
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: Routine services associated with investigational or experimental services are covered for cancer treatment per State regulation. ^{i ii}

DME Items:

- Purchase, repair, or replacement of materials or equipment, resulting from member 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 Neighborhood non covered DME items
- Repair of DME items covered under the provider's or manufacturer's warranty
- Repair of a rented DME item

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 – 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.

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
- Adult Respite care (exception: hospice)

¹ Lifts – permanent refers to lifts affixed to the home not bed to chair lifts which are conditionally covered.

- Air conditioner (window or central)
- Air cleansers, purifiers or HEPA filters
- Altered Auditory Feedback Devices
- Chronic Care Management Services
- Dehumidifiers
- 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
- Food and food products for use in specialty diets (including but not limited to: gluten free, casein free)
- Floor mats
- Health club memberships
- Hypoallergenic pillows/bedding
- Lasik Surgery
- Medical Alert ID Bracelets
- Medical marijuana
- Personal Emergency Response Systems
- Planned home births
- Services provided outside the United States or its territories
- Sperm banking
- Standard car seats
- Suspension swings
- Trampolines, mini trampolines
- Vocational rehabilitation
- Waterproof Casts
- 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:** Routine services associated with investigational or experimental services are covered for cancer treatment per State regulation. ^{i ii}

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- 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
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- Repair of DME items covered under the provider's or manufacturer's warranty
- Repair of a rented DME item.

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 planning 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 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
 - 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

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

- 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
- Dehumidifiers
- 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
- Trampolines, min trampolines
- Suspension swings
- Vocational rehabilitation



- Waterproof casts
- 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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- 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
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- 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
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- 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.

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
 - Transplants of the face and hand are considered experimental and therefore are not covered
- Services or supplies related to an excluded procedure
- Services or supplies for a donor that are not directly related to the organ transplant
- 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 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
- 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.

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

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

- 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
- Homemaker services
- Medical marijuana
- Office infection control charges
- Personal Emergency Response Systems
- Personal trainer
- Planned home births
- 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 20**
- Commercial Non Covered Codes see **page 22**



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. Neighborhood reserves the right to cover certain non-covered services under a piloted program.

Document History

Date	Action
01/01/23	Annual Policy Review Date. Policy Updated: additional codes added/removed from CPT/HCPC list.
07/18/22	Policy Updated: additional codes added/removed from CPT/HCPC list.
05/16/22	Policy Updated: additional codes added/removed from CPT/HCPC list. Non-covered modifiers were added to Coding grid.
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	CPT Codes	HCPCS	Modifiers
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	0001U, 0002M, 0002U, 0003M, 0003U, 0004M, 0006M, 0007M, 0005U, 0007U, 0008U, 0010U, 0011M, 0011U, 0012M, 0012U, 0013M, 0014M, 0018M, 0021U, 0023U, 0024U, 0025U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0038U, 0039U, 0041U, 0042U, 0043U, 0044U, 0046U, 0049U, 0051U, 0052U, 0053U, 0054U, 0055U, 0058U, 0059U, 0060U, 0061U, 0062U, 0063U, 0064U, 0065U, 0066U, 0067U, 0068U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0077U, 0078U, 0079U, 0080U, 0082U, 0084U, 0086U, 0087U, 0088U, 0093U, 0094U, 0095U, 0096U, 0105U, 0106U, 0107U, 0108U, 0109U, 0110U, 0112U, 0113U, 0114U, 0115U, 0116U, 0117U, 0118U, 0119U, 0121U, 0122U, 0123U, 0134U, 0136U, 0137U, 0140U, 0141U, 0142U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 0152U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0164U, 0165U, 0166U, 0167U, 0169U, 0170U, 0171U, 0200T, 0201T, 0202T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T,	A0170, A0380, A2001 to A2013, A4100, A4244, A4245, A4246, A4247, A4248, A4252, A4257, A4283, A4284, A4285, A4286, A4305, A4306, A4321, A4336, A4337, A4360, A4400, A4459, A4467, A4490, A4495, A4500, A4510, A4520, A4554, A4555, A4558, A4563, A4575, A4611, A4612, A4613, A4630, A4633, A4634, A4660, A4772, A5508, A5510, A6000, A6025, A6154, A6228, A6229, A6230, A6411, A6412, A6413, A6460, A6461, A7008, A7009, A7523, A8004, A9153, A9180, A9270, A9275, A9283, A9284, A9285, A9286, A9291, A9300, A9515, A9589, A9592, A9593, A9594, A9595, A9597, A9598, C1734, C1749, C1761, C1823, C1824, C1831, C1832, C1833, C1839, C1841, C1889, C1890, C1982, C2596, C2613, C2645, C8931 to C8936, C8937, C9046, C9734, C9738, C9751, C9756, C9757, C9758, C9764, C9765, C9766, C9772, C9777, C9778, C9779, C9780 to C9783, D0210, D1351, D2331, D7140, D7240, E0118, E0191, E0200, E0203, E0205,	EY, GC, GL, HU, HV, HW, HX, HY, HZ, J1, J2, J3, MS, P6, Q2, Q5, Q6, QJ, QR, SV, TK, TR, 21

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Non-Covered Services: INTEGRITY

ICD-10 Diagnosis Codes	CPT Codes	HCPCS	Modifiers
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, Z04.9, 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	0012M, 0013M, 0018M, 0021U, 0023U, 0035U, 0038U, 0039U, 0041U to 0044U, 0080U, 0082U, 0084U, 0086U, 0087U, 0088U, 0093U, 0094U, 0095U, 0096U, 0207T to 0222T, 0232T, 0242U to 0247U, 0251U to 0267U, 0263T to 0273T, 0278T, 0279U to 0284U, 0289U to 0294U, 0291T to 0294T, 0301U to 0322U, 0311T to 0317T, 0329T to 0341T, 0347T to 0358T, 0375T to 0386T, 0394T to 0436T, 0398T, 0402T, 0439T, 0444T, 0445T, 0446T, 0448T, 0450T to 0454T, 0460T to 0467T, 0479T, 0480T, 0482T to 0536T, 0541T, 0542T, 0545F, 0581T, 0640T to 0696T, 0699T to 0709T, 1200F, 1400F, 2026F, 2060F, 3008F, 3015F, 3038F, 3293F, 3294F, 3323F, 3324F, 3328F, 3650F, 3700F, 3720F, 4004F, 4063F, 4255F, 4256F, 4324F to 4328F, 4330F, 4340F, 4400F, 5200F, 6070F, 6080F, 6090F, 938, 15769, 15771, 15772, 15780, 15782, 15783, 15824 to 15827, 15832 to 15839, 15876 to 15879, 17340, 17360, 17380, 17999, 20985, 22505, 22586, 30430, 31295 to 31297, 31647 to 31651, 31660, 31661, 32994, 33274, 33275, 33289, 33927 to 33929, 34839 to 34848,	A0380, A0394, A0432, A2001 to A2013, A4100, A4459, A4467, A4490, A4495, A4500, A4510, A4520, A4544, A4555, A4563, A4575, A4670, A6000, A6413, A6460, A6461, A9270, A9275, A9283, A9285, A9286, A9291, A9300, A9515, A9589, A9592, A9593, A9594, A9595, A9597, A9598, C1734, C1749, C1761, C1823, C1824, C1831, C1832, C1833, C1839, C1841, C1889, C1890, C1982, C2596, C8931 to C8937, C9067, C9462, C9734, C9738, C9750 to C9758, C9778 to C9783, 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 to G0067, G0071, G0076 to G0087, G0128, G0129, G0151 to G0153, G0155, G0157, G0157, G0158, G0162, 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,	EY, GL, HU, HV, HW, HX, HY, HZ, J1, J2, J3, MS, P6, Q2, Q5, QJ, QR, SV, TK, TR, 21, GY, ZZ

Non-Covered Services: INTEGRITY

ICD-10 Diagnosis Codes	CPT Codes	HCPCS	Modifiers
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Non-Covered Services: INTEGRITY			
ICD-10 Diagnosis Codes	CPT Codes	HCPCS	Modifiers
	99173, 99421 to 99423, 99446 to 99450, 99455, 99456, 99461	S9901, S9960, S9961, T1004, T1040, T1505, T2001 to T2005, T2007, T2048, T2050, T2051, T4536, T4537, T4538, T4539, T4540, T4545, V2025, V2524, V2530, V2531, V2599, V2610, V2702, V2710, V2718, V2730, V2756, V2760, V2761, V2762, V2786, V2787, V2788, V2790, V5008, V5090, V5095, V5267 to V5274, V5281 to V5290, V5298	

Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	CPT Codes	HCPCS	Modifiers
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	0012M, 0013M, 0018M, 0021U, 0023U, 0035U, 0038U, 0039U, 0041U to 0044U, 0080U, 0082U, 0084U, 0086U, 0087U, 0088U, 0093U, 0094U, 0095U, 0096U, 0207T to 0222T, 0232T, 0242T to 0244T, 0242U to 0247U, 0251U to 0267U, 0263T to 0273T, 0276T to 0288T, 0279U to 0284U, 0289U to 0294U, 0291T to 0294T, 0301U to 0322U, 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 0536T, 0541T, 0542T, 0545F, 0581T, 0640T to 0670T, 0671T to 0692T, 0693T to 0696T, 0699T to 0709T, 1200F, 1400F, 2026F,	A0130, A0380, A0432, A2001 to A2013, A4336, A4337, A4360, A4100, A4459, A4467, A4490, A4495, A4500, A4510, A4520, A4554, A4555, A4563, A4575, A4670, A6000, A6413, A6460, A6461, A9270, A9275, A9279, A9280, A9281, A9283, A9285, A9286, A9291, A9300, A9515, A9589, A9592, A9593, A9594, A9595, A9597, A9598, A0130, A0380, A0432, A4336, A4337, A4360, A4459, A4467, A4490, A4495, A4500, A4510, A4520, A4554, A4555, A4563, A4575, A4670, A6000, A6413, A6461, A9270, A9275, A9279, A9280, A9281, A9283, A9285, A9286, A9300, A9515, A9589, A9592, A9593,	EY, GL, HU, HV, HW, HX, HY, HZ, J1, J2, J3, MS, P6, Q2, Q5, QJ, QR, SV, TK, TR, 21, GY, ZZ

Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	CPT Codes	HCPCS	Modifiers
	2060F, 3008F, 3015F, 3038F, 3293F, 3294F, 3323F, 3324F, 3328F, 3650F, 3700F, 3720F, 4004F, 4063F, 4255F, 4256F, 4324F to 4328F, 4330F, 4340F, 4400F, 5200F, 6070F, 6080F, 6090F, 938, 11200, 11201, 15769, 15771, 15772, 15775, 15776, 15780 to 15783, 15788 to 15793, 15824 to 15829, 15832 to 15839, 15847, 15876 to 15879, 17340, 17360, 17380, 17999, 19300, 20983, 20985, 22505, 22586, 22867 to 22870, 30430, 31295 to 31297, 31647 to 31651, 31660, 31661, 32994, 33274, 33275, 33289, 33340, 33927 to 33929, 34839, 34841 to 34848, 36416, 36468, 38204, 42975, 43284, 43881, 43882, 53451 to 53454, 53860, 54360, 54400 to 54405, 54410, 54411, 54416, 54417, 55400, 55874, 55970, 55980, 58750, 58752, 58760, 61736, 61737, 64566, 64628, 64629, 69090, 69300, 77061, 77062, 80299, 80320 to 80377, 81175 to 81176, 81230 to 81231, 81238, 81246 to 81249, 81313, 81327, 81328, 81334, 81335, 81346, 81349, 81410, 81411, 81413, 81414, 81415, 81416, 81417, 81422, 81425, 81426, 81427, 81439, 81440,	A9594, A9597, A9598, B4105, C1734, C1749, C1761, C1823, C1824, C1831, C1832, C1833, C1839, C1841, C1889, C1890, C1982, C2596, C2645, C8931 to C8937, C9046, C9067, C9462, C9734, C9738, C9751, C9756 to C9758, C9764, C9765, C9766, C9772, C9777 to C9783, D0210, D1351, D2331, D4322, D4323, D7140, D7240, D7298, D7299, D7300, E0118, E0160 to E0163, E0165, E0167, E0168, E0170 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 to G0067, G0071, G0076 to G0087, G0128, G0129, G0151 to G0153, G0155, G0157, G0157, G0158, G0162, 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 G0428, G0454, G0459, G0460, G0473, G0490, G0491, G0492, G0500 to G0509, G0511 to G0514,	

Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	CPT Codes	HCPCS	Modifiers
	81465, 81470, 81471, 81514, 81521, 81539, 81541, 81551, 81560, 81595, 82777, 83789, 83992, 84145, 86152, 86153, 88000 to 88099, 89255, 89259, 89262, 89263, 89267 to 89272, 89290 to 89300, 89329 to 89330, 89335, 89342 to 89398, 90619, 90626, 90627, 90630, 90671, 90672, 90677, 90682, 90685, 90689, 90694, 90697, 90739, 90743, 90747, 90748, 90758, 90759, 90875, 90876, 90880, 90901, 91112, 92145, 92229, 92370, 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, 98975 to 98977, 98980 to 98981, 99000, 99001, 99002, 99024, 99026, 99027, 99071, 99075, 99080, 99172, 99173, 99421 to 99423, 99446 to 99458, 99461, 99473, 99490, 99491, 99495, 99496	G0572, G1000 to G1011, G1024 to G1028, G2000 to G2015, G2020, G2021, G2022, G2025, G2058 to G2083, G2086 to G2125, G2172, G4000 to G4038, G8559 to G8602, G8633 to G8670, G9143, G9187, G9364 to G9368, G9380 to G9386, G9389 to G9396, G9402 to G9434, G9451 to G9460, G9481 to G9490, G9678 to G9685, G9890 to G9999, H2038, K1001 to K1020, K1022, K1023, K1024, K1025, K1026, K1028 to K1030, L2006, L5969, L7600, L7902, L8033, L8608, L8696, L8698, L8701, L8702, M1072 to M1089, M1094 to M1105, P2028 to P2038, P9603, P9604, Q2034 to Q2039, Q2041, Q2042, Q4112 to Q4114, Q4125, Q4130, Q4138 to Q4139, Q4142 to Q4146, Q4149, Q4150, Q4155, Q4167 to Q4185, Q4188 to Q4226, Q4251, Q4252, Q4253, Q5108, Q5110 to Q5114, Q9004, Q9991 to Q9995, S0090, S0207 to S0215, S0353, S0354, S0596, S0800, S0810, S1034 to S1037, S2102, S2103, S2117, S2230, S2900, S4027, S5135, S5136, S8130, S8131, S8930, S8948, S8990, S9110, S9122, S9401, S9430, S9432, S9901, S9960, S9961, T1004, T1017, T1505, T1505, T2028,	

Non-Covered Services: Commercial			
ICD-10 Diagnosis Codes	CPT Codes	HCPCS	Modifiers
		T2029, T2035, T2048, T2050, T2051, T4536, T4537, T4538, T4539, T4540, T4545, T5001, V2025, V2524, V2530, V2531, V2599, V2610, V2702, V2710, V2718, V2730, V2756, V2760, V2761, V2762, V2770, V2780, V2786, V2787, V2788, V2790, V5090, V5095, V5267 to V5274, V5281 to V5290, V5298	

ⁱ <http://webserver.rilin.state.ri.us/Statutes/title27/27-20/27-20-60.HTM>

ⁱⁱ <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=1>