



## Non-Covered Services

CMP Published: Yes  No

CPG Published: Yes  No

Neighborhood Health Plan of Rhode Island is a Medicaid Managed Care Organization; as such it must adhere to Medicaid regulatory and contractual requirements that exclude certain services from coverage. Additionally, Neighborhood must ensure that services rendered meet standards for quality of care and cost effectiveness.

This document serves as a guideline to understand non-covered services and exclusions. Non-covered services are described below, and where available specific ICD 9, CPT, and HCPCS codes for non-covered services have been documented in the tables below.

Definition: Non-covered services involve a variety of procedures including but not limited to investigational or experimental pharmaceuticals and procedures, abortion services (except to preserve the life of the woman, or in cases of rape or incest); private rooms in hospitals (unless medically necessary), hospital inpatient items not directly related to the treatment of an injury or illness, surgery for purely cosmetic reasons, and infertility treatment services. Specific HCPCS codes that are not covered under the State plan as defined in the Rhode Island Medical Assistance Program Fee Schedule are not covered.<sup>1</sup>

### Provider Restrictions:

Items or services ordered, prescribed, administered, or supplied by an individual practitioner or facility not licensed by the appropriate licensing board or excluded from participation in the Medicaid program under the authority of the United States Department of Health and Human Services.

### Investigational or Experimental Services:

- Drug or device that lacks FDA approval.
- Requested treatment that is the subject of Phase I or Phase II clinical trials or the investigational arm of Phase III clinical trials.
- Services which are delivered in connection with, or required by, an item or service not covered.
- Exception: investigational or experimental services are covered for cancer treatment per State regulation.

### DME

Purchase, repair, or replacement of materials or equipment when the reason for the purchase, repair, or replacement that is the result of enrollee abuse.

Purchase, repair, or replacement of materials or equipment that has been stolen or destroyed except when the following documentation is provided:

- Explanation of continuing medical necessity for the item, and
- Explanation that the item was stolen or destroyed, and
- Copy of police, fire department, or insurance report if applicable

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<sup>1</sup> Rhody Health Partners and RIte Care DHS Contracts



Repair of DME items not covered by Neighborhood  
Repair of DME items covered under the provider's or manufacturer's warranty  
Repair of a rented DME item.

#### Non-DME Items

Air conditioner, window or central  
Air cleansers, purifiers or HEPA filters  
Floor mats  
Trampolines, mini trampolines  
Suspension swings  
Hypoallergenic pillows/bedding  
Car seats  
Food and food products for use in specialty diets (including but not limited to: gluten free, casein free)

#### Cosmetic Surgery

Cosmetic prosthetic devices  
Cosmetic surgery includes but is not limited to: body piercing, breast implant removal, tattoos or tattoo removal, tongue splitting or repair of tongue splitting, breast augmentation (exception: post mastectomy)

#### Dental

Orthodontia is not covered  
All dental services other than emergency dental and limited oral surgery are not covered

#### Home Modifications (items for use in the home):

- Decks
- Lifts - permanent<sup>2</sup>
- Enlarged doorways
- Environmental accessibility modifications such as grab bars and ramps
- Fences
- Handrails
- Room additions and room expansions
- Telephone alert systems
- Telephone arms
- Telephone service in the home

#### Infertility related services and procedures

Home ovulation prediction kits  
Services for couples in which one of the partners has had a previous sterilization procedure, with or without reversal  
Any other service or procedure intended to create a pregnancy

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<sup>2</sup> Lifts – permanent refers to lifts affixed to the home not bed to chair lifts which are conditionally covered.



Alternative Therapies:

- Animal therapy
  - a. Dolphin therapy
  - b. Equine therapy
  - c. Hippo therapy
  - d. Pet therapy
- Dance Therapy
- Psychodrama

Additional Coverage Exclusions include but are not limited to:

Academic performance testing

Acupuncture

Altered Auditory Feedback Devices

Diagnostic tests to evaluate the need for a non-covered service

Drugs used to treat erectile dysfunction

Educational test and training programs

Health club memberships

Massage Therapy

Planned home births

Respite care (exception: hospice)

Services provided outside the United States or its territories.

Sex reassignment surgery

Sperm banking

Vocational rehabilitation

Wigs (exception: alopecia and cancer treatment)

Benefit Packages: RItE Care, Substitute Care (SUB), Children with Special Health Care Needs (CSN), and Rhody Health Plan (RHP).



Extended Family Planning (EFP) members have a limited benefit package see EFP benefit coverage summary for more information on covered benefits for EFP members, all other services are not covered.

**Additional Exclusions**

- For Rite Care, SUB Care and CSN coverage for Institution for Mental Diseases (IMD) services for individuals age 21 – 65 is not covered except as an out of plan state benefit and only at Butler Hospital and Eleanor Slater Hospital.
- Effective 9/1/10 RHP benefit package does not include nutrition counseling or weight loss pharmaceuticals and programs.

**Table 1 Non-Covered Services for RHP Members include but are not limited to:**

Code	Description
“97802” to “97804”, “S9452”, “S9470”	Nutritional Counseling
“S9433”, “S9449”	Dietary programs for weight loss

**Table 2 Non-Covered Services For Rite Care, SUB Care, CSN, RHP**

Description	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	CPT Codes	HCPCS	Comments
Non-Covered Service by Code		18.01", "18.5"“23.01", "23.2" to "23.73", "24.6" to "24.99", "63.82", "63.84", "64.43", "64.5", "65.92", "66.79", "66.92", "69.92", "75.0", "81.66", "86.02", "86.64", "86.82", "86.83", "86.92", "87.11", "87.12", "89.31", "96.54", "99.91", "99.92", "99.96" to	“00938”, "15775", "15776", "15780"to“15783”, “15788” to “15793”, “15824” to “15829”, “15832” to “15839”, ”17340”, “17360”, “17999”, "17380", “20985”, “22505”, “31295” to “31297”, “32998”, “36416”, “38204”, “53860”, “54360”, “55400”, "55970", "55980", “56805”, ”57335”, "58321" to "58323", “58350”, "58750", "58752", “58760”, "58970", "58974", "58976", “64550”, “64566”, "69090", “69300”, ”88000” to “88099”, "89250" to "89300", “89325” to “89398”, “90867”, “90868”, “90875”, “90876”, “90880”, “90901”, “92559”, “92605”, “92606”, “92700”, “97537”, “97810”to “97814”, “98940” to “98943”, “99000”, “99001”, “99002”, “99024”, “99026”, “99027”, “99071”, “99075”, ”99080”, “99172”,	A0080 to A0120, A0140 to A0210, A0382, A0384, A0392 to A0999, C1749, C8931 to C8936, E0446, G0128, G0129, G0151 to G0153, G0155, G0157, G0163 to G0164, G0175 to G0177, G0179 to G0182, G0219, G0235, G0252, G0255, G0257, G0259, G0260, G0282, G0293, G0294, G0306, G0307, G0333, G0343, G0372, G0380 to G0384, G0389, G0396, G0397, G0398 to G0400, G0402, G0406 to G0408, G0410, G0411, G0416 to G0419, G0425 to G0428, G8126 to G8128, G8395 to G8693, G8545 to G8693, G9001 to G9147, H0001 to H0045, H0047 to H0050, H1010, H2010, H2012, H2013, H2017 to H2022, H2023 to H2026, H2027 to H2037, J0275, M0064, M0075, M0076, M0100, M0300, M0301, Q0035, Q0092, Q0115, Q2035 to Q2039, R0070 to R0076, S0090, S0207 to S0250, S0273, S0274, S0310, S0315, S0317 to S0320, S0340 to S0342, S0395, S0400, S0500 to S0514, S0516, S0518, S0592, S0595, S0601, S0622, S2400 to S2411, S2900, S3005, S3600, S3601, S4011 to S4042, S4995, S5000, S5035 to S5105, S5135 to S5175, S5185, S5190, S5199, S5522, S8035, S8040, S8092, S8948, S8990, S9007, S9025, S9026, S9056, S9061, S9083, S9088, S9090, S9123, S9208 to S9214, S9379, S9381, S9451, S9454, S9474, S9900, S9970, S9975,	

		"99.99"	<p>"99173", 99441 to 99444, "99450", "99455", "99456", "99461", "0203T" to "0225T", "0232T", "0233T", "0239T", "0242T" to "0244T", "0249T", "0254T", "0255T", "0260T", "0263T" to "0273T", "0545F", "1200F", "1400F", "2060F", "3008F", "3015F", "3038F", "3293F", "3294F", "3323F", "3324F", "3328F", "3650F", "3700F", "3720F", "4004F", "4063F", "4255F", "4256F", "4324F" to "4328F", "4330F", "4340F", "4400F", "5200F", "6070F", "6080F", "6090F"</p>	S9976 to S9988, S9989, S9990 to S9999, T1000, T1014, T1017, T1018, T1019, T1020, T1027 to T1029, T1505, T1999, T2001 to T2003, T2005, T2010, T2011, T2012 to T2041, T2048, T2049	
Non-Covered Diagnosis Codes	<p>"606" to "606.9", "628" to "628.9", "V26" to "V26.29", "V26.8" to "V26.9", "V49.82", "V50.0" to V50.1, "V50.3", "V55.7", "V59.7" to "V59.74", "V68.0" to "V68.9", "V70.5" to "V70.7", "V72.2"</p>				

## Addendum

Services that are not covered and are documented in other benefit coverage summaries are listed in tables below:

- A. Immunizations and Vaccines - Non-Covered
- B. Laboratory Services – Non-covered
- C. Radiology Services – Non-Covered
- D. Vision Services – Non-Covered
- E. Outpatient Surgery and Procedures Other Non-Covered
- F. Transplant Services Non-Covered
- G. DME Non-Covered
- H. Non Covered Dental Services

**A. Noncovered Immunizations and Vaccines as of 09/01/10: Only immunizations and vaccines that are not covered for ANY age member are listed in Table 1.**

<b>PROCEDURE CODE</b>	<b>DESCRIPTION</b>
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
90476	ADENOVIRUS VACCINE, TYPE 4
90477	ADENOVIRUS VACCINE, TYPE 7
90581	ANTHRAX VACCINE, SC
90585	BCG VACCINE, PERCUTANEOUS
90586	BCG VACCINE, INTRAVESICAL
90634	HEP A VACCINE, PED/ADOL 3 DO
90645	HIB VACCINE, HBOC, IM
90644	MENINGOCOCCAL (Hib-Men CY-TT) 4 DOSE, 2-15 MO,
90646	HIB VACCINE, PRP-D, IM
90650	HPV TYP BIVAL 3 DOSE IM
90654	INFLUENZA VACCINE PRSV FREE ID USE
90657	FLU VACCINE, 6-35 MO, IM
90661	FLU VACC CELL CULT PRSV FREE
90662	FLU VACC PRSV FREE INC ANTIG
90663	FLU VACC PANDEMIC H1N1
90664	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE FOR INTRANASAL USE
90665	LYME DISEASE VACCINE, IM
90666	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE
90667	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTRAMUSCULAR USE
90690	TYPHOID VACCINE, ORAL
90691	TYPHOID VACCINE, IM
90692	TYPHOID VACCINE, H-P, SC/ID
90693	TYPHOID VACCINE, AKD, SC



90704	MUMPS IMMUNIZATION
90705	MEASLES IMMUNIZATION
90706	RUBELLA IMMUNIZATION
90708	MEASLES RUBELLA IMMUNIZATION
90712	ORAL POLIOVIRUS IMMUNIZATION
90717	YELLOW FEVER IMMUNIZATION
90719	DIPHTHERIA IMMUNIZATION
90720	DTP/HIB IMMUNIZATION
90721	DIPHTHERIA, TETANUS, TEXOIDS,
90725	CHOLERA IMMUNIZATION
90727	PLAGUE IMMUNIZATION
90735	ENCEPHALITIS VIRUS IMMUNIZAT
90738	JAPENESE ENCEPHALITIS
90743	HEP B VACC, ADOL, 2 DOSE, IM
90747	IMMUN HEPAT B DIALYSIS ANY A
90748	IMMUN HEPAT B AND HIB VACCIN
90749	IMMUNIZATION PROCEDURE NEC
G0008	ADMIN OF INFLUENZA
G0009	ADMIN OF PNEUMOCOCCAL VACCIN
G0010	ADMIN OF HEPATITIS B VACCINE
T1502	ADMINISTRATION OF ORAL, INTR

### B. Laboratory Services - Non-Covered

Description Laboratory Non-Covered	Codes	Description
CPT Codes	“80414”	Chorionic Gonadotropin stimulation panel; testosterone response
	“80415”	Chorionic Gonadotropin stimulation panel; estradiol response
	“80426”	Gonadotropin releasing hormone stimulation panel
	“81099”	Unlisted urinalysis procedure
	“82075”	Alcohol, breath
	“82757”	Fructose, semen
	“83727”	Luteinizing releasing factor (LRH)
	“83987”	pH; exhaled breath condensate
	“84145”	Procalcitonin
	“84431”	Thromboxane metabolite(s), including thromboxane if performed, urine
	“86305”	Human epididymis protein 4 (HE4)
	“86352”	Cellular function assay involving stimulation (e., mitogen or antigen)and detection of biomarker (eg., ATP)
	“84830”	Ovulation tests, by visual color comparison methods for human luteinizing hormone
	“84999”	Unlisted chemistry procedure
	“86077”	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report
	“86910”	Blood typing, for paternity testing, per individual; ABO Rh and MN
	“86911”	Blood typing, for paternity testing, per individual; ABO Rh and MN, each additional antigen system
	“87001”	Animal inoculation, small animal; with observation
	“87003”	e
	“88000” to “88099”	Codes for anatomic pathology, postmortem Examination
	“89250” to “89300”, “89325” to	Codes for reproductive medicine procedures



	“89398”	
HCPCS Codes		
	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
	“P2028” to “P2038”	Chemistry and Toxicology Tests “considered obsolete”
	“P9603”	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually travelled.
	“P9604”	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge.
	“S3890”	DNA analysis, fecal, for colorectal cancer screening

### C. Radiology Services – Non-Covered

CPT Code	Description
76948	Ultrasonic guidance for aspiration of ova
75571	Computed Tomography, heart, without contrast material, with quantitative evaluation of coronary calcium.

### D. Vision Services – Non-Covered

CPT/HCPCS Code	Description
65760	Keratomileusis
65771	Radial keratotomy
65781	Ocular surface reconstruction; limbal stem cell allograft
S0800	Laser In Situ Keratomileusis
S0810	Photorefractive Keratectomy
V2025	Deluxe frame
V2530	Contact Lens Scleral Gas Impermeable Per Lens
V2531	Contact Lens Scleral Gas Permeable Per Lens
V2599	Contact Lens Other Type
V2702	Deluxe Lens Feature
V2710	Slab Off Prism Glass Or Plastic Per Lens
V2718	Press-On Lens Fresnell Prism Per Lens
V2730	Special Base Curve Glass Or Plastic Per Lens
V2756	Eye Glass Case
V2760	Scratch Resistant Coating Per Lens
V2761	Mirror Coat Type Solid Gradient/= Lens Matl-Lens
V2762	Polarization Any Lens Material Per Lens
V2770	Occluder Lens Per Lens
V2780	Oversize Lens Per Lens
V2786	Specialty Occupational Multifocal Lens Per Lens
V2787	Astigmatism Correcting Function Intraocular Lens
V2788	Presbyopia Correction Function Intraocular Lens

V2790	Amniotic Membrane Surgical Reconstruct Per Proc
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**E. Outpatient Surgery and Procedures - Non Covered**

ICD 9 Diagnosis Code	CPT Code	Description	Comments
706.1, Acne Vulgaris	15780	Dermabrasion; total face	Services listed for acne as non-covered may be covered for other conditions
	15781	Dermabrasion; segmental face	
	15782	Dermabrasion; regional, other than face	
	15783	Dermabrasion; superficial any site	
	15788	Chemical peel, facial, epidermal	
	15789	Chemical peel, facial, dermal	
	15792	Chemical peel, nonfacial; epidermal	
	15793	Chemical peel, nonfacial; dermal	
	17110	Destruction (e.g. laser surgery,) of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions.	
	17111	Destruction (e.g. laser surgery,) of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	Not in HE
	96567	Photodynamic therapy...to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa	
<b>Non Covered for Any Condition</b>			
	15775	Punch graft for hair transplant; 1 to 15 punch grafts	
	15776	Punch graft for hair transplant; more than 15 punch grafts	
	17380	Electrolysis epilation, each 30 minutes	
	17399	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	
	36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	
	36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	
	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	
	43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	
	54200	Injection for Peyronie disease	



	54205	Injection for Peyronie disease; with surgical exposure of plaque	
	54250	Evaluation and Treatment of Erectile Abnormalities	
	54400 to 54417	Procedures to Treat Impotence	
	55970	Intersex surgery; male to female	
	55980	Intersex surgery; female to male	
	69090	Cosmetic Ear Piercing	
	69300	Otoplasty, protruding ear, with our without size reduction	
	93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	
	93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	

#### F. Non-Covered Transplant Services

ICD-9 Procedure Codes	Description
52.84	Autotransplantation of cells of islets of Langerhans
52.85	Allograft transplantation of cells of islets of Langerhans
52.86	Transplantation of cells of islets of Langerhans, not otherwise specified
0141T	Pancreatic islet cell transplantation through portal vein, percutaneous
0142T	Pancreatic islet cell transplantation through portal vein, poen
0143T	Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein
HCPCS	Description
G0341	Percutaneous islet cell transplant includes portal vein catheterization and infusion.
S2102	Islet cell tissue transplant from pancreas; allogenic
S2103	Adrenal tissue transplant to brain

#### G. Non-Covered DME Items (any place of service)

HCPCS	LONG DESCRIPTION
A4336	Incontinence supply; miscellaneous
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH



A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE
A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND
A6413	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH
A9270	NON-COVERED ITEM OR SERVICE
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH
A9300	EXERCISE EQUIPMENT
C9365	OASIS ULTRA TRI-LAYER MATRIX, PER SQUARE CENTIMETER
E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND
E0232	WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON CONTACT
E0241	BATH TUB WALL RAIL, EACH
E0242	BATH TUB RAIL, FLOOR BASE
E0243	TOILET RAIL, EACH
E0273	BED BOARD
E0274	OVER-BED TABLE
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)
L7600	PROSTHETIC DORNING SLEEVE, ANY MATERIAL, EACH
L7900	Male vacuum erection system
<b>HCPCS</b>	<b>LONG DESCRIPTION (NON COVERED CONTINUED)</b>
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT
T4535	DISPOSABLE LINER



T4536	INCONTINENCE PRODUCT, UNDERWEAR
T4537	INCONTINENCE PRODUCT, UNDERPAD
T4538	DIAPER SERVICE
T4539	INCONTINENCE PRODUCT, DIAPER
T4540	INCONTINENCE PRODUCT, UNDERPAD
T4541	INCONTINENCE PRODUCT, UNDERPAD
T4542	INCONTINENCE PRODUCT, UNDERPAD
T4543	INCONTINENCE PRODUCT, BARIATRIC
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS
T5999	SUPPLY, NOS

**H.Non Covered Dental Services**

Description	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	CPT Code	HCPCS	Comments
				D0120 to D0310, D0322 to D1204, D1310 to D5933,, D5936 to D7251, D7261, D7272 to D7283, D7287 to D7350, D7412 to D7415, D7465, D7472 to D7485, D7511, D7521, D7771, D7871, D7951, D7953, D7963, D7971, D7972, D7991 to D9215, D9248 to D9999	

Publication date:

9/1/2010

Revision Date:12/1/2011;10/21/11; 8/4/11