

Non-Covered Services Payment Policy

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:
 - o Explanation of continuing medical necessity for the item
 - o Explanation that the item was stolen or destroyed
 - o 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:

- o Cervicoplasty (Plastic surgery on the neck)
- o 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)
- o 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)
- o Genioplasty (reduction and addition of material to the chin).
- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty
- o Hair removal (including electrolysis epilation)
- Hair transplants
- o Inverted nipple surgery
- o Laser treatment for acne and acne scars
- Liposuction/ suction assisted lipectomy (remove fatty deposits in the thighs, neck, arms, and stomach)
- o Medically necessary procedures performed at the same time as a cosmetic procedure
- o Osteoplasty (facial bone reduction)



- o Otoplasty (ear plastic surgery)
- o Removal or destruction of skin tags
- Repeated cauterizations or electrofulguration methods used to remove growths on the skin
- o Rhinoplasty (nose plastic surgery)
- o 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
- o Scar Revision, regardless of symptoms
- Sclerotherapy/ treatment for spider veins
- o Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- o Testicular prosthesis surgery
- o 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 permanent¹
- 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.

¹ 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 noncovered 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:
 - o Explanation of continuing medical necessity for the item
 - o Explanation that the item was stolen or destroyed
 - o 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:

- o 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)
- o 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)
- o Genioplasty (reduction and addition of material to the chin).
- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty
- o Hair removal (including electrolysis epilation)
- Hair transplants



- o Inverted nipple surgery
- O Laser treatment for acne and acne scars
- Liposuction/ suction assisted lipectomy (remove fatty deposits in the thighs, neck, arms, and stomach)
- o Medically necessary procedures performed at the same time as a cosmetic procedure
- o Osteoplasty (facial bone reduction)
- o Otoplasty (ear plastic surgery)
- o Removal or destruction of skin tags
- O Repeated cauterizations or electrofulguration methods used to remove growths on the skin
- o Rhinoplasty (nose plastic surgery)
- o 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
- o Scar Revision, regardless of symptoms
- o Sclerotherapy/ treatment for spider veins
- Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- o Testicular prosthesis surgery
- o 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:
 - o Members who do not meet the definition of Infertility
 - o Experimental infertility procedures
 - The costs of surrogacy, including all costs incurred by a fertile woman to achieve a pregnancy as a surrogate² or gestational carrier³ for an infertile member. These costs include, but are not limited to:
 - Costs for drugs needed for implantation, embryo transfer, and cryopreservation of embryos
 - o Use of donor egg and a gestational carrier
 - O Costs for maternity care if the surrogate is not a member
 - o Long-term (longer than 90 days) sperm or embryo cryopreservation unless the

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

³ 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-tern (less than 90 days) cryopreservation of sperm or embryos for certain medical conditions that may impact a member's future fertility.

- o Costs associated with donor recruitment and compensation
- o Infertility services which are necessary for conception as a result of voluntary sterilization or following an unsuccessful reversal of a voluntary sterilization
- O Donor sperm and associated laboratory services in the absence of diagnosed male factor infertility in the partner.
- o Procurement of frozen donor oocytes.
- O Donor recruitment, compensation/stipend and medications are not a covered benefit.
- O 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.

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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)
- o Genioplasty (reduction and addition of material to the chin).



- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty
- o Hair removal (including electrolysis epilation)
- o Hair transplants
- o Inverted nipple surgery
- o Laser treatment for acne and acne scars
- Liposuction/ suction assisted lipectomy (remove fatty deposits in the thighs, neck, arms, and stomach)
- o Medically necessary procedures performed at the same time as a cosmetic procedure
- o Osteoplasty (facial bone reduction)
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- o Removal or destruction of skin tags
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- o Rhinoplasty (nose plastic surgery)
- o 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
- o Scar Revision, regardless of symptoms
- o Sclerotherapy/ treatment for spider veins
- Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- o Testicular prosthesis surgery
- o 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:



- o 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
- o Some types of braces, including over-the-counter orthotic braces
- O Devices and procedures intended to reduce snoring. Exclusions include, but are not limited to, laser- assisted uvulopalatoplasty, somnoplasty, and snore guards
- o 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:

- o Members who do not meet the definition of Infertility
- o Experimental infertility procedures
- o Medical or Surgical procedures for reversal of voluntary sterilization
- O The costs of surrogacy, including all costs incurred by a fertile woman to achieve a pregnancy as a surrogate⁴ or gestational carrier⁵ for an infertile member. These costs include, but are not limited to:
 - Costs for drugs needed for implantation, embryo transfer, and cryopreservation of embryos
 - O Use of donor egg and a gestational carrier
 - O Costs for maternity care if the surrogate is not a member
- O 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
- o Infertility services which are necessary for conception as a result of voluntary sterilization or following an unsuccessful reversal of a voluntary sterilization
- o 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:
 - o Television
 - o Telephone
 - o Beauty/ barber service
 - Guest service

Lodging:

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

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

⁵ 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:

- o Spas/resorts
- o Educational, vocational, or recreational settings
- o Outward Bound, or wilderness, camp or ranch programs
- o 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:



- 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
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	ICD-10 Procedure		
Codes	Codes	CPT Codes	HCPCS
ICD-10 Diagnosis Codes 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		CPT Codes O035U to 0039U, 0041U to 0044U, 0081U, 0010M, 0012M, 0013M, 0141T, 0142T, 0143T, 0203T to 0222T, 0223T to 0225T, 0232T, 0233T, 0239T, 0242T to 0244T, 0242U, 0243U, 0244U, 0245U, 0251U, 0252U, 0253U, 0254U, 0254T, 0255T, 0260T, 0263T to 0273T, 0276T to 0286T, 0288T, 0291T to 0294T, 0299T to 0301T, 0302T to 0307T, 0309T to 0317T, 0329T to 0334T, 0335T to 0341T, 0343T to 0346T, 0347T, 0348T, 0352T, 0353T, 0354T, 0355T, 0355T, 0355T, 0357T, 0358T, 0357T, 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,	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, 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, D0210, D1351, D2331, D7140, D7240, E0118, E0231, E0232, E0273, E0446, E0766, E0936, E1300, G0027, G0071, G0076 to G0087, G0157, G0158, G0162, G0163, G0164, G0175 to G0177, G0182, G0219,
	0UF50ZZ to 0UF58ZZ, 0UF60ZZ to 0UF68ZZ,	31661, 32994, 33340, 33927 to 33929, 34839,	G0235, G0252, G0255, G0257, G0259, G0276,
	OUF70ZZ to OUF78ZZ, OUL60CZ to OUL68ZZ,	34841 to 34848, 36416, 36468, 36469, 43284,	G0279, G0282, G0293, G0294, G0295, G0306,
	0UM60ZZ to 0UM74ZZ,	43881, 43882, 53860,	G0307, G0333, G0372,



Non-Covered Services: Medicaid			
ICD 10 Diseases	ICD 10 Due so desse		
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	0UQ70ZZ to 0UQ78ZZ,	54205, 54250, 54360,	G0380 to G0384, G0410
	0US50ZZ to 0US74ZZ, 0UU507Z , 0UU50KZ,	54400 to 54405, 54410, 54411, 54416, 54417,	to G0411, G0416, G0425 to G0427, G0428, G0454,
	0UU547Z, 0UU54KZ,	55400, 55874, 55970,	G0459, G0460, G0463,
	0UU577Z, 0UU57KZ,	55980, 58321 to 58323,	G0472, G0473, G0490 to
	0UU587Z, 0UU58KZ,	58350, 58750, 58752,	G0492, G0500 to G0509,
	0UU607Z, 0UU60KZ,	58760, 58970, 58974,	G0511 to G0514, G1000
	0UU647Z, 0UU64KZ,	58976, 64550, 64566,	to G1011, G2000 to
	0UU677Z, 0UU67KZ,	65760, 65771, 65781,	G2015, G2020, G2021,
	0UU687Z, 0UU68KZ,	65785, 69090, 69300,	G2022, G2025, G2058,
	0UU707Z, 0UU70KZ,	77061 to 77062, 76948,	G2061 to G2083, G2086
	0UU747Z, 0UU74KZ, 0UU777Z, 0UU77KZ,	80300 to 80304, 80308 to 80377, 80414, 80415,	to G2125, G2172, G8126 to G8128, G8545 to
	0UU787Z, 0UU78KZ,	80426, 81099, 81308,	G8628, G8629 to G8693,
	0UY00Z0 to 0UY10Z2,	81309, 81313, 81327,	G9143, G9187, G9362 to
	0VQN0ZZ to 0VQQ477,	81410, 81411, 81413,	G9370, G9376 to G9386,
	0VUS07Z to 0VUS4KZ,	81414, 81422, 81425 to	G9389 to G9396, G9399,
	0W0007Z to 0W0N4ZZ,	81427, 81439, 81440,	G9400 to G9443, G9448
	0W4M0J0, 0W4M0K0,	81445, 81455, 81465,	to G9460, G9463 to
	0W4N071 to 0W4N0Z1,	81470, 81471, 81539,	G9472, G9481 to G9490,
	0X0207Z to 0X0H4ZZ,	81542, 81545, 81552,	G9678 to G9686, G9978
	0Y0007Z to 0Y0L4ZZ,	81595, 82205, 82757,	to G9987, K1001 to
	2W31X9Z, 2W31XYZ, 3E00X3Z, 3E00X4Z,	82777, 83727, 84830, 83987, 84145, 84431,	K1006, K1013, K1016, K1017, K1018, K1019,
	3E00XBZ, 3E00XKZ,	86152, 86153, 86352,	K1020, L2006, L5969,
	3E00XMZ, 3E030U1,	86910, 86911, 87001,	L7600, L7902, L8033,
	3E033U1, 3E0J3U1,	87003, 88000 to 88099,	L8605, L8608, L8696,
	3E0J8U1, 3E0P3LZ,	89250 to 89300, 89325	L8698, L8701, L8702,
	3E0P7LZ, 8E0H300,	to 89398, 90619, 90626,	P2028 to P2038, P9603,
	8E0H30Z, 8E0HX62,	90627, 90671, 90677,	P9604, Q2033 to Q2039,
	8E0HXY9, 8E0VX63,	90682, 90689, 90739,	Q2040, Q2041, Q2042,
	8E0ZXY1, BN0GZZZ,	90758, 90867, 90868,	Q4112 to Q4114, Q4125,
	BNOHZZZ, BNOJZZZ,	90869, 90875, 90876,	Q4130, Q4138, Q4139,
	F0DZ8UZ	90880, 90901, 91112, 92145, 92229, 92559,	Q4142 to Q4146, Q4149 to Q4150, Q4155, Q4162,
		92605, 92606, 92618,	Q4167 to Q4171, Q4173
		92700, 93264, 93050,	to Q4175, Q4176 to
		93702, 93792, 93793,	Q4185, Q4188 to Q4198,
		93895, 93980, 93981,	Q4200 to Q4204, Q4205,
		93998, 95836, 96570,	Q4206, Q4208 to Q4222,
		96571, 96900, 96902,	Q4226, Q5108, Q5110,



Non-Covered Services: Medicaid			
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
Codes	Coucs	Of 1 Codes	1101 00
		96904, 97169, 97170,	Q5111, Q9993 to Q9995,
		97172, 97533, 97537,	S0090, S0207 to S0215,
		98943, 98970 to 98972,	S0353, S0354, S0596,
		99000 to 99002, 99024,	S0800, S0810, S1034,
		99026, 99027, 99071,	S1035, S1036, S1037,
		99075, 99080, 99172,	S2102, S2103, S2117,
		99173, 99421 to 99423,	S2230, S3655, S3721,
		99441 to 99444, 99450 to	S3890, S4027, S8130,
		99458, 99461, 99473,	S8131, S8930, S8948,
		99490, 99491, 99495,	S8990, S9109, S9110,
		99496	S9122, S9401, S9430,
			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,	00W0X0Z to 00WEXMZ,	0012M, 0013M, 0018U to	A0380, A0394, A0432,
N97.0 to N97.9, Z00.8,	01WYX0Z to 01WYXMZ,	0023U, 0035U to 0039U,	A4459, A4466, A4467,
Z01.20 to Z01.21, Z02.1,	02WAX2Z to 02WAXRZ,	0041U to 0045U, 0080U	A4490, A4495, A4500,
Z01.3, Z02.71 to Z02.79,	02WYX2Z to 02WYXKZ,	to 0083U, 0203T to	A4510, A4520, A4544,
Z02.89, Z02.9, Z04.8,	03WYX0Z to 03WYXMZ,	0225T, 0232T, 0233T,	A4555, A4563, A4575,
Z31.0, Z31.41 to Z31.42,	04WYX0Z to 04WYXKZ,	0239T, 0242T to 0244T,	A4670, A6000, A6413,
Z31.49, Z31.83, Z41.3,	05WYX0Z to 05WYXKZ,	0242U, 0243U, 0244U,	A6460, A6461, A9270,
Z43.7, Z52.810 to	06WYX0Z to 06WYXKZ,	0245U, 0246U, 0247U,	A9275, A9283, A9285,
Z52.819, N52.9, Z91.1,	07WKX0Z to 07WNXKZ,	0249T, 0251U, 0252U,	A9286, A9300, A9515,
798.810	07WPX0Z, 07WPX3Z,	0253U, 0254U, 0254T,	A9589, A9592, A9593,
	07WTX0Z, 08H005Z,	0255T, 0260T, 0263T to	A9594, A9597, A9598,
	08H105Z, 08P00JZ,	0273T, 0276T to 0288T,	B4105, C1734, C1749,
	08P03JZ, 08P10JZ,	0291T to 0294T, 0299T to	C1761, C1823, C1824,
	08P13JZ, 08W00JZ,	0301T to 0307T, 0309T,	C1839, C1841, C1889,
	08W03JZ, 08W0X0Z to	0310T, 0311T, to 0317T,	C1890, C1982, C2596,
	08W0XKZ, 08W10JZ to	0329T to 0341T, 0343T,	C8931 to C8937, C9014
	08W1XKZ, 08WJXJZ,	0344T, 0346T, 0347T to	C9016, C9024, C9028,
	08WKXJZ, 09WHX0Z to	0358T, 0375T to 0386T,	C9029, C9032, C9033,
	09WHXKZ, 09WJX0Z to	0388T, 0398T, 0402T,	C9034, C9042 to C9046,
	09WJXKZ, 09WKX0Z to	0439T, 0444T, 0445T,	C9067, C9141, C9365,
	09WKXKZ, 09WYX0Z,	0446T, 0448T, 0450T to	C9366, C9368, C9369,
	OBWOXOZ to OBWOXKZ,	0454T, 0460T to 0467T	C9406, C9407, C9408,
	OBW1XOZ to OBW1XKZ,	0479T, 0480T, 0482T to	C9462, C9466, C9729 to
	OBWKXOZ to OBWKX3Z,	0536T, 0541T, 0542T,	C9731, C9734, C9736,
	OBWLXOZ to OBWLX3Z,	0545F, 0581T, 0640T to	C9737, C9738, C9748,
	OBWQXOZ, OBWQX2Z,	0670T, 00938, 1200F,	C9750 to C9758, C9765,
	OBWTXOZ to OBWTXMZ,	1400F, 15769, 15771,	C9766, C9777, C9778,
	0C5W0Z0 to 0C5XXZ2,	15772, 15780, 15782,	D0210, D0411, D1351,
	0C9W000 to 0C9XXZ2,	15783, 15824 to 15827,	D2331, D5511, D5512,
	OCCWOZO to OCCXXZ2,	15832 to 15839, 15876	D5611, D5612, D5621,
	OCJYXZZ, OCN40ZZ to	to 15879, 17340, 17360,	D5622, D6096, D6118,
	0CN6XZZ. 0CNW0Z0 to	17999, 17380, 2060F,	D6119, D7140, D7240,
	0CNXXZ2, 0CQW0Z0 to	2026F, 20985, 22505,	D7296, D7297, D7979,
	OCQXXZ2, OCRW070 to	22586, 3008F, 3015F,	D8695, D9995, D9996,
	OCRXXK2, OCSW050 to	3038F, 30430, 31295 to	E0118, E0231, E0232,
	OCSXXZ2, OCWAXOZ,	31297, 31647 to 31651,	E0273, E0446, E0766,
	OCWAXCZ, OCWAXOZ,	31660, 31661, 3293F,	E0936, E1300, G0027,
	·		
	OCWSXKZ, OCWY07Z to	3294F, 3323F, 3324F,	G0071, G0076 to G0087
	OCWYXKZ, ODWOXOZ to	3328F, 32994, 33274,	G0157, G0128, G0129,
	ODWOXUZ, ODWDXOZ to	33275, 33289, 33927 to	G0151 to G0153, G0155
	ODWDXUZ, ODW5XDZ,	33929, 34839, 34841 to	G0157, G0158, G0162,
	0DW6X0Z to 0DW6XUZ,	34848, 36416, 3650F,	G0163, G0164, G0175 to



Noi	Non-Covered Services: INTEGRITY			
ICD-10 Diagnosis	ICD-10 Procedure			
Codes	Codes	CPT Codes	HCPCS	
	0FW0X0Z to 0FW0X3Z,	3700F, 3720F, 4004F,	G0177, G0179 to G0182,	
	0FW4X0Z to 0FW4XDZ,	4063F, 4255F, 4256F,	G0219, G0235, G0252,	
	0FWGX0Z to 0FWGXDZ,	4324F to 4328F, 43284,	G0255, G0257, G0259,	
	OFWBXOZ to OFWBXKZ,	4330F, 4340F, 4400F,	G0276, G0282, G0293,	
	0FWDX0Z to 0FWDXKZ,	5200F, 53860, 54360,	G0294, G0295, G0306,	
	0GW0X0Z, 0GW1X0Z,	54410, 54411, 54416,	G0307, G0333, G0372,	
	0GW5X0Z, 0GWKX0Z,	54417, 55400, 55970,	G0380 to G0384, G0410	
	0GWRX0Z, 0GWSX0Z to	55980, 56805, 57335,	to G0411, G0425 to	
	0GWSX3Z, 0HDSXZZ,	58321 to 58323, 58350,	G0427, G0428, G0454,	
	OHRSX7Z, OHWPX0Z to	58750, 58752, 58760,	G0459, G0460, G0472,	
	OHWSXKZ, OPWDXKZ,	58970, 58974, 58976,	G0473, G0501,G1000 to	
	OPWFX4Z to OPWFXKZ,	6070F, 6080F, 6090F	G1011, G2000 to G2015,	
	0PWGX4Z to 0PWGXKZ,	64550, 64566, 69090,	G2020, G2021, G2022,	
	OPWHX4Z to OPWHXKZ,	69300, 77061, 77062,	G2025, G2058 to G2063,	
	OPWJX4Z to OPWJXKZ,	80300 to 80377, 81313,	G2081 to G2083, G2086	
	0PWKX4Z to 0PWKXKZ,	81327, 81410, 81411,	to G2125, G2172, G8126	
	OPWLX4Z to OPWLXKZ,	81413, 81414, 81422,	to G8128, G8545 to	
	0PWMX4Z to 0PWMXKZ,	81425, 81426, 81427,	G8628, G8629 to G8693,	
	OPWNX4Z to OPWNXKZ,	81439, 81440, 81455,	G9143, G9187, G9362 to	
	OPWPX4Z to OPWPXKZ,	81460, 81465, 81470,	G9370, G9376 to G9386,	
	0PWQX4Z to 0PWQXKZ,	81471, 81539, 81542,	G9389 to G9396, G9399,	
	OPWRX4Z to OPWRXKZ,	81545, 81552, 82777,	G9400 to G9443, G9448	
	OPWSX4Z to OPWSXKZ,	84145, 86152, 86153,	to G9460, G9463 to	
	OPWTX4Z to OPWTXKZ,	88000 to 88236, 88238	G9472, G9679 to G9684,	
	OPWVX4Z to OPWVXKZ,	to 88099, 89250 to	G9890 to G9949, G9954	
	OPWYXOZ, OPWYXMZ,	89300, 89325 to 89398,	to G9970, G9974 to	
	0QW0X4Z to 0QW0XKZ,	90619, 90626, 90627,	G9987, K1001 to K1006,	
	0QW1X4Z to 0QW1XKZ,	90630, 90651, 90653,	K1013, K1016, K1017,	
	OQW2X4Z to OQW2XKZ,	90671, 90672, 90677,	K1018, K1019, K1020,	
	OQW3X4Z to OQW3XKZ,	90682, 90685 to 90688,	L2006, L5969, L7600,	
	OQW4X4Z to OQW4XKZ,	90694, 90697, 90739,	L7902, L8033, L8608,	
	OQW5X4Z to OQW5XKZ,	90758, 90875, 90876,	L8696, L8698, L8701,	
	0QW6X4Z to 0QW6XKZ,	90880, 90901, 91112,	L8702, P2028 to P2038,	
	0QW7X4Z to 0QW7XKZ,	92145, 92229, 92559,	P9603, Q2033, Q2034, Q2035 to Q2039, Q2040,	
	0QW8X4Z to 0QW8XKZ,	92605, 92606, 92618, 93264, 93702, 93980,	· · · · · ·	
	0QW9X4Z to 0QW9XKZ, 0QWBX4Z to 0QWBXKZ,	93985, 93998, 92700,	Q2041, Q2042, Q4112 to Q4114, Q4125, Q4130,	
	OQWCX4Z to OQWCXKZ,	96900, 97169, 97170,	Q4114, Q4123, Q4130, Q4138 to Q4139, Q4142	
	OQWDX4Z to OQWDXKZ,	97172, 97537, 97810 to	to Q4146, Q4149, Q4150,	
	OQWFX4Z to OQWFXKZ,	97814, 98943, 98970 to	Q4155, Q4167 to Q4171,	
	OQWFX4Z to OQWFXKZ,	98972, 99000, 99001,	Q4173 to Q4175, Q4176	
	OQWHX4Z to OQWHXKZ,	99002, 99024, 99026,	to Q4182, Q4183 to	
	OQWIX4Z to OQWIXKZ,	99027, 99071, 99075,	Q4185, Q4188 to Q4198,	
	OQWKX4Z to OQWKXKZ,	99080, 99172, 99173,	Q4200 to Q4204, Q4205	
	OQWKX4Z to OQWKXKZ,	99421 to 99423, 99441 to	to Q4226, Q5108, Q5110	
<u> </u>	OQVVLA4Z TO OQVVLANZ,	33421 to 33423, 33441 to	10 (44220, ((3100, ((3110	



Noi	n-Covered Se	rvices: INTEGF	RITY
ICD-10 Diagnosis	ICD-10 Procedure		
Codes	Codes	CPT Codes	HCPCS
	0QWMX4Z to 0QWMXKZ,	99444, 99446 to 99449,	to Q5115, Q9984, Q9991
	0QWNX4Z to 0QWNXKZ,	99450, 99455, 99456,	to Q9995, S0090, S0207
	OQWPX4Z to OQWPXKZ,	99461	to S0215, S0257, S0285,
	0QWQX4Z to 0QWQXKZ,		S0311, S0353, S0354,
	0QWRX4Z to 0QWRXKZ,		S0596, S0800, S0810,
	0QWSX4Z to 0QWSXKZ,		S1034 to S1037, S2102,
	OQWYXOZ, OQWYXMZ,		S2103, S2117, S2230,
	ORWOXOZ to ORWOXKZ,		S2900, S3655, S3721,
	ORW1XOZ to ORW1XKZ,		S3890, S4027, S5522,
	ORW3XOZ to ORW3XKZ,		S8130, S8131, S8930,
	ORW4X0Z to ORW4XKZ,		S8948, S8990, S9109,
	ORW5X0Z to ORW5XKZ,		S9110, S9122, S9336,
	ORW6X0Z to ORW6XKZ,		S9401, S9430, S9901,
	ORW9X0Z to ORW9XKZ,		S9960, S9961, T1004,
	ORWAXOZ to ORWAXKZ,		T1040, T2001 to T2005,
	ORWBXOZ to ORWBXKZ,		T2007, T2048, T1505,
	ORWCXOZ to ORWCXKZ,		T4536, T4537, T4538,
	ORWDX0Z to ORWDXKZ,		T4539, T4540, T4545,
	ORWEXOZ to ORWEXKZ,		V2025, V2530, V2531,
	ORWFXOZ to ORWFXKZ,		V2599, V5090, V5095,
	ORWGX0Z to ORWGXKZ,		V5267 to V5274, V5281,
	ORWHXOZ to ORWHXKZ,		to V5290, V5298 , V2610,
	ORWJXOZ to ORWJXKZ,		V2702, V2710, V2718,
	ORWKXOZ to ORWKXKZ,		V2730, V2756, V2760,
	ORWLXOZ to ORWLXKZ,		V2761, V2762, V2786,
	ORWMXOZ to ORWMXKZ,		V2787, V2788, V2790,
	ORWNXOZ to ORWNXKZ,		V5008, V5281 to V5290
	ORWPXOZ to ORWPXKZ,		
	ORWQXOZ to ORWQXKZ,		
	ORWRXOZ to ORWRXKZ,		
	ORWSXOZ to ORWSXKZ,		
	ORWTXOZ to ORWTXKZ,		
	ORWUXOZ to ORWUXKZ,		
	ORWVXOZ to ORWVXKZ, ORWWXOZ to ORWWXKZ.		
	ORWXXOZ to ORWXXKZ,		
	OSWOXOZ to OSWOXKZ,		
	OSW2X0Z to OSW2XKZ,		
	OSW3X0Z to OSW3XKZ,		
	OSW4X0Z to OSW4XKZ,		
	OSW5X0Z to OSW5XKZ,		
	OSW6X0Z to OSW6XKZ,		
	OSW7X0Z to OSW7XKZ,		
	OSW8X0Z to OSW8XKZ,		
	OSW9X0Z to OSW9XKZ,		



Noi	n-Covered Se	rvices: INTEGF	RITY
ICD-10 Diagnosis	ICD-10 Procedure		
Codes	Codes	CPT Codes	HCPCS
Codes	OSWBXOZ to OSWBXKZ,	31 1 33463	1101 00
	OSWCXOZ to OSWCXKZ,		
	OSWDXOZ to OSWDXKZ,		
	OSWFX0Z to OSWFXKZ,		
	OSWGXOZ to OSWGXKZ,		
	OSWHXOZ to OSWHXKZ,		
	OSWJXOZ to OSWJXKZ,		
	OSWKXOZ to OSWKXKZ,		
	OSWLXOZ to OSWLXKZ,		
	OSWMXOZ to OSWMXKZ,		
	OSWNXOZ to OSWNXKZ,		
	OSWPXOZ to OSWPXKZ,		
	OSWQXOZ to OSWQXKZ,		
	OTW5X0Z to OTW5XKZ,		
	OTW9X0Z to OTW9XMZ,		
	OTWBXOZ to OTWBXMZ,		
	OTWDX0Z to OTWDXLZ,		
	0U550ZZ to 0U568ZZ,		
	OUF50ZZ to OUF58ZZ,		
	OUF60ZZ to OUF68ZZ,		
	OUF70ZZ to OUF78ZZ,		
	OUL50CZ to OUL64ZZ,		
	OUL57DZ to OUL68ZZ,		
	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,		
	OUW8XOZ to OUW8XKZ,		
	OUWDXOZ to OUWDXKZ,		
	OUWHXOZ to OUWHXKZ,		
	OUWMXOZ to OUWMXKZ,		
	0UY00Z0 to 0UY10Z2,		
	0VW4X0Z to 0VW4XKZ,		



Noi	n-Covered Se	rvices: INTEGF	RITY
ICD-10 Diagnosis	ICD-10 Procedure		
Codes	Codes	CPT Codes	HCPCS
Soucs	0VW8X0Z to 0VW8XKZ,	31 1 33453	1101 00
	OVWDX0Z to OVWDXKZ,		
	OVWMXOZ to OVWMXKZ,		
	OVWRXOZ to OVWRXKZ,		
	OVWSXOZ to OVWSXKZ,		
	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		
	OYWBXYZ, 2W31X9Z,		
	2W31XYZ, 3E00X3Z to		
	3E00XMZ, 3E030U1,		
	3E033U1, 3E0J3U1 to		
	3E0J8U1, 3E0P3LZ,		
	3E0P7LZ, 4A05XLZ,		
	6A210ZZ to 6A221ZZ,		
	8C01X6L, 8C02X6K,		
	8C02X6L, 8E0H300 to		



OF RHODE ISLA	AND™		
No	n-Covered Se	rvices: INTEGF	RITY
ICD-10 Diagnosis Codes	ICD-10 Procedure Codes	CPT Codes	HCPCS
	8E0HXY9, 8E0VX63, 8E0ZXY1, BN0GZZZ to BN0JZZZ, F0DZ8UZ		
Nor	n-Covered Ser	vices: Comme	ercial
ICD-10 Diagnosis	ICD-10 Procedure		
Codes	Codes	CPT Codes	HCPCS
F64.1, F64.2, F64.8,	09Q04ZZ, 09Q10ZZ to	0012M, 0013M, 0018U to	A0130, A0380, A0432,
F64.9, L70.0 to L70.9,	09Q14ZZ, 09Q20ZZ to	0023U, 0035U to 0039U,	A4336, A4337, A4360,
L73.0, L80, N52.9, Z00.8,	09Q24ZZ, 09Q30ZZ to	0041U to 0045U, 0080U	A4459, A4466, A4467,
Z01.20, Z01.21, Z02.1,	09Q38ZZ, 09Q40ZZ to	to 0083U, 0203T to	A4490, A4495, A4500,
Z02.3, Z02.71 to Z02.81,	09Q48ZZ, 09S00ZZ to	0225T, 0232T, 0233T,	A4510, A4520, A4554,
Z02.83 to Z02.9, Z04.8,	09S2XZZ 09WHX0Z to	0239T, 0242U, 0243U,	A4555, A4563, A4575,
Z049, Z31.0, Z31.42,	09WHXKZ, 09WJX0Z to	0244U, 0245U, 0246U,	A4670, A6000, A6413,
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	OBW1XOZ to OBW1XKZ,	0255T, 0260T, 0263T to	A9286, A9300, A9515,
	OBWKXOZ to OBWKX3Z,	0273T, 0276T to 0288T,	A9589, A9592, A9593,
	OBWLXOZ to OBWLX3Z,	0291T to 0294T, 0299T to	A9594, A9597, A9598,
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	OBWTXOZ to OBWTXMZ,	0310T, 0311T, to 0317T,	C1761, C1823, C1824,
	OCBWOZO to OCBXXZ2,	0329T to 0341T, 0343T to	C1839, C1841, C1889,
	OCCWXZ0 to OCDXXZ2,	0346T, 0347T to 0358T,	C1982, C1890, C2596,
	OCJYXZZ, OCMWOZO to OCMXXZ2, OCN50ZZ to	0375T to 0391T, 0394T to 0436T, 0446T, 0448T,	C2645, C8931 to C8937, C9014 to C9016, C9024
	OCN6XZZ, OCQW0Z0 to	0450T to 0454T, 0460T to	to C9034, C9067, C9042
	0CQXXZ2, 0CRW070 to	0467T, 0479T to 0504T to	to C9046, C9141, C9365,
	0CRXXK2, 0CSW050 to	0536T, 0541T, 0542T,	C9366, C9368, C9369,
	0CSXXZ2 0C5W0Z0 to	0545F, 0581T, 0640T to	C9406, C9407, C9408,
	0C5XXZ2, 0C9W000 to	0670T, 00938, 11200,	C9462, C9466, C9729 to
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	OCN40ZZ to OCN6XZZ,	15775, 15776, 15780 to	C9749, C9750 to C9758,
	0CNW0Z0 to 0CNXXZ2,	15783, 15788 to 15793,	C9765, C9766, C9777,
	0CQW0Z0 to 0CQXXZ2,	15824 to 15829, 15832 to	C9778, D0210, D1351,
	OCRW070 to OCRXXK2,	15839, 15847, 15876 to	D2331, D7140, D7240,
	OCSW050 to OCSXXZ2,	15879, 17340, 17360,	D4322, D4323, D7298,
	OCWAXOZ, OCWAXCZ,	17999, 17380, 19300,	D7299, D7300, E0118,
	OCWSXOZ to OCWSXKZ,	2060F, 2026F, 20983,	E0160 to E0163, E0165,
	OCWY07Z to OCWYXKZ,	20985, 22505, 22586,	E0167, E0168, E0170 to
	ODWOXOZ to ODWOXUZ,	22867 to 22870, 3008F,	E0172, E0175, E0190,
	ODWDX0Z to ODWDXUZ,	3015F, 3038F, 31295 to	E0231, E0232, E0240 to
	0DW5XDZ, 0DW6X0Z to	31297, 31647 to 31651,	E0249, E0273, E0274,

0DW6XUZ, 0FW0X0Z to

31660, 31661, 3293F,

E0315, E0446, E0621,



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Codes CPT Codes HCPCS 0FW0X3Z, 0FW4X0Z to 0FW4XDZ, 0FWGX0Z to 0FWGXDZ, 0FWBX0Z to 0FWBXKZ, 0FWDX0Z to 0FWBXKZ, 0FWDX0Z to 0FWBXKZ, 0FWDX0Z to 0FWBXKZ, 0GW0X0Z, 0GW1X0Z, 0GW5X0Z, 0GW1X0Z, 0GW5X0Z, 0GW5X0Z to 0GW5X0Z, 0GW5X0Z to 0GW5X3Z, 0HD5XZZ, 0HM2XZZ, 0HM3XZZ, 0HN2XZZ, 0HM3XZZ, 0HR2XZZ, 0HR2XJ3, 0HR2XJ4, 0HR2XJ3, 0HR2XJ4, 0HR2XJ3, 0HR3XJ4, 0HR3XJ3, 0HR3XJ4, 0HR3XJ2, 0HR3XJ2, 0HR3XJ2, 0HR3XZZ, 0HR3XZZ, 0HX3XZZ, 0HR3XJ2, 0HR3XZZ, 0HR3XJ2, 0HR3XJ2, 0HR3XJ2, 0HR3XZZ, 0HX2XZZ, 0HX3XZZ, 0HX2XZZ, 0HX3ZZZ, 0HX2XZZ, 0HX3ZZZ, 0HX2XZZ, 0HX3ZZ, 0HX2XZZ, 0HX3ZZZ, 0HX2XZZ, 0HX3ZZ, 0HX2XZZ,	ICD-10 Diagnosis	ICD-10 Procedure		
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0J010ZZ to0J0P3ZZ, 77061, 77062, 80299, G0372, G0380 to G0382 0W0207Z to0W024ZZ, 80300 to 80304, 80308 to G0410 to G0411, G0416 0W0607Z to0W064ZZ, 80377, 81175 to 81176, G0425 to G0427, G0428 0W4M070 to0W4N0Z1, 81230 to 81231, 81238, G0454, G0459, G0460, 0X0207Z to0X0H4ZZ, 81246, 81247 to 81249, G0572, G0473, G0490, 0Y0007Z to0Y0L4ZZ, 81313, 81327, 81328, G0491, G0492, G0500 to		OHDSXZZ, OHRSX7Z,	6080F, 6090F, 64550,	
0W0207Z to0W024ZZ, 0W0607Z to0W064ZZ, 0W4M070 to0W4N0Z1, 0X0207Z to0X0H4ZZ, 0Y0007Z to0Y0L4ZZ, 0Y0007Z to0Y0		OHWPXOZ to OHWSXKZ,		G0306, G0307, G0333,
0W0607Z to0W064ZZ, 80377, 81175 to 81176, G0425 to G0427, G0428 to W4M070 to0W4N0Z1, 81230 to 81231, 81238, G0454, G0459, G0460, 0X0207Z to0X0H4ZZ, 81246, 81247 to 81249, G0572, G0473, G0490, 0Y0007Z to0Y0L4ZZ, 81313, 81327, 81328, G0491, G0492, G0500 to		0J010ZZ to0J0P3ZZ,	77061, 77062, 80299,	G0372, G0380 to G0384,
0W4M070 to0W4N0Z1, 81230 to 81231, 81238, G0454, G0459, G0460, 0X0207Z to0X0H4ZZ, 81247 to 81249, G0572, G0473, G0490, 0Y0007Z to0Y0L4ZZ, 81313, 81327, 81328, G0491, G0492, G0500 to		0W0207Z to0W024ZZ,		G0410 to G0411, G0416,
0X0207Z to0X0H4ZZ, 81246, 81247 to 81249, G0572, G0473, G0490, OY0007Z to0Y0L4ZZ, 81313, 81327, 81328, G0491, G0492, G0500 to		0W0607Z to0W064ZZ,		G0425 to G0427, G0428,
0Y0007Z to0Y0L4ZZ, 81313, 81327, 81328, G0491, G0492, G0500 to				
		1		
2W31X9Z, 2W31XYZ, 81334, 81335, 81346, G0509, G0511 to G0514		1		
				G1000 to G1011, G2000
8E0H30Z, 8E0HXY9, 81414, 81415, 81416, to G2015, G2020,				
FODZ8UZ, OPWDXKZ, 81417, 81422, 81425, G2021, G2022, G2025,				
		•		G2058 to G2083, G2086
		· ·		to G2125, G2172, G8126
0PWHX4Z to 0PWHXKZ, 81470, 81471, 81521, to G8128, G8545 to		· ·		
		, , , , , , , , , , , , , , , , , , , ,		G8628, G8629 to G8693,
		· ·		G9143, G9187, G9362 to
		,		G9370, G9376 to G9386,
		,		G9389 to G9396, G9399,
		'		G9400 to G9443, G9448
		· · · · · · · · · · · · · · · · · · ·		
				G9472, G9481 to G9490, G9678 to G9686 G9890
OPWSX4Z to OPWSXKZ, 89283 to 89300, 89326 to 69949, G9954 to				
		•		G9970, G9974 to G9987,
		, i		K1001 to K1006, K1013,
OPWYXOZ, OPWYXMZ, 90626, 90627, 90630, K1016, K1017, K1018,		,	, , ,	
0QW0X4Z to 0QW0XKZ, 90671, 90672, 90677, K1019, K1020, L2006,				
0QW1X4Z to 0QW1XKZ, 90682, 90685, 90689, L5969, L7600, L7902,		· ·		



Nor	-Covered Ser	vices: Comme	ercial
ICD-10 Diagnosis	ICD-10 Procedure		
Codes	Codes	CPT Codes	HCPCS
	0QW2X4Z to 0QW2XKZ,	90694, 90697, 90739,	L8033, L8608, L8696,
	0QW3X4Z to 0QW3XKZ,	90758, 90875, 90876,	L8698, L8701, L8702,
	0QW4X4Z to 0QW4XKZ,	90880, 90901, 91112,	P2028 to P2038, P9603,
	0QW5X4Z to 0QW5XKZ,	92145, 92229, 92559,	P9604, Q2033, Q2034,
	0QW6X4Z to 0QW6XKZ,	92605, 92606, 92618,	Q2035 to Q2039, Q2040,
	0QW7X4Z to 0QW7XKZ,	92700, 93050, 93264,	Q2041, Q2042, Q4112 to
	0QW8X4Z to 0QW8XKZ,	93702, 93792 to 93793,	Q4114, Q4125, Q4130,
	0QW9X4Z to 0QW9XKZ,	93895, 93980, 93998,	Q4138 to Q4139, Q4142
	0QWBX4Z to 0QWBXKZ,	95836, 96570, 96571,	to Q4146, Q4149,
	0QWCX4Z to 0QWCXKZ,	96900, 96902, 96904,	Q4150, Q4155, Q4167 to
	0QWDX4Z to 0QWDXKZ,	97169, 97170, 97172,	Q4171, Q4173 to Q4175,
	0QWFX4Z to 0QWFXKZ,	97533, 97537, 98970 to	Q4176 to Q4182, Q4183
	0QWGX4Z to 0QWGXKZ,	98972, 99000, 99001,	to Q4185, Q4188 to
	0QWHX4Z to 0QWHXKZ,	99002, 99024, 99026,	Q4198, Q4200 to Q4204,
	0QWJX4Z to 0QWJXKZ,	99027, 99071, 99075,	Q4205 to Q4226, Q5108,
	0QWKX4Z to 0QWKXKZ,	99080, 99172, 99173,	Q5110 to Q5115, Q9991
	0QWLX4Z to 0QWLXKZ,	99421 to 99423, 99441 to	to Q9995, S0090, S0207
	0QWMX4Z to 0QWMXKZ,	99444, 99446 to 99449,	to S0215, S0353, S0354,
	0QWNX4Z to 0QWNXKZ,	99450 to 99458, 99461,	S0596, S0800, S0810,
	0QWPX4Z to 0QWPXKZ,	99473, 99490, 99491,	S1034 to S1037, S2102,
	0QWQX4Z to 0QWQXKZ,	99495, 99496	S2103, S2117, S2230,
	OQWRX4Z to OQWRXKZ,		S2900, S3721, S3890,
	0QWSX4Z to 0QWSXKZ,		S4027, S5135, S5136,
	OQWYXOZ, OQWYXMZ,		S8130, S8131, S8930,
	ORWOXOZ to ORWOXKZ, ORW1XOZ to ORW1XKZ,		S8948, S8990, S9122,
	ORW3X0Z to ORW3XKZ,		S9109, S9110, S9401, S9430, S9901, S9960,
	ORW4X0Z to ORW4XKZ,		S9961, T1004, T1017,
	ORW5X0Z to ORW5XKZ,		T1505, T2028, T2029,
	ORW6X0Z to ORW6XKZ,		T2035, T2048, , T1505,
	ORW9X0Z to ORW9XKZ,		T4536, T4537, T4538,
	ORWAXOZ to ORWAXKZ,		T4539, T4540, T4545,
	ORWBXOZ to ORWBXKZ,		T5001, V2025, V2530,
	ORWCXOZ to ORWCXKZ,		V2531, V2599, V5090,
	ORWDXOZ to ORWDXKZ,		V5095, V5267 to V5274,
	ORWEXOZ to ORWEXKZ,		V5281 to V5290, V5298,
	ORWFXOZ to ORWFXKZ,		V2610, V2702, V2710,
	ORWGXOZ to ORWGXKZ,		V2718, V2730, V2756,
	ORWHXOZ to ORWHXKZ,		V2760, V2761, V2762,
	ORWJXOZ to ORWJXKZ,		V2770, V2780, V2786,
	ORWKXOZ to ORWKXKZ,		V2787, V2788, V2790,
	ORWLXOZ to ORWLXKZ,		V5281 to V5290
	ORWMXOZ to ORWMXKZ,		
	ORWNXOZ to ORWNXKZ,		
	ORWPXOZ to ORWPXKZ,		



Non-Covered Services: Commercial				
ICD-10 Diagnosis	ICD-10 Procedure			
Codes	Codes	CPT Codes	HCPCS	
Codes	ORWQXOZ to ORWQXKZ,	31 1 33453	1101 00	
	ORWRXOZ to ORWRXKZ,			
	ORWSXOZ to ORWSXKZ,			
	ORWTXOZ to ORWTXKZ,			
	ORWUXOZ to ORWUXKZ,			
	ORWVXOZ to ORWVXKZ,			
	ORWWXOZ to ORWWXKZ,			
	ORWXXOZ to ORWXXKZ,			
	OSWOXOZ to OSWOXKZ,			
	OSW2XOZ to OSW2XKZ,			
	OSW3XOZ to OSW3XKZ,			
	0SW4X0Z to 0SW4XKZ,			
	0SW5X0Z to 0SW5XKZ,			
	0SW6X0Z to 0SW6XKZ,			
	0SW7X0Z to 0SW7XKZ,			
	0SW8X0Z to 0SW8XKZ,			
	OSW9X0Z to OSW9XKZ,			
	OSWBXOZ to OSWBXKZ,			
	OSWCXOZ to OSWCXKZ,			
	OSWDXOZ to OSWDXKZ,			
	OSWFXOZ to OSWFXKZ,			
	OSWGXOZ to OSWGXKZ,			
	OSWHXOZ to OSWHXKZ,			
	OSWJXOZ to OSWJXKZ,			
	OSWKXOZ to OSWKXKZ,			
	OSWLXOZ to OSWLXKZ,			
	OSWMXOZ to OSWMXKZ,			
	OSWNXOZ to OSWNXKZ,			
	OSWPXOZ to OSWPXKZ,			
	OSWQXOZ to OSWQXKZ,			
	OTW5X0Z to OTW5XKZ,			
	OTW9X0Z to OTW9XMZ, OTWBXOZ to OTWBXMZ,			
	OTWDXOZ 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,			
	OUS50ZZ to OUS74ZZ,			
	0UU507Z, 0UU50KZ,			
	0UU547Z, 0UU54KZ,			



Non-Covered Services: Commercial				
ICD-10 Diagnosis	ICD-10 Procedure			
Codes	Codes	CPT Codes	HCPCS	
Codes	0UU577Z, 0UU57KZ,	31 1 33453	1101 00	
	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,			
	OVWRXOZ to OVWRXKZ,			
	0VWSX0Z to 0VWSXKZ,			
	0W0207Z to 0W024ZZ,			
	0W0607Z to 0W064ZZ,			
	0W4M070 to 0W4N0Z1,			
	OWWOXOZ to OWWOXYZ,			
	OWW1X0Z to OWW1XYZ,			
	OWW2XOZ to OWW2XYZ,			
	OWW4X0Z to OWW4XYZ,			
	0WW5X0Z to 0WW5XYZ, 0WW6X0Z to 0WW6XYZ,			
	OWW8X0Z to OWW8XYZ,			
	OWW9X0Z to OWW9XYZ,			
	OWWBXOZ to OWWBXYZ,			
	OWWCXOZ to OWWCXYZ,			
	OWWDX0Z to OWWDXYZ,			
	OWWFX0Z to OWWFXYZ,			
	OWWGX0Z to OWWGXYZ,			
	OWWHX0Z to OWWHXYZ,			
	OWWJX0Z to OWWJXYZ,			
	0WWKX0Z to 0WWKXYZ,			
	0WWLX0Z to 0WWLXYZ,			
	0WWMX0Z to			
	OWWMXYZ, OWWNXOZ			
	to 0WWNXYZ, 0WWPX1Z			



Non-Covered Services: Commercial					
ICD-10 Diagnosis	ICD-10 Procedure				
Codes	Codes	CPT Codes	HCPCS		
	to 0WWPXYZ, 0WWQX1Z				
	to 0WWQXYZ, 0WWRX1Z				
	to OWWRXYZ, 0X0207Z to				
	0X0H4ZZ, 0XW6X0Z to				
	0XW6XYZ, 0XW7X0Z to				
	0XW7XYZ, 0Y0007Z to				
	0Y0L4ZZ, 0YW9X0Z to				
	0YW9XYZ, 0YWBX0Z to				
	OYWBXYZ, 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				
	BNOJZZZ				