Genetic Testing, Policy No. 02	81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81307, 81308, 81321, 81322, 81323, 81404, 81405, 81406, 81432, 81433
Genetic Testing for for Lynch Syndrome and APC-associated and MUTYH-associated Polyposis Syndromes	Genetic Testing, Policy No. 06	81201, 81202, 81203, 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81401, 81406ssd
Genetic Testing for Cardiac Ion Channelopathies	Genetic Testing, Policy No. 07	81413, 81414, S3861
Cytochrome p450 Genotyping	Genetic Testing, Policy No. 10	81225, 81401, 81402, 81404, 81405, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U
Genetic Testing for Familial Hypercholesterolemia	Genetic Testing, Policy No. 11	81401, 81405, 81406, 81407

KRAS, NRAS, and BRAF Variant Analysis in Colorectal Cancer	Genetic Testing, Policy No. 13	0111U, 81210, 81275, 81276, 81311, 81403, 81404
Preimplantation Genetic Testing	Genetic Testing, Policy No. 18	89290, 89291
IDH1 and IDH2 Genetic Testing for Conditions Other Than Myeloid Neoplasms or Leukemia	Genetic Testing, Policy No. 19	81120, 81121
Genetic Testing for Biallelic RPE65 Variant-Associated Retinal Dystrophy	Genetic Testing, Policy No. 21	81406
Gene Expression Profiling for Melanoma	Genetic Testing, Policy No. 29	81552
BRAF Genetic Testing to Select Melanoma or Glioma Patients for Targeted Therapy	Genetic Testing, Policy No. 41	81210
Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis In Patients With Breast Cancer	Genetic Testing, Policy No. 42	81518, 81519, 81521, 81522, S3854
Genetic Testing for FMR1 Variants (including Fragile X Syndrome)	Genetic Testing, Policy No. 43	81243, 81244
Genetic Testing for Hereditary Hemochromatosis	Genetic Testing, Policy No. 48	81256
Genetic Testing for CADASIL Syndrome	Genetic Testing, Policy No. 51	81406
Genetic Testing for α-Thalassemia	Genetic Testing, Policy No. 52	81257, 81258, 81259, 81269, 81404
Targeted Genetic Testing for Selection of Therapy for Non-Small Cell Lung Cancer (NSCLC)	Genetic Testing, Policy No. 56	81210, 81235, 81275, 81276, 81404, 81405, 81406, 0022U
Chromosomal Microarray Analysis (CMA) for the Genetic Evaluation of Patients with Developmental Delay/Intellectual Disability, Autism Spectrum Disorder or Congenital Anomalies	Genetic Testing, Policy No. 58	0156U, 81228, 81229, S3870
Genetic Testing for Myeloid Neoplasms and Leukemia	Genetic Testing, Policy No. 59	81120, 81121, 81170, 81175, 81176, 81218, , 81245, 81246, 81272, 81273, 81310, 81334, 81401, 81402, 81403, 0023U, 0046U, 0049U
Genetic Testing for PTEN Hamartoma Tumor Syndrome	Genetic Testing, Policy No. 63	81321, 81322, 81323
Genetic Testing for Rett Syndrome	Genetic Testing, Policy No. 68	81302, 81303, 81304, 81404, 81405, 81406

Genetic Testing for Duchenne and Becker Muscular Dystrophy	Genetic Testing, Policy No. 69	81161, 81408
Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy	Genetic Testing, Policy No. 72	81403, 81405, 81406, 81407, 81439, S3865, S3866
Genetic Testing for Heritable Disorders of Connective Tissue	Genetic Testing, Policy No. 77	81405, 81408
Invasive Prenatal (Fetal) Diagnostic Testing Using Chromosomal Microarray Analysis (CMA)	Genetic Testing, Policy No. 78	81228, 81229, 81405
Chromosomal Microarray (CMA) Testing for the Evaluation of Products of Conception and Pregnancy Loss	Genetic Testing, Policy No. 79	81228, 81229
Genetic Testing for Epilepsy	Genetic Testing, Policy No. 80	81190, 81401, 81403, 81404, 81405, 81406, 81407, 81188, 81189
Expanded Molecular Testing of Cancers to Select Targeted Therapies	Genetic Testing, Policy No. 83	0022U, 0037U, 0048U, 81445, 81455, 81120, 81121, 81162, 81210, 81235, 81275, 81276, 81292, 81295, 81298, 81311, 81314, 81319, 81321, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408
Genetic Testing for Neurofibromatosis Type 1 or 2	Genetic Testing, Policy No. 84	81405, 81406, 81408
Laboratory and Genetic Testing for use of Thiopurines	Laboratory, Policy No. 70	81306, 81335, 81401, 0034U
Gait Analysis	Medicine, Policy No. 107	96000, 96001, 96002, 96003, 96004
Radioembolization, Transarterial Embolization (TAE), and Transarterial Chemoembolization (TACE)	Medicine, Policy No. 140	37243, 79445, S2095
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders	Medicine, Policy No. 148	90867, 90868, 90869
Intensity Modulated Radiotherapy (IMRT) of the Central Nervous System (CNS), Head, Neck, and Thyroid	Medicine, Policy No. 164	77301, 77338, 77385, 77386, G6015, G6016
Intensity Modulated Radiotherapy (IMRT) of the Thorax, Abdomen, and Pelvis	Medicine, Policy No. 165	77301, 77338, 77385, 77386, G6015, G6016
Endometrial Ablation	Surgery, Policy No. 01	58353, 58356, 58563
Cochlear Implant	Surgery, Policy No. 08	69930, L8614, L8619, L8627, L8628 eviCore only for 92630, 92633

Pectus Excavatum	Surgery, Policy No. 12.02	21740, 21742, 21743
Laser Treatment for Port Wine Stains	Surgery, Policy No. 12.34	17106, 17107, 17108
Chemical Peels	Surgery, Policy No. 12.50	15788, 15789, 15792, 15793, 17360
Implantable Cardioverter Defibrillator	Surgery, Policy No. 17	33230, 33231, 33240, 33249, 33270, 33271, C1721, C1722, C1882
Spinal Cord and Dorsal Root Ganglion Stimulation	Surgery, Policy No. 45	63650, 63655, 63685 -eviCore reviews all codes for Commercial. ASO non-eviCore uses Regence
Vagus Nerve Stimulation	Surgery, Policy No. 74	61885, 61886, 64553, 64568, 0466T
Deep Brain Stimulation	Surgery, Policy No. 84	61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886
Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	Surgery, Policy No. 87	27412, J7330, S2112
Radiofrequency Ablation of Tumors (RFA)	Surgery, Policy No. 92	20982, 31641, 32998, 50542, 50592
Extracranial Carotid Angioplasty/Stenting	Surgery, Policy No. 93	37215, 37216, 37217, 37246, 37247
Gastric Electrical Stimulation	Surgery, Policy No. 111	43647, 43881, 64590, E0765
Artificial Intervertebral Disc	Surgery, Policy No. 127	22856, 22858 eviCore reviews all codes for Commercial. ASO groups use the health plan's commercial medical policy.
Cryosurgical Ablation of Miscellaneous Solid Organ, Pulmonary, and Breast Tumors	Surgery, Policy No. 132	31641, 32994, 50542
Sacral Nerve Neuromodulation/Stimulation for Pelvic Floor Dysfunction	Surgery, Policy No. 134	64561, 64581, 64590
Magnetic Resonance (MR) Guided Focused Ultrasound (MRgFUS) and High Intensity Focused Ultrasound (HIFU) Ablation	Surgery, Policy No. 139	0398T, C9747
Femoroacetabular Impingement Surgery	Surgery, Policy No. 160	29914, 29915, 29916 eviCore reviews all codes for Commercial. ASO groups use the health plan's commercial medical policy.

Surgical Treatments for Hyperhidrosis	Surgery, Policy No. 165	32664, 64818, 69676
Ablation of Primary and Metastatic Liver Tumors	Surgery, Policy No. 204	47370, 47371, 47380, 47381, 47382, 47383
Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy of Intracranial, Skull Base, and Orbital Sites	Surgery, Policy No. 213	32701 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, 77432, 77435, G0339, G0340
Responsive Neurostimulation	Surgery, Policy No. 216	61850, 61860, 61863, 61864, 61885, 61886



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

**Pre-authorization Request Form
Behavioral Health**

Fax: 1 (888) 496-1540

Mail to: PO Box 1271, WW5-53
Portland, OR 97207-1271

Instructions: This form should be completed and filled out by the requesting provider. Prior to completing this form, please confirm the patient's benefits, eligibility and whether pre-authorization is required.

Is this for a Medicare Preservice Benefit Organization Determination Request? Yes No

Expedited request. I attest that this request meets the definition indicated below by checking the expedited request box. **Fax to 1 (855) 240-6498.**

Expedited is defined as: When the member or his/her provider believes that waiting for a decision within the standard timeframe could place the member's life, health or ability to regain maximum function in serious jeopardy.

SECTION 1 – PATIENT INFORMATION

Patient Name (Last)				First				MI	Patient's Phone #			
Patient's Regence Member ID #				Group #				Date of Birth				

SECTION 2 – PROVIDER INFORMATION

Please check one: Requesting/Prescribing Provider Rendering/Treating Provider

Provider Name				Tax ID #			
NPI #		Office Phone #		Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No		Fax #	
Mailing Address				City		State	ZIP Code
Provider Specialty				Email Address			

Who should we contact if we require additional information?

Name		Phone #		Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No		Fax #	
		Ext.					

If a physician reviewer needs a peer to peer discussion before a determination, please provide the treating provider's direct phone number and availability for the next 3 to 5 days.

Phone #:		Date:		Date:		Date:		
Ext:		Time:		Time:		Time:		
Facility Name				Tax ID #		NPI #		
Mailing Address				Fax #				
City		State	ZIP Code		Phone #		Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Ext.			
Facility Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Acute				Email Address				

SECTION 3 – PREAUTHORIZATION REQUEST

Date of Services/Anticipated Admission _____

Substance Use Disorders: ASAM Level of Care Requested: 2.0/2.1 2.5 3.5 3.7 4.0

Mental Health Care Requested:

- Inpatient Residential Treatment Partial Hospitalization
 Intensive Outpatient Other, please specify _____

Note: This form does not serve as a notification of admission. Please reference our provider website for instructions about how to notify us of an admission.

Please provide all diagnosis, CPT or HCPCS codes and their descriptions.

Diagnosis code(s) and description(s)	CPT or HCPCS code(s) and description(s)
Primary:	
Second:	
Third:	

SECTION 4 – DOCUMENTATION SUBMISSION

Please submit the following documentation, as appropriate for this request:

Psychiatric or substance use disorder evaluation or intake assessment including:

- Family history
- Medical, psychiatric and substance use history
- Mental status exam
- Personal and social history (psychosocial)
- History of current complaint/clinical status
- Member's current complaint/clinical status

History and physical/nursing assessment (if available) including:

- Current vitals
- Current medical concerns/risks

Substance use disorders only:

- Clinical Institute Withdrawal Assessment (CIWA) or
- Clinical Opiate Withdrawal Scale (COWS) score or
- Description of active withdrawal symptoms

Any other supporting documents you would like considered, such as letters from outpatient providers, etc.



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

**Pre-authorization Request Form
DME**

Commercial, Individual, Medicare, BCBS FEP members:

Fax: 1 (855) 207-1209

Administrative Services Only (ASO) members:

Fax: 1 (844) 679-7763

**Mail to: PO Box 1271, WW5-53
Portland, OR 97207-1271**

Instructions: This form should be completed and filled out by the requesting provider. Prior to completing this form, please confirm the patient's benefits, eligibility and whether pre-authorization is required.

Is this for a Medicare Preservice Benefit Organization Determination Request? Yes No

Expedited request. I attest that this request meets the definition indicated below by checking the expedited request box. Fax to 1 (855) 240-6498.

Expedited is defined as: When the member or his/her provider believes that waiting for a decision within the standard timeframe could place the member's life, health or ability to regain maximum function in serious jeopardy.

SECTION 1 – PATIENT INFORMATION													
Patient Name (Last)						First				MI	Patient's Phone #		
Patient's Regence Member ID #						Group #						Date of Birth	
SECTION 2 – PROVIDER INFORMATION													
Requesting/Prescribing Provider Name						Tax ID #							
NPI #			Office Phone #			Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No			Fax #				
Mailing Address						City			State	ZIP Code			
Provider Specialty						Email Address							
Who should we contact if we require additional information?													
Name			Phone # Ext.			Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No			Fax #				
If a physician reviewer needs a peer to peer discussion before a determination, please provide the treating provider's direct phone number and availability for the next 3 to 5 days.													
Phone #:			Date:			Date:			Date:				
Ext:			Time:			Time:			Time:				
DME Company Name						Tax ID #			NPI #				
Mailing Address						Fax #							
City			State	ZIP Code			Phone # Ext.			Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address						Signed copy of prescription attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Invoice attached: <input type="checkbox"/> Yes <input type="checkbox"/> No							

SECTION 3 – PREAUTHORIZATION REQUEST

Date of Service _____

Please check one: Outpatient Hospital Inpatient ASC Office Home
 Other _____

Please provide all diagnosis, CPT or HCPCS codes and their descriptions.

Diagnosis code(s) and description(s)	CPT or HCPCS code(s) and description(s)
Primary:	
Second:	
Third:	

SECTION 4 – DOCUMENTATION SUBMISSION

Submit the following documentation, as appropriate, with this request:

- Signed copy of prescription
- Invoice with pricing
- AND**
- Specific clinical documentation as outlined in the associated Regence Medical Policy, Policy Guidelines section
- OR**
- Specific clinical information documenting the applicable Medicare, or BCBS FEP medical necessity criteria, **including:**
 - History and physical
 - Lab/Radiology/Testing results
 - Current symptoms and functional impairment
 - Treatment history and any other information such as chart notes that support medical necessity for the request

Any other supporting documents you would like considered, such as letters from outpatient providers, etc.



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

Pre-authorization Request Form
Medical Services
Commercial, Individual, Medicare, BCBS FEP members:
Fax: 1 (855) 207-1209
Administrative Services Only (ASO) members:
Fax: 1 (844) 679-7763
Mail to: PO Box 1271, WW5-53
Portland, OR 97207-1271

Instructions: This form should be completed and filled out by the requesting provider. Prior to completing this form, please confirm the patient's benefits, eligibility and whether pre-authorization is required.

Is this for a Medicare Preservice Benefit Organization Determination Request? Yes No

Expedited request. I attest that this request meets the definition indicated below by checking the expedited request box. Fax to 1 (855) 240-6498.

Expedited is defined as: When the member or his/her provider believes that waiting for a decision within the standard timeframe could place the member's life, health or ability to regain maximum function in serious jeopardy.

SECTION 1 – PATIENT INFORMATION													
Patient Name (Last)						First				MI	Patient's Phone #		
Patient's Regence Member ID #						Group #						Date of Birth	
SECTION 2 – PROVIDER INFORMATION													
Please check one: <input type="checkbox"/> Requesting/Prescribing Provider <input type="checkbox"/> Rendering/Treating Provider													
Provider Name						Tax ID #							
NPI #			Office Phone #			Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No			Fax #				
Mailing Address						City			State	ZIP Code			
Provider Specialty						Email Address							
Who should we contact if we require additional information?													
Name			Phone # Ext.			Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No			Fax #				
If a physician reviewer needs a peer to peer discussion before a determination, please provide the treating provider's direct phone number and availability for the next 3 to 5 days.													
Phone #:			Date:			Date:			Date:				
Ext:			Time:			Time:			Time:				
Facility or Independent Laboratory Name						Tax ID #			NPI #				
Mailing Address						Fax #							
City			State	ZIP Code			Phone # Ext.			Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 3 – PREAUTHORIZATION REQUEST

Date of Service/Anticipated Admission _____

Please check one: Outpatient Hospital Inpatient ASC Office
 Other _____

Note: This form does not serve as a notification of admission. Please reference our provider website for instructions about how to notify us of an admission.

Please provide all diagnosis, CPT or HCPCS codes and their descriptions.

Diagnosis code(s) and description(s)	CPT or HCPCS code(s) and description(s)
Primary:	
Second:	
Third:	

SECTION 4 – DOCUMENTATION SUBMISSION

Submit the following documentation, as appropriate, with this request:

- Specific clinical documentation as outlined in the associated Regence Medical Policy, Policy Guidelines section
- OR**
- Specific clinical information documenting the applicable Medicare, or BCBS FEP medical necessity criteria, **including:**
 - History and physical
 - Lab/Radiology/Testing results
 - Current symptoms and functional impairment
 - Treatment history and any other information such as chart notes that support medical necessity for the request

Any other supporting documents you would like considered, such as letters from outpatient providers, etc.



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

**Pre-authorization Request Form
Skilled nursing (SNF), Long Term Acute Care (LTAC),
Inpatient Rehabilitation (IP Rehab)**

**Fax: 1 (855) 848-8220
Mail to: PO Box 1271, WW5-53
Portland, OR 97207-1271**

Instructions: This form should be completed and filled out by the requesting provider. Prior to completing this form, please confirm the patient's benefits, eligibility and whether pre-authorization is required.

Expedited request. I attest that this request meets the definition indicated below by checking the expedited request box. Fax to 1 (855) 240-6498.

Expedited is defined as: When the member or his/her provider believes that waiting for a decision within the standard timeframe could place the member's life, health or ability to regain maximum function in serious jeopardy.

SECTION 1 – PATIENT INFORMATION

Patient Name (Last)	First	MI	Patient's Phone #
Patient's Regence Member ID #	Group #		Date of Birth

SECTION 2 – PROVIDER INFORMATION

Requesting/Prescribing Provider Name		Tax ID #	
NPI #	Office Phone #	Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax #
Mailing Address		City	State ZIP Code
Provider Specialty		Email Address	

Who should we contact if we require additional information?

Name	Phone # Ext.	Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax #
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If a physician reviewer needs a peer to peer discussion before a determination, please provide the treating provider's direct phone number and availability for the next 3 to 5 days.

Phone #:	Date:	Date:	Date:
Ext:	Time:	Time:	Time:

Facility Name		Tax ID #	NPI #
Mailing Address		Fax #	
City	State	ZIP Code	Phone # Ext. Confidential Voice Mail <input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address	Note: This form does not serve as a notification of admission. Please reference our provider website for instructions about how to notify us of an admission.
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SECTION 3 – PREAUTHORIZATION REQUEST

Date of Admission _____

Transfer from another facility? Yes No If Yes, Facility Name: _____

Skilled Services Needed:

Level of
Function/Cognition:

Current:

Prior:

Ambulatory Ability:

Social Support: Lives Alone w/son/daughter w/ spouse w/ other _____

Please provide all diagnosis and their descriptions.

Diagnosis code(s) and description(s)

Primary:

Second:

Third:

SECTION 4 – DOCUMENTATION SUBMISSION

Submit the following documentation, as appropriate, with this request:

Specific clinical information documenting the applicable MCG™, Medicare, or BCBS FEP medical necessity criteria, **including:**

- History and physical
- PT/OT/SLP assessment and current notes within past 48 hours, as applicable
- Current symptoms and functional impairments
- Treatment history and any other information, such as chart notes that support medical necessity for the request.
- Physician Progress Notes from the past 48 hours

Any other supporting documents you would like considered, such as letters from outpatient providers, etc.

Sample Non-Covered Services Member Consent Form

This sample may be used as a guideline when developing a member consent form. Please consult with your legal counsel before adopting this format.

NON-COVERED SERVICES MEMBER CONSENT FORM

I, _____
(list patient name and member number), understand that the services and/or supplies listed below may not be considered eligible for benefits (e.g., services and/or supplies may be determined to be not medically necessary, non-covered or investigational) by _____
_____ (health insurer). I understand that my health insurance coverage has certain restrictions and limitations, such as authorization requirements, and non-covered services and/or supplies. Since I have chosen to obtain the services and/or supplies listed below, I agree to be financially responsible for any and all related charges, if they are not covered by my insurance.

Services/Supplies Requested

Condition/Diagnosis

Approximate Cost of Service

Date of Service

Member or Legal Guardian Signature

Member Identification Number

Date

Witness Signature

Date