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## Non-Covered Services Payment Policy

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### Policy Statement

This policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood's) coverage exclusions and services that are considered non-covered. The services and items identified in this policy should not be considered an all-inclusive list.

### Scope

This policy applies to:

☒ **Medicaid** *excluding Extended Family Planning (EFP)*

☒ **INTEGRITY**

☒ **Commercial**

### Medicaid Non-Covered 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 Items:

- Purchase, repair, or replacement of materials or equipment, when 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
  - Explanation that the item was stolen or destroyed
  - Copy of police, fire department, or insurance report if applicable
- 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
- Dehumidifiers
- Floor mats
- Trampolines, mini trampolines
- Suspension swings
- Hypoallergenic pillows/bedding
- Standard car seats
- Food and food products for use in specialty diets (including but not limited to: gluten free, casein free)
- Waterproof Casts

### **Cosmetic Services**

Cosmetic Procedure: Procedures or services that change or improve appearance without significantly improving physiological function.

Cosmetic Surgery: Defined by the American Society of Plastic Surgeons, “is performed to reshape normal structures of the body in order to improve the patient’s appearance and self-esteem.”

Except as described in covered services, any service, supply or medication to change or improve appearance is not covered. This includes, but is not limited to:

- Cervicoplasty (Plastic surgery on the neck)
- Chemical exfoliations, peels, abrasions (or dermabrasions or planing for acne, scarring, wrinkling, sun damage or other conditions)
- Correction of variations in normal anatomy including augmentation mammoplasty, mastopexy, and correction of congenital breast asymmetry (modifying the size, contour, and elevation of breasts)
- Cosmetic prosthetic devices
- Drugs, biological products, hospital charges, pathology, radiology fees and charges for surgeons, assistant surgeons, attending physicians and any other incidental services which are related to cosmetic surgery
- Excision of excess skin or subcutaneous tissue including brachioplasty (arm lift) or abdominoplasty (tummy tuck) (except Panniculectomy)
- Genioplasty (reduction and addition of material to the chin).
- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty
- Hair removal (including electrolysis epilation)
- Hair transplants
- Inverted nipple surgery
- Laser treatment for acne and acne scars
- Liposuction/ suction assisted lipectomy (remove fatty deposits in the thighs, neck, arms, and stomach)
- Medically necessary procedures performed at the same time as a cosmetic procedure
- Osteoplasty (facial bone reduction)

- Otoplasty (ear plastic surgery)
- Removal or destruction of skin tags
- Repeated cauterizations or electrofulguration methods used to remove growths on the skin
- Rhinoplasty (nose plastic surgery)
- Rhytidectomy (facelift)
- Scalp hair prostheses made specifically for an individual, or a wig, and provided for hair loss due to alopecia areata, alopecia totalis, or permanent loss of scalp hair due to injury
- Scar Revision, regardless of symptoms
- Sclerotherapy/ treatment for spider veins
- Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- Testicular prosthesis surgery
- Treatment of vitiligo (white patches on skin)

**Dental:**

- Orthodontia
- All dental services, other than emergency dental and limited oral surgery.

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

- Decks
- Lifts – permanent<sup>1</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>1</sup> Lifts – permanent refers to lifts affixed to the home not bed to chair lifts which are conditionally covered.

**Alternative Therapies:**

- Animal therapy of any type
- Dance Therapy
- Massage Therapy
- Psychodrama
- Yoga

**Additional Coverage Exclusions:**

General exclusions include, *but are not limited to:*

- Academic performance testing
- Altered Auditory Feedback Devices
- Chronic Care Management Services
- Diagnostic tests to evaluate the need for a non-covered service
- Drugs or devices used to treat sexual or erectile dysfunction
- Educational test and training programs
- Health club memberships
- Lasik Surgery
- Medical Alert ID Bracelets
- Medical marijuana
- Personal Emergency Response Systems
- Planned home births
- Respite care (exception: hospice)
- Services provided outside the United States or its territories
- Sperm banking
- Vocational rehabilitation
- Wigs (exception: alopecia and cancer treatment).

**INTEGRITY Non-Covered 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 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
  - Explanation that the item was stolen or destroyed
  - Copy of police, fire department, or insurance report if applicable
- 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:**

- Dehumidifiers
- Trampolines, mini trampolines
- Suspension swings
- Waterproof casts

#### **Cosmetic Services:**

Cosmetic Procedure: Procedures or services that change or improve appearance without significantly improving physiological function.

Cosmetic Surgery: Defined by the American Society of Plastic Surgeons, "is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem."

Except as described in covered services, any service, supply or medication to change or improve appearance is not covered. This includes, but is not limited to:

- Cervicoplasty (Plastic surgery on the neck)
- Chemical exfoliations, peels, abrasions (or dermabrasions or planing for acne, scarring, wrinkling, sun damage or other conditions)
- Correction of variations in normal anatomy including augmentation mammoplasty, mastopexy, and correction of congenital breast asymmetry (modifying the size, contour, and elevation of breasts)
- Cosmetic prosthetic devices
- Drugs, biological products, hospital charges, pathology, radiology fees and charges for surgeons, assistant surgeons, attending physicians and any other incidental services which are related to cosmetic surgery
- Excision of excess skin or subcutaneous tissue including brachioplasty (arm lift) or abdominoplasty (tummy tuck) (except Panniculectomy)
- Genioplasty (reduction and addition of material to the chin).
- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty
- Hair removal (including electrolysis epilation)
- Hair transplants

- Inverted nipple surgery
- Laser treatment for acne and acne scars
- Liposuction/ suction assisted lipectomy (remove fatty deposits in the thighs, neck, arms, and stomach)
- Medically necessary procedures performed at the same time as a cosmetic procedure
- Osteoplasty (facial bone reduction)
- Otoplasty (ear plastic surgery)
- Removal or destruction of skin tags
- Repeated cauterizations or electrofulguration methods used to remove growths on the skin
- Rhinoplasty (nose plastic surgery)
- Rhytidectomy (facelift)
- Scalp hair prostheses made specifically for an individual, or a wig, and provided for hair loss due to alopecia areata, alopecia totalis, or permanent loss of scalp hair due to injury
- Scar Revision, regardless of symptoms
- Sclerotherapy/ treatment for spider veins
- Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- Testicular prosthesis surgery
- Treatment of vitiligo (white patches on skin)

#### **Dental:**

- Orthodontia
- All dental services, other than emergency dental and limited oral surgery.

#### **Infertility related services and procedures:**

- Home ovulation prediction kits
- Infertility treatment is not covered for:
  - Members who do not meet the definition of Infertility
  - Experimental infertility procedures
  - The costs of surrogacy, including all costs incurred by a fertile woman to achieve a pregnancy as a surrogate<sup>2</sup> or gestational carrier<sup>3</sup> for an infertile member. These costs include, but are not limited to:
    - Costs for drugs needed for implantation, embryo transfer, and cryopreservation of embryos
    - Use of donor egg and a gestational carrier
  - Costs for maternity care if the surrogate is not a member
  - Long-term (longer than 90 days) sperm or embryo cryopreservation unless the

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<sup>2</sup> A surrogate is a person who carries and delivers a child for another either through artificial insemination or surgical implantation of an embryo

<sup>3</sup> A gestational carrier is a surrogate with no biological connection to the embryo/child

member is in active infertility treatment. *Note: We may authorize short-term (less than 90 days) cryopreservation of sperm or embryos for certain medical conditions that may impact a member's future fertility.*

- Costs associated with donor recruitment and compensation
- Infertility services which are necessary for conception as a result of voluntary sterilization or following an unsuccessful reversal of a voluntary sterilization
- Donor sperm and associated laboratory services in the absence of diagnosed male factor infertility in the partner.
- Procurement of frozen donor oocytes.
- Donor recruitment, compensation/stipend and medications are not a covered benefit.
- Services for couples in which one of the partners has had a previous sterilization procedure, with or without reversal

#### **Alternative Therapies:**

- Animal therapy of any type
- Dance Therapy
- Psychodrama
- Transcendental Meditation
- Yoga

#### **Additional Coverage Exclusions:**

General exclusions include, *but are not limited to:*

- Abortion services (except to preserve the life of the woman, or in cases of rape or incest)
- Academic performance testing
- Altered Auditory Feedback Devices
- Cord blood banking
- Critical Care Transport
- Diagnostic tests to evaluate the need for a non-covered service
- Drugs or devices used to treat sexual or erectile dysfunction
- Educational test and training programs
- Electro sleep Therapy
- Health club memberships
- Intravenous Histamine Therapy
- Lasik Surgery
- Medical marijuana
- Planned home births
- Private rooms in hospitals (unless medically necessary)
- Sperm banking

- Thermogenic Therapy
- Vocational rehabilitation
- Wigs (exception: alopecia and cancer treatment).

### **Commercial Non-Covered Services**

#### **Adult Intensive Services (AIS):**

AIS program includes, but not limited to, emergency or crisis evaluations which are available 24 hours a day 7 days per week, psychiatric assessment, medication evaluation and management, case management, psychiatric nursing services, and individual, group, and family behavioral health therapy.

#### **Alternative, holistic, naturopathic, and/or functional health:**

- Alternative medicine services, supplies or procedures
- Biofeedback is not covered except for the treatment of urinary incontinence.
- Hypnotherapy

#### **Circumcision:**

Circumcisions will not be covered if they are performed in any setting other than a hospital, day surgery, or a physician's office.

#### **Cosmetic services:**

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- Correction of variations in normal anatomy including augmentation mammoplasty, mastopexy, and correction of congenital breast asymmetry (modifying the size, contour, and elevation of breasts)
- Drugs, biological products, hospital charges, pathology, radiology fees and charges for surgeons, assistant surgeons, attending physicians and any other incidental services which are related to cosmetic surgery
- Excision of excess skin or subcutaneous tissue including brachioplasty (arm lift) or abdominoplasty (tummy tuck) (except Panniculectomy)
- Genioplasty (reduction and addition of material to the chin).



- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty
- Hair removal (including electrolysis epilation)
- Hair transplants
- Inverted nipple surgery
- Laser treatment for acne and acne scars
- Liposuction/ suction assisted lipectomy (remove fatty deposits in the thighs, neck, arms, and stomach)
- Medically necessary procedures performed at the same time as a cosmetic procedure
- Osteoplasty (facial bone reduction)
- Otoplasty (ear plastic surgery)
- Removal or destruction of skin tags
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- Rhytidectomy (facelift)
- Scalp hair prostheses made specifically for an individual, or a wig, and provided for hair loss due to alopecia areata, alopecia totalis, or permanent loss of scalp hair due to injury
- Scar Revision, regardless of symptoms
- Sclerotherapy/ treatment for spider veins
- Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- Testicular prosthesis surgery
- Treatment of vitiligo (white patches on skin)

### **Custodial Care:**

Custodial care, rest care, day care, or non-skilled care in any facility is not covered. This includes care in convalescent homes, nursing homes, homes for the aged, halfway houses, or other residential facilities.

### **Dental Care:**

Adult preventive and restorative services, treatments, and supplies are not covered. Routine exams, X-rays and cleanings are examples of non-covered preventive services.

Restorative services involve the repair, strengthening, or replacement of teeth due to decay, deterioration, or fracture. Tooth extractions, fillings, and implants are examples of restorative treatment that is not covered.

### **Devices, Appliances and Prosthetics:**

Non-covered services include, but are not limited to:

- Dehumidifiers
- Devices used specifically as safety items or to affect performance in sports-related activities;
- Orthotic appliances that straighten or re-shape a body part such as foot orthotics and cranial banding
- Some types of braces, including over-the-counter orthotic braces
- Devices and procedures intended to reduce snoring. Exclusions include, but are not limited to, laser- assisted uvulopalatoplasty, somnoplasty, and snore guards
- Electric hospital grade breast pump purchases.

### **Eyeglasses, Lenses, or Frames:**

Non-covered services include:

- Refractive eye surgery (including radial keratotomy) for conditions that can be corrected by means other than surgery, contact lenses, or contact lens fittings.
- Deluxe frames are not covered.

### **Experimental or New Services, Supplies, or Medications:**

Neighborhood will not pay for any treatments that are tests of new treatments. This ban does not apply to services meeting coverage conditions under Rhode Island and federal law for:

- Treatment of Lyme disease
- New therapies to prevent, detect, or treat cancer or other life-threatening diseases or conditions
- Off label uses of prescription drugs for the treatment of cancer.

### **Home Births:**

Costs associated with the services provided by a doula.

### **Homemaker Services:**

These services are incidental to a person's health needs and include but are not limited to such services as making a person's bed, cleaning a person's living areas such as bedroom and bathroom, and performing other daily living tasks such as laundry and shopping.

### **Human Organ Transplants:**

Non-covered services for human organ transplants include but are not limited to:

- Experimental or Investigational transplant procedures except those required by federal or state law
- Services or supplies related to an excluded procedure
- Services or supplies for a donor that are not directly related to the organ transplant
- Expenses for donor searches
- Services relating to collection, preservation and potential future use of umbilical cord blood
- Donor related medical or other expenses of a transplant when the recipient is not a member

**Infertility Services:**

Infertility treatment is not covered for:

- Members who do not meet the definition of Infertility
- Experimental infertility procedures
- Medical or Surgical procedures for reversal of voluntary sterilization
- The costs of surrogacy, including all costs incurred by a fertile woman to achieve a pregnancy as a surrogate<sup>4</sup> or gestational carrier<sup>5</sup> for an infertile member. These costs include, but are not limited to:
  - Costs for drugs needed for implantation, embryo transfer, and cryopreservation of embryos
  - Use of donor egg and a gestational carrier
  - Costs for maternity care if the surrogate is not a member
- Long-term (longer than 90 days) sperm or embryo cryopreservation, unless the member is in active infertility treatment. (Note: We may authorize short-term (less than 90 days) cryopreservation of sperm or embryos for certain medical conditions that may impact a member's future fertility.) Costs associated with donor recruitment and compensation
- Infertility services which are necessary for conception as a result of voluntary sterilization or following an unsuccessful reversal of a voluntary sterilization
- Donor sperm and associated laboratory services in the absence of diagnosed male factor infertility in the partner
- Drugs for anonymous or designated egg donors that are directly related to a stimulated Assisted Reproductive Technology (ART) cycle, unless the member is the sole recipient of the donor's eggs. Prior authorization is recommended for these services

**Items for Personal Care, Comfort or Ease:**

- Charges gained when the member, for his or her convenience, chooses to remain an inpatient beyond the discharge hour.
- Supplies, equipment, services primarily for personal comfort including but not limited to:
  - Television
  - Telephone
  - Beauty/ barber service
  - Guest service

**Lodging:**

Lodging is not covered even when related to receiving any medical service.

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<sup>4</sup> A surrogate is a person who carries and delivers a child for another either through artificial insemination or surgical implantation of an embryo

<sup>5</sup> A gestational carrier is a surrogate with no biological connection to the embryo/child

**Network Restrictions:**

Services must be rendered by network providers unless it is an emergency or prior approval has been received. Any services, programs, supplies or procedures provided in a non-conventional setting are excluded. This includes, but is not limited to:

- Spas/resorts
- Educational, vocational, or recreational settings
- Outward Bound, or wilderness, camp or ranch programs
- Services performed outside of the United States and its territories.

This is the case even if the services, programs, supplies, or procedures are performed or provided by licensed providers, such as mental health professionals, nutritionists, nurses or physicians.

Some examples of services that may be excluded if they are performed in a non-conventional setting are:

- Psychotherapy
- ABA services and
- Nutritional counseling

**Over-the-counter Contraceptive Agents**

Over-the-counter contraceptive agents are not covered

**Pediatric Vision Care Services, Treatments and Supplies:**

Pediatric vision care services exclude:

- Services and materials not meeting accepted standards of optometric practice
- Special lens designs or coatings other than those described as covered services
- Replacement of lost or stolen eyewear
- Non-prescription (Plano) lenses
- Two pairs of eyeglasses in lieu of bifocals
- Insurance of contact lenses.

**Reversal of Voluntary Sterilization**

Medical or surgical procedures for reversal of voluntary sterilization

**Sexual and/or erectile dysfunction treatment**

Services and treatment related to sexual and/or erectile dysfunctions, except medically necessary services for treatment related to an organic condition.

**Sexual reassignment/gender dysphoria treatment**

Exclusions include:

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- Cryopreservation, storage and thawing of reproductive tissue
- Procedures designed to enhance masculinity or femininity or to alter body contours for aesthetic reasons are considered cosmetic and are excluded unless for the treatment of gynecomastia and gender dysphoria.
- Voice Modification Surgery
- Reversal of genital surgery

**Transportation:**

Exclusions include, but are not limited to transportation by chair car, wheelchair van, or taxi.

**Additional Coverage Exclusions:**

General exclusions include, *but are not limited to:*

- Any provider charges for missing an appointment
- Charges for copies of member records, charts or X-rays, or any costs associated with forwarding/ mailing copies of member records, charts or X-rays
- Chronic Care Management Services
- Electrolysis
- Examinations, evaluations or services for educational or developmental purposes including vocational rehabilitation and retraining services
- Exercise classes
- Medical marijuana
- Office infection control charges
- Personal Emergency Response Systems
- Personal trainer
- Relaxation and massage therapies
- TENS units or other neuromuscular stimulators and related supplies
- Waterproof Casts
- Weight loss programs and clinics – inpatient and outpatient
- Services, supplies, or medications required by a third party which are not otherwise medically necessary. Examples of a third party are an employer, an insurance company, a school, or a court.
- Services for which no charge would be made if member had no health plan.
- Services provided to a non-member, except as described in covered services.
- Care for conditions that are already covered under Federal, State or local legislation. This list includes workers' compensation, no-fault auto insurance, or other government programs besides Medicaid.
- Care for conditions that state or local law requires to be treated in a public facility.
- Health services while on active military duty.
- Any additional fee a provider may charge.

**Coding**



For plan specific listings of non-covered CPT, ICD-10 Diagnosis, and HCPCS codes please see the following pages of this document:

- Medicaid Non Covered Codes see **page 15**
- INTEGRITY Non Covered Codes see **page 18**
- Commercial Non Covered Codes see **page 23**

Please note that these list are not considered to be all inclusive.

### Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

### Document History

Date	Action
01/12/22	Policy Updated: additional codes added to CPT/HCPC list
10/15/21	Policy Updated: additional codes added to CPT/HCPC list
07/15/21	Policy Updated: additional codes added to CPT/HCPC list
02/22/21	Policy Review Date
02/15/21	Policy Updated: Format Changes, additional language added to cosmetic services for Medicaid and Integrity, medical marijuana added to exclusions
02/28/17	Policy Effective Date

## Non-Covered Services: Medicaid

ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
N46.01 to N46.9, N52.9, N97.0 to N97.9, Z00.8, Z01.20, Z01.21, Z02.1, Z02.3, Z02.71, Z02.79, Z02.89, Z02.9, Z04.8, Z04.9, Z31.0 to Z31.42, Z31.441, Z31.49, Z31.62, Z31.7, Z31.81 to Z31.9, Z33.3, Z41.1, Z41.3, Z43.7, Z52.810 to Z52.819, Z98.810	08H005Z, 08H105Z, 08P00JZ, 08P03JZ, 08P10JZ, 08P13JZ, 08W00JZ, 08W03JZ, 08W10JZ, 08W13JZ, 090007Z to 0902XZZ, 0C5W0Z0 to 0C5XXZ2, 0C9W000 to 0C9XXZ2, 0CBW0Z0 to 0CBX0Z2, 0CCW0Z0 to 0CCXXZ2, 0CCX0Z0 to 0CCX0Z2, 0CDWXZ0 to 0CDXXZ2, 0CJYXZ2, 0CMW0Z0 to 0CMXXZ2, 0CN40ZZ to 0CN4XZZ, 0CN50ZZ to 0CN6XZZ, 0CNW0Z0 to 0CNXXZ2, 0CPY0JZ, 0CPY3JZ, 0CPYXJZ, 0CQW0Z0 to 0CQXXZ2, 0CRW070 to 0CRXXK2, 0CSW050 to 0CSXXZ2, 0CU007Z to 0CU0X7Z, 0CU107Z to 0CU1X7Z, 0CU407Z to 0CU4X7Z, 0CWY07Z, 0CX00ZZ to 0CX1XZZ, 0CX40ZZ to 0CX4XZZ, 0HDSXZZ, 0HRSX7Z, 0J010ZZ, 0J013ZZ, 0J040ZZ to 0J0P3ZZ, 0PS33ZZ, 0PS43ZZ, 0PU337Z, 0PU33JZ, 0PU43JZ, 0QS03ZZ, 0QS13ZZ, 0QSS3ZZ, 0QU03JZ, 0QU13JZ, 0QUS3JZ, 0U550ZZ to 0U568ZZ, 0UF50ZZ to 0UF58ZZ, 0UF60ZZ to 0UF68ZZ, 0UF70ZZ to 0UF78ZZ, 0UL60CZ to 0UL68ZZ, 0UM60ZZ to 0UM74ZZ,	0010M, 0012M, 0013M, 0018M, 0035U to 0039U, 0041U to 0044U, 0081U, 0141T, 0142T, 0143T, 0203T to 0222T, 0223T to 0225T, 0232T, 0233T, 0239T, 0242T to 0244T, 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0249T, 0251U, 0252U, 0253U, 0254U, 0254T, 0255T, 0255U to 0267U, 0260T, 0263T to 0273T, 0275U, 0276T to 0286T, 0279U to 02784U, 0288T, 0291T to 0294T, 0299T to 0301T, 0302T to 0307T, 0309T to 0317T, 0329T to 0334T, 0335T to 0341T, 0343T to 0346T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0375T to 0393T, 0394T to 0436T, 0446T, 0448T, 0450T to 0454T, 0460T to 0467T, 0479T to 0481T, 0482T to 0504T, 0512T, 0581T, 0640T to 0670T, 00938, 15769, 15771, 15772, 15775, 15776, 15824 to 15829, 15832 to 15839, 15847, 15876 to 15879, 17340, 17380, 17999, 2026F, 20983, 20985, 22505, 22586, 30430, 31647 to 31651, 31660, 31661, 32994, 33340, 33927 to 33929, 34839, 34841 to 34848, 36416,	A0380, A4336, A4337, A4360, A4459, A4466, A4467, A4490, A4495, A4500, A4510, A4520, A4554, A4555, A4575, A4670, A6000, A6413, A9180, A9270, A9275, A9283, A9285, A9286, A9300, A9515, A9592, A9593, A9594, A9597, A9598, C1734, C1749, C1761, C1824, C1831, C1839, C1841, C1889, C1982, C2596, C2645, C8931 to C8936, C9014 to C9016, C9024, C9028 to C9034, C9042 to C9046, C9067, C9141, C9365, C9366, C9368, C9369, C9406, C9407, C9408, C9462, C9466, C9729 to C9731, C9734, C9736, C9737, C9738, C9748, C9749, C9750, C9756 to C9758, C9765, C9766, C9777, C9778, C9779, C9780, D0210, D1351, D2331, D7140, D7240, E0118, E0231, E0232, E0273, E0446, E0766, E0936, E1300, G0027, G0071, G0076 to G0087, G0157, G0128, G0129, G0151 to G0153, G0155, G0157, G0158, G0162, G0163, G0164, G0175 to G0177, G0182, G0219, G0235, G0252, G0255, G0257, G0259, G0276, G0279, G0282, G0293, G0294, G0295, G0306,



Non-Covered Services: Medicaid			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	0UQ70ZZ to 0UQ78ZZ, 0US50ZZ to 0US74ZZ, 0UU507Z , 0UU50KZ, 0UU547Z, 0UU54KZ, 0UU577Z, 0UU57KZ, 0UU587Z, 0UU58KZ, 0UU607Z, 0UU60KZ, 0UU647Z, 0UU64KZ, 0UU677Z, 0UU67KZ, 0UU687Z, 0UU68KZ, 0UU707Z, 0UU70KZ, 0UU747Z, 0UU74KZ, 0UU777Z, 0UU77KZ, 0UU787Z, 0UU78KZ, 0UY00Z0 to 0UY10Z2, 0VQN0ZZ to 0VQQ477, 0VUS07Z to 0VUS4KZ, 0W0007Z to 0W0N4ZZ, 0W4M0J0, 0W4M0K0, 0W4N071 to 0W4N0Z1, 0X0207Z to 0X0H4ZZ, 0Y0007Z to 0Y0L4ZZ, 2W31X9Z, 2W31XYZ, 3E00X3Z, 3E00X4Z, 3E00XBZ, 3E00XKZ, 3E00XMZ, 3E030U1, 3E033U1, 3E0J3U1, 3E0J8U1, 3E0P3LZ, 3E0P7LZ, 8E0H300, 8E0H30Z, 8E0HX62, 8E0HXY9, 8E0VX63, 8E0ZXY1, BN0GZZZ, BN0HZZZ, BN0JZZZ, F0DZ8UZ	36468, 36469, 43284, 43881, 43882, 53860, 54205, 54250, 54360, 54400 to 54405, 54410, 54411, 54416, 54417, 55400, 55874, 55970, 55980, 58321 to 58323, 58350, 58750, 58752, 58760, 58970, 58974, 58976, 64550, 64566, 65760, 65771, 65781, 65785, 69090, 69300, 77061 to 77062, 76948, 80300 to 80304, 80308 to 80377, 80414, 80415, 80426, 81099, 81308, 81309, 81313, 81327, 81410, 81411, 81413, 81414, 81422, 81425 to 81427, 81439, 81440, 81445, 81455, 81465, 81470, 81471, 81539, 81542, 81545, 81552, 81595, 82205, 82757, 82777, 83727, 84830, 83987, 84145, 84431, 86152, 86153, 86352, 86910, 86911, 87001, 87003, 88000 to 88099, 89250 to 89300, 89325 to 89398, 90619, 90626, 90627, 90671, 90677, 90682, 90689, 90739, 90743, 90747, 90748, 90758, 90865, 90867, 90868, 90869, 90875, 90876, 90880, 90882, 90887, 90901, 91112, 92145, 92229, 92559, 92605, 92606, 92618, 92700, 93264, 93050,	G0307, G0333, G0372, G0380 to G0384, G0410 to G0411, G0416, G0425 to G0427, G0428, G0454, G0459, G0460, G0463, G0472, G0473, G0490 to G0492, G0500 to G0509, G0511 to G0514, G1000 to G1011, G2000 to G2015, G2020, G2021, G2022, G2025, G2058, G2061 to G2083, G2086 to G2125, G2172, G8126 to G8128, G8545 to G8628, G8629 to G8693, G9143, G9187, G9362 to G9370, G9376 to G9386, G9389 to G9396, G9399, G9400 to G9443, G9448 to G9460, G9463 to G9472, G9481 to G9490, G9678 to G9686, G9978 to G9987, K1001 to K1006, K1013, K1016, K1017, K1018, K1019, K1020, K1022 to K1026, L2006, L5969, L7600, L7902, L8033, L8605, L8608, L8696, L8698, L8701, L8702, P2028 to P2038, P9603, P9604, Q2033 to Q2039, Q2040, Q2041, Q2042, Q4112 to Q4114, Q4125, Q4130, Q4138, Q4139, Q4142 to Q4146, Q4149 to Q4150, Q4155, Q4162, Q4167 to Q4171, Q4173 to Q4175, Q4176 to Q4185, Q4188 to Q4198, Q4200 to Q4204, Q4205, Q4206,



## Non-Covered Services: Medicaid

ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
		93702, 93792, 93793, 93895, 93980, 93981, 93998, 95836, 96570, 96571, 96900, 96902, 96904, 97169, 97170, 97172, 97533, 97537, 98943, 98970 to 98972, 99000 to 99002, 99024, 99026, 99027, 99071, 99075, 99080, 99172, 99173, 99421 to 99423, 99441 to 99444, 99450 to 99458, 99461, 99473, 99490, 99491, 99495, 99496	Q4208 to Q4222, Q4226, Q4251 to Q4253, Q5108, Q5110, Q5111, Q9004, Q9993 to Q9995, S0090, S0207 to S0215, S0353, S0354, S0596, S0800, S0810, S1034, S1035, S1036, S1037, S2102, S2103, S2117, S2230, S3655, S3721, S3890, S4027, S8130, S8131, S8930, S8948, S8990, S9109, S9110, S9122, S9401, S9430, S9432, S9901, S9960 to S9961, T1004, T1028, T2048, T1505, T4536, T4537, T4538, T4539, T4540, T4545, V2025, V2530, V2531, V2599, V5090, V5095, V5267 to V5274, V5298, V2610, V2702, V2710, V2718, V2730, V2756, V2760, V2761, V2762, V2770, V2780, V2786, V2787, V2788, V2790, V5281 to V5290

Non-Covered Services: INTEGRITY			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
N46.01 to N46.9, N52.9, N97.0 to N97.9, Z00.8, Z01.20 to Z01.21, Z02.1, Z01.3, Z02.71 to Z02.79, Z02.89, Z02.9, Z04.8, Z31.0, Z31.41 to Z31.42, Z31.49, Z31.83, Z41.3, Z43.7, Z52.810 to Z52.819, N52.9, Z91.1, Z98.810	00W0X0Z to 00WEXMZ, 01WYX0Z to 01WYXMZ, 02WAX2Z to 02WAXRZ, 02WYX2Z to 02WYXKZ, 03WYX0Z to 03WYXMZ, 04WYX0Z to 04WYXKZ, 05WYX0Z to 05WYXKZ, 06WYX0Z to 06WYXKZ, 07WKX0Z to 07WNXKZ, 07WPX0Z, 07WPX3Z, 07WTX0Z, 08H005Z, 08H105Z, 08P00JZ, 08P03JZ, 08P10JZ, 08P13JZ, 08W00JZ, 08W03JZ, 08W0X0Z to 08W0XKZ, 08W10JZ to 08W1XKZ, 08WJXJZ, 08WKXJZ, 09WHX0Z to 09WHXKZ, 09WJX0Z to 09WJXKZ, 09WKX0Z to 09WKXKZ, 09WYX0Z, 0BW0X0Z to 0BW0XKZ, 0BW1X0Z to 0BW1XKZ, 0BWKX0Z to 0BWKX3Z, 0BWLX0Z to 0BWLX3Z, 0BWQX0Z, 0BWQX2Z, 0BWTX0Z to 0BWTXMZ, 0C5W0Z0 to 0C5XXZ2, 0C9W000 to 0C9XXZ2, 0CCW0Z0 to 0CCXXZ2, 0CJYXZ2, 0CN40ZZ to 0CN6XZ2, 0CNW0Z0 to 0CNXXZ2, 0CQW0Z0 to 0CQXXZ2, 0CRW070 to 0CRXXK2, 0CSW050 to 0CSXXZ2, 0CWAX0Z, 0CWAXCZ, 0CWSX0Z to 0CWSXKZ, 0CWY07Z to 0CWYXKZ, 0DW0X0Z to	0012M, 0013M, 0018M, 0018U to 0023U, 0035U to 0039U, 0041U to 0045U, 0080U to 0083U, 0203T to 0225T, 0232T, 0233T, 0239T, 0242T to 0244T, 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0249T, 0251U, 0252U, 0253U, 0254U, 0254T, 0255T, 0255U to 0267U, 0260T, 0263T to 0273T, 0275U, 0276T to 0288T, 0279U to 0284U, 0291T to 0294T, 0299T to 0301T to 0307T, 0309T, 0310T, 0311T, to 0317T, 0329T to 0341T, 0343T, 0344T, 0346T, 0347T to 0358T, 0375T to 0386T, 0388T, 0398T, 0402T, 0439T, 0444T, 0445T, 0446T, 0448T, 0450T to 0454T, 0460T to 0467T 0479T, 0480T, 0482T to 0536T, 0541T, 0542T, 0545F, 0581T, 0640T to 0670T, 00938, 1200F, 1400F, 15769, 15771, 15772, 15780, 15782, 15783, 15824 to 15827, 15832 to 15839, 15876 to 15879, 17340, 17360, 17999, 17380, 2060F, 2026F, 20985, 22505, 22586, 3008F, 3015F, 3038F, 30430, 31295 to 31297, 31647 to 31651, 31660, 31661, 3293F,	A0380, A0394, A0432, A4459, A4466, A4467, A4490, A4495, A4500, A4510, A4520, A4544, A4555, A4563, A4575, A4670, A6000, A6413, A6460, A6461, A9270, A9275, A9283, A9285, A9286, A9300, A9515, A9589, A9592, A9593, A9594, A9597, A9598, B4105, C1734, C1749, C1761, C1823, C1824, C1831, C1839, C1841, C1889, C1890, C1982, C2596, C8931 to C8937, C9014 to C9016, C9024, C9028, C9029, C9032, C9033, C9034, C9042 to C9046, C9067, C9141, C9365, C9366, C9368, C9369, C9406, C9407, C9408, C9462, C9466, C9729 to C9731, C9734, C9736, C9737, C9738, C9748, C9750 to C9758, C9765, C9766, C9777, C9778, C9779, C9780, D0210, D0411, D1351, D2331, D5511, D5512, D5611, D5612, D5621, D5622, D6096, D6118, D6119, D7140, D7240, D7296, D7297, D7979, D8695, D9995, D9996, E0118, E0231, E0232, E0273, E0446, E0766, E0936, E1300, G0027, G0071, G0076 to G0087,

Non-Covered Services: INTEGRITY			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	ODW0XUZ, ODWDX0Z to ODWDXUZ, ODW5XDZ, ODW6X0Z to ODW6XUZ, OFW0X0Z to OFW0X3Z, OFW4X0Z to OFW4XDZ, OFWGX0Z to OFWGXDZ, OFWBX0Z to OFWBXKZ, OFWDX0Z to OFWDXKZ, OGW0X0Z, OGW1X0Z, OGW5X0Z, OGWKX0Z, OGWRX0Z, OGWSX0Z to OGWSX3Z, OHDSXZZ, OHRSX7Z, OHWPX0Z to OHWSXKZ, OPWDXKZ, OPWFX4Z to OPWFXKZ, OPWGX4Z to OPWGXKZ, OPWHX4Z to OPWHXKZ, OPWJX4Z to OPWJXKZ, OPWKX4Z to OPWKXKZ, OPWLX4Z to OPWLXKZ, OPWMX4Z to OPWMXKZ, OPWNX4Z to OPWNXKZ, OPWPX4Z to OPWPXKZ, OPWQX4Z to OPWQXKZ, OPWRX4Z to OPWRXKZ, OPWSX4Z to OPWSXKZ, OPWTX4Z to OPWTXKZ, OPWVX4Z to OPWVXKZ, OPWYX0Z, OPWYXMZ, OQW0X4Z to OQW0XKZ, OQW1X4Z to OQW1XKZ, OQW2X4Z to OQW2XKZ, OQW3X4Z to OQW3XKZ, OQW4X4Z to OQW4XKZ, OQW5X4Z to OQW5XKZ, OQW6X4Z to OQW6XKZ, OQW7X4Z to OQW7XKZ, OQW8X4Z to OQW8XKZ, OQW9X4Z to OQW9XKZ, OQWBX4Z to OQWBXKZ, OQWCX4Z to OQWCXKZ, OQWDX4Z to OQWDXKZ, OQWFX4Z to OQWFXKZ, OQWGX4Z to OQWGXKZ, OQWHX4Z to OQWHXKZ,	3294F, 3323F, 3324F, 3328F, 32994, 33274, 33275, 33289, 33927 to 33929, 34839, 34841 to 34848, 36416, 3650F, 3700F, 3720F, 4004F, 4063F, 4255F, 4256F, 4324F to 4328F, 43284, 4330F, 4340F, 4400F, 5200F, 53860, 54360, 54410, 54411, 54416, 54417, 55400, 55970, 55980, 58321 to 58323, 58350, 58750, 58752, 58760, 58970, 58974, 58976, 6070F, 6080F, 6090F 64550, 64566, 69090, 69300, 77061, 77062, 80300 to 80377, 81313, 81327, 81410, 81411, 81413, 81414, 81422, 81425, 81426, 81427, 81439, 81440, 81455, 81460, 81465, 81470, 81471, 81539, 81542, 81545, 81552, 82777, 84145, 86152, 86153, 88000 to 88236, 88238 to 88099, 89250 to 89300, 89325 to 89398, 90619, 90626, 90627, 90630, 90651, 90653, 90671, 90672, 90677, 90682, 90685 to 90688, 90694, 90697, 90739, 90743, 90747, 90748, 90758, 90875, 90876, 90880, 90901, 91112, 92145, 92229, 92559, 92605, 92606, 92618, 93264, 93702, 93980, 93985, 93998, 92700, 96900, 97169, 97170, 97172, 97537, 97810 to 97814, 98943, 98970 to	G0157, G0128, G0129, G0151 to G0153, G0155, G0157, G0158, G0162, G0163, G0164, G0175 to G0177, G0179 to G0182, G0219, G0235, G0252, G0255, G0257, G0259, G0276, G0282, G0293, G0294, G0295, G0306, G0307, G0333, G0372, G0380 to G0384, G0410 to G0411, G0425 to G0427, G0428, G0454, G0459, G0460, G0472, G0473, G0501, G1000 to G1011, G2000 to G2015, G2020, G2021, G2022, G2025, G2058 to G2063, G2081 to G2083, G2086 to G2125, G2172, G8126 to G8128, G8545 to G8628, G8629 to G8693, G9143, G9187, G9362 to G9370, G9376 to G9386, G9389 to G9396, G9399, G9400 to G9443, G9448 to G9460, G9463 to G9472, G9679 to G9684, G9890 to G9949, G9954 to G9970, G9974 to G9987, K1001 to K1006, K1013, K1016, K1017, K1018, K1019, K1020, K1022 to K1026, L2006, L5969, L7600, L7902, L8033, L8608, L8696, L8698, L8701, L8702, P2028 to P2038, P9603, Q2033, Q2034, Q2035 to Q2039, Q2040, Q2041, Q2042, Q4112 to Q4114, Q4125, Q4130, Q4138 to Q4139, Q4142 to Q4146, Q4149, Q4150, Q4155, Q4167 to Q4171, Q4173

Non-Covered Services: INTEGRITY			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	0QWJX4Z to 0QWJXKZ, 0QWKX4Z to 0QWKXKZ, 0QWLX4Z to 0QWLXKZ, 0QWMX4Z to 0QWMXKZ, 0QWNX4Z to 0QWNXKZ, 0QWPX4Z to 0QWPXKZ, 0QWQX4Z to 0QWQXKZ, 0QWRX4Z to 0QWRXKZ, 0QWSX4Z to 0QWSXKZ, 0QWYX0Z, 0QWYXMZ, 0RW0X0Z to 0RW0XKZ, 0RW1X0Z to 0RW1XKZ, 0RW3X0Z to 0RW3XKZ, 0RW4X0Z to 0RW4XKZ, 0RW5X0Z to 0RW5XKZ, 0RW6X0Z to 0RW6XKZ, 0RW9X0Z to 0RW9XKZ, 0RWAX0Z to 0RWAXKZ, 0RWBX0Z to 0RWBXKZ, 0RWCX0Z to 0RWCXKZ, 0RWDX0Z to 0RWDXKZ, 0RWEX0Z to 0RWEXKZ, 0RWF0X0Z to 0RWF0XKZ, 0RWGX0Z to 0RWGXKZ, 0RWHX0Z to 0RWHXKZ, 0RWJX0Z to 0RWJXKZ, 0RWKX0Z to 0RWKXKZ, 0RWLX0Z to 0RWLXKZ, 0RWMX0Z to 0RWMXKZ, 0RWNX0Z to 0RWNXKZ, 0RWPX0Z to 0RWPXKZ, 0RWQX0Z to 0RWQXKZ, 0RWRX0Z to 0RWRXKZ, 0RWSX0Z to 0RWSXKZ, 0RWTX0Z to 0RWTXKZ, 0RWUX0Z to 0RWUXKZ, 0RWVX0Z to 0RWVXKZ, 0RWWX0Z to 0RWWXKZ, 0RWXX0Z to 0RWXXKZ, 0SW0X0Z to 0SW0XKZ, 0SW2X0Z to 0SW2XKZ, 0SW3X0Z to 0SW3XKZ, 0SW4X0Z to 0SW4XKZ, 0SW5X0Z to 0SW5XKZ, 0SW6X0Z to 0SW6XKZ,	98972, 99000, 99001, 99002, 99024, 99026, 99027, 99071, 99075, 99080, 99172, 99173, 99421 to 99423, 99441 to 99444, 99446 to 99449, 99450, 99455, 99456, 99461	to Q4175, Q4176 to Q4182, Q4183 to Q4185, Q4188 to Q4198, Q4200 to Q4204, Q4205 to Q4226, Q4251 to Q4253, Q5108, Q5110 to Q5115, Q9004, Q9984, Q9991 to Q9995, S0090, S0207 to S0215, S0257, S0285, S0311, S0353, S0354, S0596, S0800, S0810, S1034 to S1037, S2102, S2103, S2117, S2230, S2900, S3655, S3721, S3890, S4027, S5522, S8130, S8131, S8930, S8948, S8990, S9109, S9110, S9122, S9336, S9401, S9430, S9432, S9901, S9960, S9961, T1004, T1040, T2001 to T2005, T2007, T2048, T1505, T4536, T4537, T4538, T4539, T4540, T4545, V2025, V2530, V2531, V2599, V5090, V5095, V5267 to V5274, V5281, to V5290, V5298 , V2610, V2702, V2710, V2718, V2730, V2756, V2760, V2761, V2762, V2786, V2787, V2788, V2790, V5008, V5281 to V5290

Non-Covered Services: INTEGRITY			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	OSW7X0Z to OSW7XKZ, OSW8X0Z to OSW8XKZ, OSW9X0Z to OSW9XKZ, OSWBX0Z to OSWBXKZ, OSWCX0Z to OSWCXKZ, OSWDX0Z to OSWDXKZ, OSWFX0Z to OSWFXKZ, OSWGX0Z to OSWGXKZ, OSWHX0Z to OSWHXKZ, OSWJX0Z to OSWJXKZ, OSWKX0Z to OSWKXKZ, OSWLX0Z to OSWLXKZ, OSWMX0Z to OSWMXKZ, OSWNX0Z to OSWNXKZ, OSWPX0Z to OSWPXKZ, OSWQX0Z to OSWQXKZ, OTW5X0Z to OTW5XKZ, OTW9X0Z to OTW9XMZ, OTWBX0Z to OTWBXMZ, OTWDX0Z to OTWDXLZ, 0U550ZZ to 0U568ZZ, 0UF50ZZ to 0UF58ZZ, 0UF60ZZ to 0UF68ZZ, 0UF70ZZ to 0UF78ZZ, 0UL50CZ to 0UL64ZZ, 0UL57DZ to 0UL68ZZ, 0UM50ZZ to 0UM74ZZ, 0UQ50ZZ to 0UQ78ZZ, 0US50ZZ to 0US74ZZ, 0UU507Z, 0UU50KZ, 0UU547Z, 0UU54KZ, 0UU577Z, 0UU57KZ, 0UU587Z, 0UU58KZ, 0UU607Z, 0UU60KZ, 0UU647Z, 0UU64KZ, 0UU677Z, 0UU67KZ, 0UU687Z, 0UU68KZ, 0UU707Z, 0UU70KZ, 0UU747Z, 0UU74KZ, 0UU777Z, 0UU77KZ, 0UU787Z, 0UU78KZ, 0UW3X0Z, 0UW3X3Z, 0UW8X0Z to 0UW8XKZ, 0UWDX0Z to 0UWDXKZ, 0UWHX0Z to 0UWHXKZ,		

Non-Covered Services: INTEGRITY			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	0UWMX0Z to 0UWMXKZ, 0UY00Z0 to 0UY10Z2, 0VW4X0Z to 0VW4XKZ, 0VW8X0Z to 0VW8XKZ, 0VWDX0Z to 0VWDXKZ, 0VWMX0Z to 0VWMXKZ, 0VWRX0Z to 0VWRXKZ, 0VWSX0Z to 0VWSXKZ, 0W0207Z to 0W024ZZ, 0W0607Z to 0W064ZZ, 0W4M070 to 0W4N0Z1, 0WW0X0Z to 0WW0XYZ, 0WW1X0Z to 0WW1XYZ, 0WW2X0Z to 0WW2XYZ, 0WW4X0Z to 0WW4XYZ, 0WW5X0Z to 0WW5XYZ, 0WW6X0Z to 0WW6XYZ, 0WW8X0Z to 0WW8XYZ, 0WW9X0Z to 0WW9XYZ, 0WWBX0Z to 0WWBXYZ, 0WWCX0Z to 0WWCXYZ, 0WWDX0Z to 0WWDXYZ, 0WWFX0Z to 0WWFXYZ, 0WWGX0Z to 0WWGXYZ, 0WWHX0Z to 0WWHXYZ, 0WWJX0Z to 0WWJXYZ, 0WWKX0Z to 0WWKXYZ, 0WWLX0Z to 0WWLXYZ, 0WWMX0Z to 0WWMXYZ, 0WWNX0Z to 0WWNXYZ, 0WWPX1Z to 0WWPXYZ, 0WWQX1Z to 0WWQXYZ, 0WWRX1Z to 0WWRXYZ, 0X0207Z to 0X0H4ZZ, 0XW6X0Z to 0XW6XYZ, 0XW7X0Z to 0XW7XYZ, 0Y0007Z to 0Y0L4ZZ, 0YW9X0Z to 0YW9XYZ, 0YWBX0Z to 0YWBXYZ, 2W31X9Z, 2W31XYZ, 3E00X3Z to 3E00XMZ, 3E030U1, 3E033U1, 3E0J3U1 to 3E0J8U1, 3E0P3LZ, 3E0P7LZ, 4A05XLZ,		

## Non-Covered Services: INTEGRITY

ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	6A210ZZ to 6A221ZZ, 8C01X6L, 8C02X6K, 8C02X6L, 8E0H300 to 8E0HXY9, 8E0VX63, 8E0ZXY1, BNOGZZZ to BNOJZZZ, FODZ8UZ		

## Non-Covered Services: Commercial

ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
F64.1, F64.2, F64.8, F64.9, L70.0 to L70.9, L73.0, L80, N52.9, Z00.8, Z01.20, Z01.21, Z02.1, Z02.3, Z02.71 to Z02.81, Z02.83 to Z02.9, Z04.8, Z049, Z31.0, Z31.42, Z41.1, Z41.3, Z43.7, Z52.813, Z52.819, N52.9, Z87.890, Z98.810	09Q04ZZ, 09Q10ZZ to 09Q14ZZ, 09Q20ZZ to 09Q24ZZ, 09Q30ZZ to 09Q38ZZ, 09Q40ZZ to 09Q48ZZ, 09S00ZZ to 09S2XZZ 09WHX0Z to 09WHXKZ, 09WJX0Z to 09WJXKZ, 09WKX0Z to 09WKXKZ, 09WYX0Z, 0BW0X0Z to 0BW0XKZ, 0BW1X0Z to 0BW1XKZ, 0BWKX0Z to 0BWKX3Z, 0BWLX0Z to 0BWLX3Z, 0BWQX0Z, 0BWQX2Z, 0BWTX0Z to 0BWTXMZ, 0CBW0Z0 to 0CBXXZ2, 0CCWXZ0 to 0CDXXZ2, 0CJYXZ2, 0CMW0Z0 to 0CMXXZ2, 0CN50ZZ to 0CN6XZZ, 0CQW0Z0 to 0CQXXZ2, 0CRW070 to 0CRXXK2, 0CSW050 to 0CSXXZ2 0C5W0Z0 to 0C5XXZ2, 0C9W000 to 0C9XXZ2, 0CCW0Z0 to 0CCXXZ2, 0CJYXZ2, 0CN40ZZ to 0CN6XZZ, 0CNW0Z0 to 0CNXXZ2, 0CQW0Z0 to 0CQXXZ2, 0CRW070 to 0CRXXK2, 0CSW050 to 0CSXXZ2, 0CWAX0Z, 0CWAXCZ, 0CWSX0Z to 0CWSXKZ, 0CWY07Z to 0CWYXKZ, 0DW0X0Z to 0DW0XUZ,	0012M, 0013M, 0018M, 0018U to 0023U, 0035U to 0039U, 0041U to 0045U, 0080U to 0083U, 0203T to 0225T, 0232T, 0233T, 0239T, 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0242T to 0244T, 0249T, 0251U, 0252U, 0253U, 0254T, 0254U, 0255T, 0255U to 0267U, 0260T, 0263T to 0273T, 0275U, 0276T to 0288T, 0279U to 0284U, 0291T to 0294T, 0299T to 0301T to 0307T, 0309T, 0310T, 0311T, to 0317T, 0329T to 0341T, 0343T to 0346T, 0347T to 0358T, 0375T to 0391T, 0394T to 0436T, 0446T, 0448T, 0450T to 0454T, 0460T to 0467T, 0479T to 0504T to 0536T, 0541T, 0542T, 0545F, 0581T, 0640T to 0670T, 00938, 11200, 11201, 1200F, 1400F, 15769, 15771, 15772, 15775, 15776, 15780 to 15783, 15788 to 15793, 15824 to 15829, 15832 to 15839, 15847, 15876 to 15879, 17340, 17360, 17999, 17380, 19300, 2060F, 2026F, 20983,	A0130, A0380, A0432, A4336, A4337, A4360, A4459, A4466, A4467, A4490, A4495, A4500, A4510, A4520, A4554, A4555, A4563, A4575, A4670, A6000, A6413, A6460, A6461, A9270, A9275, A9279, A9280, A9281, A9283, A9285, A9286, A9300, A9515, A9589, A9592, A9593, A9594, A9597, A9598, B4105, C1734, C1749, C1761, C1823, C1824, C1831, C1839, C1841, C1889, C1982, C1890, C2596, C2645, C8931 to C8937, C9014 to C9016, C9024 to C9034, C9067, C9042 to C9046, C9141, C9365, C9366, C9368, C9369, C9406, C9407, C9408, C9462, C9466, C9729 to C9731, C9737, C9738, C9734, C9736, C9748, C9749, C9750 to C9758, C9765, C9766, C9777, C9778, C9779, C9780, D0210, D1351, D2331, D7140, D7240, D4322, D4323, D7298, D7299, D7300, E0118, E0160 to E0163, E0165, E0167, E0168, E0170 to



Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	ODWDX0Z to ODWDXUZ, ODW5XDZ, ODW6X0Z to ODW6XUZ, OFW0X0Z to OFW0X3Z, OFW4X0Z to OFW4XDZ, OFWGX0Z to OFWGXDZ, OFWBX0Z to OFWBXKZ, OFWDX0Z to OFWDXKZ, OGW0X0Z, OGW1X0Z, OGW5X0Z, OGWKX0Z, OGWRX0Z, OGWSX0Z to OGWSX3Z, OHDSXZZ, OHM2XZZ, OHM3XZZ, OHN2XZZ, OHN3XZZ, OHR2X73, OHR2XJ3, OHR2XJ4, OHR2XJZ, OHR3X73, OHR3XJ3, OHR3XJ4, OHR3XJZ, OHRSX7Z, OHX2XZZ, OHX3XZZ, OHDSXZZ, OHRSX7Z, OHWPX0Z to OHWSXKZ, OJ010ZZ to OJ0P3ZZ, OW0207Z to OW024ZZ, OW0607Z to OW064ZZ, OW4M070 to OW4N0Z1, OX0207Z to OX0H4ZZ, OY0007Z to OY0L4ZZ, 2W31X9Z, 2W31XYZ, 3E0P3LZ, 3E0P7LZ, 8E0H30Z, 8E0HXY9, F0DZ8UZ, OPWDXKZ, OPWFX4Z to OPWFXKZ, OPWGX4Z to OPWGXKZ, OPWHX4Z to OPWHXKZ, OPWJX4Z to OPWJXKZ, OPWKX4Z to OPWKXKZ, OPWLX4Z to OPWLXKZ, OPWMX4Z to OPWMXKZ, OPWNX4Z to OPWNXKZ, OPWPX4Z to OPWPXKZ, OPWQX4Z to OPWQXKZ, OPWRX4Z to OPWRXKZ, OPWSX4Z to OPWSXKZ, OPWTX4Z to OPWTXKZ, OPWVX4Z to OPWVXKZ,	20985, 22505, 22586, 22867 to 22870, 3008F, 3015F, 3038F, 31295 to 31297, 31647 to 31651, 31660, 31661, 3293F, 3294F, 3323F, 3324F, 3328F, 32994, 33274, 33275, 33289, 33340, 33927 to 33929, 34839, 34841 to 34848, 36416, 3650F, 3700F, 3720F, 38204, 4004F, 4063F, 4255F, 4256F, 4324F to 4328F, 4330F, 4340F, 4400F, 43284, 5200F, 53860, 54360, 54400 to 54405, 54410, 54411, 54416, 54417, 55400, 55874, 55970, 55980, 58750, 58752, 58760, 6070F, 6080F, 6090F, 64550, 64566, 69090, 69300, 77061, 77062, 80299, 80300 to 80304, 80308 to 80377, 81175 to 81176, 81230 to 81231, 81238, 81246, 81247 to 81249, 81313, 81327, 81328, 81334, 81335, 81346, 81410, 81411, 81413, 81414, 81415, 81416, 81417, 81422, 81425, 81426, 81427, 81439, 81440, 81455, 81465, 81470, 81471, 81521, 81539, 81541, 81542, 81545, 81551, 81552, 81595, 82777, 83789, 83992, 84145, 86152, 86153, 88000 to 88099, 89252, 89255, 89256, 89259, 89260, 89262, 89263, 89265 to 89279, 89282 to 89300, 89326 to 89330, 89332 to	E0172, E0175, E0190, E0231, E0232, E0240 to E0249, E0273, E0274, E0315, E0446, E0621, E0625, E0627 to E0630, E0635 to E0642, E0700, E0705, E0766, E0910, E0911, E0912, E0936, E0940, E0968, E1031, E1035, E1036, E1300, G0027, G0071, G0076 to G0087, G0157, G0128, G0129, G0151 to G0153, G0155, G0157, G0158, G0162, G0163, G0164, G0175 to G0177, G0179 to G0182, G0219, G0235, G0252, G0255, G0257, G0259, G0260, G0276, G0279, G0282, G0293, G0294, G0295, G0306, G0307, G0333, G0372, G0380 to G0384, G0410 to G0411, G0416, G0425 to G0427, G0428, G0454, G0459, G0460, G0572, G0473, G0490, G0491, G0492, G0500 to G0509, G0511 to G0514, G1000 to G1011, G2000 to G2015, G2020, G2021, G2022, G2025, G2058 to G2083, G2086 to G2125, G2172, G8126 to G8128, G8545 to G8628, G8629 to G8693, G9143, G9187, G9362 to G9370, G9376 to G9386, G9389 to G9396, G9399, G9400 to G9443, G9448 to G9460, G9463 to G9472, G9481 to G9490, G9678 to G9686 G9890 to G9949, G9954 to G9970, G9974 to G9987,



Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	OPWYX0Z, OPWYXMZ, OQW0X4Z to OQW0XKZ, OQW1X4Z to OQW1XKZ, OQW2X4Z to OQW2XKZ, OQW3X4Z to OQW3XKZ, OQW4X4Z to OQW4XKZ, OQW5X4Z to OQW5XKZ, OQW6X4Z to OQW6XKZ, OQW7X4Z to OQW7XKZ, OQW8X4Z to OQW8XKZ, OQW9X4Z to OQW9XKZ, OQWBX4Z to OQWBXKZ, OQWCX4Z to OQWCXKZ, OQWDX4Z to OQWDXKZ, OQWFX4Z to OQWFXKZ, OQWGX4Z to OQWGXKZ, OQWHX4Z to OQWHXKZ, OQWJX4Z to OQWJXKZ, OQWKX4Z to OQWKXKZ, OQWLX4Z to OQWLXKZ, OQWMX4Z to OQWMXKZ, OQWNX4Z to OQWNXKZ, OQWPX4Z to OQWPXKZ, OQWQX4Z to OQWQXKZ, OQWRX4Z to OQWRXKZ, OQWSX4Z to OQWSXKZ, OQWYX0Z, OQWYXMZ, ORW0X0Z to ORW0XKZ, ORW1X0Z to ORW1XKZ, ORW3X0Z to ORW3XKZ, ORW4X0Z to ORW4XKZ, ORW5X0Z to ORW5XKZ, ORW6X0Z to ORW6XKZ, ORW9X0Z to ORW9XKZ, ORWAX0Z to ORWAXKZ, ORWBX0Z to ORWBXKZ, ORWCX0Z to ORWCXKZ, ORWDX0Z to ORWDXKZ, ORWEX0Z to ORWEXKZ, ORWFX0Z to ORWFXKZ, ORWGX0Z to ORWGXKZ, ORWHX0Z to ORWHXKZ, ORWJX0Z to ORWJXKZ, ORWKX0Z to ORWKXKZ, ORWLX0Z to ORWLXKZ,	89336, 89338 to 89398, 90619, 90626, 90627, 90630, 90671, 90672, 90677, 90682, 90685, 90689, 90694, 90697, 90739, 90743, 90747, 90748, 90758, 90875, 90876, 90880, 90901, 91112, 92145, 92229, 92559, 92605, 92606, 92618, 92700, 93050, 93264, 93702, 93792 to 93793, 93895, 93980, 93998, 95836, 96570, 96571, 96900, 96902, 96904, 97169, 97170, 97172, 97533, 97537, 98970 to 98972, 99000, 99001, 99002, 99024, 99026, 99027, 99071, 99075, 99080, 99172, 99173, 99421 to 99423, 99441 to 99444, 99446 to 99449, 99450 to 99458, 99461, 99473, 99490, 99491, 99495, 99496	K1001 to K1006, K1013, K1016, K1017, K1018, K1019, K1020, K1022 to K1026, L2006, L5969, L7600, L7902, L8033, L8608, L8696, L8698, L8701, L8702, P2028 to P2038, P9603, P9604, Q2033, Q2034, Q2035 to Q2039, Q2040, Q2041, Q2042, Q4112 to Q4114, Q4125, Q4130, Q4138 to Q4139, Q4142 to Q4146, Q4149, Q4150, Q4155, Q4167 to Q4171, Q4173 to Q4175, Q4176 to Q4182, Q4183 to Q4185, Q4188 to Q4198, Q4200 to Q4204, Q4205 to Q4226, Q4251 to Q4253, Q5108, Q5110 to Q5115, Q9004, Q9991 to Q9995, S0090, S0207 to S0215, S0353, S0354, S0596, S0800, S0810, S1034 to S1037, S2102, S2103, S2117, S2230, S2900, S3721, S3890, S4027, S5135, S5136, S8130, S8131, S8930, S8948, S8990, S9122, S9109, S9110, S9401, S9430, S9432, S9901, S9960, S9961, T1004, T1017, T1505, T2028, T2029, T2035, T2048, , T1505, T4536, T4537, T4538, T4539, T4540, T4545, T5001, V2025, V2530, V2531, V2599, V5090, V5095, V5267 to V5274, V5281 to V5290, V5298, V2610, V2702, V2710, V2718, V2730, V2756, V2760, V2761,

Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	ORWMX0Z to ORWMXKZ, ORWNX0Z to ORWNXKZ, ORWPX0Z to ORWPXKZ, ORWQX0Z to ORWQXKZ, ORWRX0Z to ORWRXKZ, ORWSX0Z to ORWSXKZ, ORWTX0Z to ORWTXKZ, ORWUX0Z to ORWUXKZ, ORWVX0Z to ORWVXKZ, ORWWX0Z to ORWWXKZ, ORWXX0Z to ORWXXKZ, OSW0X0Z to OSW0XKZ, OSW2X0Z to OSW2XKZ, OSW3X0Z to OSW3XKZ, OSW4X0Z to OSW4XKZ, OSW5X0Z to OSW5XKZ, OSW6X0Z to OSW6XKZ, OSW7X0Z to OSW7XKZ, OSW8X0Z to OSW8XKZ, OSW9X0Z to OSW9XKZ, OSWBX0Z to OSWBXKZ, OSWCX0Z to OSWCXKZ, OSWDX0Z to OSWDXKZ, OSWFX0Z to OSWFXKZ, OSWGX0Z to OSWGXKZ, OSWHX0Z to OSWHXKZ, OSWJX0Z to OSWJXKZ, OSWKX0Z to OSWKXKZ, OSWLX0Z to OSWLXKZ, OSWMX0Z to OSWMXKZ, OSWNX0Z to OSWNXKZ, OSWPX0Z to OSWPXKZ, OSWQX0Z to OSWQXKZ, OTW5X0Z to OTW5XKZ, OTW9X0Z to OTW9XKZ, OTWBX0Z to OTWBXKZ, OTWDX0Z to OTWDXKZ, OU550ZZ to OU568ZZ, OUF50ZZ to OUF58ZZ, OUF60ZZ to OUF68ZZ, OUF70ZZ to OUF78ZZ, OUL50CZ to OUL64ZZ, OUL57DZ to OUL68ZZ, OUM50ZZ to OUM74ZZ, OUQ50ZZ to OUQ78ZZ,		V2762, V2770, V2780, V2786, V2787, V2788, V2790, V5281 to V5290

Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	0US50ZZ to 0US74ZZ, 0UU507Z, 0UU50KZ, 0UU547Z, 0UU54KZ, 0UU577Z, 0UU57KZ, 0UU587Z, 0UU58KZ, 0UU607Z, 0UU60KZ, 0UU647Z, 0UU64KZ, 0UU677Z, 0UU67KZ, 0UU687Z, 0UU68KZ, 0UU707Z, 0UU70KZ, 0UU747Z, 0UU74KZ, 0UU777Z, 0UU77KZ, 0UU787Z, 0UU78KZ, 0UW3X0Z, 0UW3X3Z, 0UW8X0Z to 0UW8XKZ, 0UWDX0Z to 0UWDXKZ, 0UWHX0Z to 0UWHXKZ, 0UWMX0Z to 0UWMXKZ, 0UY00Z0 to 0UY10Z2, 0VW4X0Z to 0VW4XKZ, 0VW8X0Z to 0VW8XKZ, 0VWDX0Z to 0VWDXKZ, 0VWMX0Z to 0VWMXKZ, 0VWRX0Z to 0VWRXKZ, 0VWSX0Z to 0VWSXKZ, 0W0207Z to 0W024ZZ, 0W0607Z to 0W064ZZ, 0W4M070 to 0W4N0Z1, 0WW0X0Z to 0WW0XYZ, 0WW1X0Z to 0WW1XYZ, 0WW2X0Z to 0WW2XYZ, 0WW4X0Z to 0WW4XYZ, 0WW5X0Z to 0WW5XYZ, 0WW6X0Z to 0WW6XYZ, 0WW8X0Z to 0WW8XYZ, 0WW9X0Z to 0WW9XYZ, 0WWBX0Z to 0WWBXYZ, 0WWCX0Z to 0WWCXYZ, 0WWDX0Z to 0WWDXYZ, 0WWFX0Z to 0WWFXYZ, 0WWGX0Z to 0WWGXYZ, 0WWHX0Z to 0WWHXYZ, 0WWJX0Z to 0WWJXYZ, 0WWKX0Z to 0WWKXYZ, 0WWLX0Z to 0WWLXYZ,		

Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	0WWMX0Z to 0WWMXYZ, 0WWNX0Z to 0WWNXYZ, 0WWPX1Z to 0WWPXYZ, 0WWQX1Z to 0WWQXYZ, 0WWRX1Z to 0WWRXYZ, 0X0207Z to 0X0H4ZZ, 0XW6X0Z to 0XW6XYZ, 0XW7X0Z to 0XW7XYZ, 0Y0007Z to 0Y0L4ZZ, 0YW9X0Z to 0YW9XYZ, 0YWBX0Z to 0YWBXYZ, 2W31X9Z, 2W31XYZ, 3E00X3Z to 3E00XMZ, 3E030U1, 3E033U1, 3E0J3U1 to 3E0J8U1, 3E0P3LZ, 3E0P7LZ, 4A05XLZ, 6A210ZZ to 6A221ZZ, 8C01X6L, 8C02X6K, 8C02X6L, 8E0H300 to 8E0HXY9, 8E0VX63, 8E0ZXY1, BN0GZZZ to BN0JZZZ		