

# Non-Covered Services

## Harvard Pilgrim Does Not Reimburse<sup>1</sup>

Harvard Pilgrim Health Care does not reimburse for the procedures or categories of codes outlined in this policy. This list is *not* all-inclusive.

Denials include non-covered services defined as exclusions in the members evidence of coverage (EOC), payment included in the allowance of another service (i.e., global) and procedure codes submitted that are not eligible for payment. Member or provider liability is indicated. Benefits may vary; please call the Provider Service Center at 800-708-4414 for benefit determination including covered benefits selected by the member's employer group and the applicable benefit limitations and cost sharing. Any coverage exceptions are noted in the "Comments" column.

*Harvard Pilgrim does not reimburse for the following code categories.*

### Category II CPT Codes (XXXXF)

Use of these codes is optional, not required for correct coding, and may not be used as a substitute for Category I codes. These codes are intended to facilitate data collection about quality of care. Denies provider liable—procedure code not eligible for payment.

### Category III CPT Codes (XXXXT)

Temporary codes for emerging technology, services and procedures. Services that deny with a Harvard Pilgrim explanation code of "65" should be resubmitted with an unlisted code. Supporting documentation is required with the claim.

### Bundled Services/Supplies (Status "B" or "T" Procedure)

Codes identified with a CMS indicator of "B" or "T" (bundled code) will not be separately reimbursed to physicians by Harvard Pilgrim. Payments for these procedures are always bundled into payment for other services and separate payment is never made. Denies provider liable procedure code not eligible for payment.

### "C" codes

These are temporary HCPCS codes established by CMS for use under the Hospital Outpatient Prospective Payment System (OPPS). Harvard Pilgrim will reimburse most "C" codes to outpatient facilities and ambulatory surgery centers only. See coding grid for exclusions.

### "D" codes

Dental procedure codes. Denies member liable—not a covered service. Dental benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414. Please refer to the *Dental Payment Policy* for covered dental services.

### PC/TC Indicator 5 Codes

Harvard Pilgrim denies "Incident To" codes identified with a CMS PC/TC indicator 5 when reported in a facility place of service when billed by a physician. Denies provider liable—procedure code not eligible for payment.

### "S" codes

Private Payor codes. Temporary codes for private payer use. Harvard Pilgrim does not reimburse "S" codes except for a limited number of contracts. Denies provider liable—procedure code not eligible for payment. Services that deny with a Harvard Pilgrim explanation code of "65" should be resubmitted with an unlisted code. Supporting documentation is required with the claim.

### "T" codes

HCPCS codes exclusively for the use of state Medicaid agencies. Harvard Pilgrim does not reimburse "T" codes except for a limited number of contracts. Denies provider liable—procedure code not eligible for payment.

## Billing Unlisted Codes for Non-Covered Services

Services or procedures that do not have specific CPT or HCPCS codes are billed with unlisted codes. Supporting documentation is required with the claim. Refer to the "Non-covered services" section at the end of this table. This list is not all-inclusive.

## Experimental or Investigational Procedures

Services or procedures that are experimental, unproven, or investigational and not supported by evidence-based medicine and established peer reviewed scientific data are not covered. This may include, but is not limited to, drugs, devices, treatments, procedures, and laboratory and pathology tests. Denies provider liable—procedure code not eligible for payment.

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PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative  | Denial reason code or description                                    | Comments                     |
|--------------|--|--|------------------------------|
| 0001M        | Infectious disease, HCV, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver   | Provider liable—procedure code not eligible for payment              |                              |
| 0002M–0003M  | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic/nonalcoholic steatohepatitis | Provider liable—procedure code not eligible for payment              |                              |
| 0098T        | Revision of total disc arthroplasty, anterior approach; each additional interspace   | Member liable—not a covered service                                  |                              |
| 0133T        | Upper GI endoscopy, incl esoph, stomach and duod and/or jejun, w/injection implantable material, lower esophageal sphincter  | Member liable—not a covered service                                  |                              |
| 0163T        | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace  | Member liable—not a covered service                                  |                              |
| 0164T        | Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace  | Member liable—not a covered service                                  |                              |
| 0165T        | Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace   | Member liable—not a covered service                                  |                              |
| 0182T        | High dose rate electronic brachytherapy per fraction   | Provider liable—procedure code not eligible for payment              |                              |
| 11951        | Subcutan inj filling matl (e.g., collagen); 1.1 to 5.0 cc  | Member liable—not a covered service                                  |                              |
| 11952        | Subcutans inj filling matl (e.g., collagen); 5.1 to 10.0 cc  | Member liable—not a covered service                                  |                              |
| 11954        | Subcutan inj filling matl (e.g., collagen); over 10.0 cc   | Member liable—not a covered service                                  |                              |
| 15775, 15776 | Punch graft for hair transplant  | Member liable—not a covered service                                  |                              |
| 15780        | Dermabrasion; total face (e.g., for acne scarring, fine wrinkling)   | Member liable—not a covered service                                  |                              |
| 15781        | Dermabrasion; segmental, face  | Member liable—not a covered service                                  |                              |
| 15782        | Dermabrasion; regional, other than face  | Member liable—not a covered service                                  |                              |
| 15783        | Dermabrasion; superficial, any site (e.g., tattoo removal)   | Member liable—not a covered service                                  |                              |
| 15786        | Abrasion; single lesion (e.g., keratosis, scar)  | Member liable—not a covered service                                  |                              |
| 15787        | Abrasion, each additional four lesions or less   | Member liable—not a covered service                                  |                              |
| 15788        | Chemical peel, facial, epidermal   | Member liable—not a covered service                                  |                              |
| 15789        | Chemical peel/facial/dermal  | Member liable—not a covered service                                  |                              |
| 15792        | Chemical peel nonfacial/epidermal  | Member liable—not a covered service                                  |                              |
| 15793        | Chemical peel/nonfacial/dermal   | Member liable—not a covered service                                  |                              |
| 15819        | Cervicoplasty  | Member liable—not a covered service                                  |                              |
| 15829        | Rhytidectomy; subcutaneous musculoaponeurotic system (SMAS) flap   | Member liable—not a covered service                                  |                              |
| 15837        | Excision, excessive skin and subcut tissue; forearm, hand  | Member liable—not a covered service                                  |                              |
| 15838        | Excision, excess skin and subcut tissue; submental fat pad   | Member liable—not a covered service                                  |                              |
| 15850        | Removal of sutures under anesthesia (other than local), same surgeon   | Provider liable—payment included in the allowance of another service | Reimbursed for facility only |
| 17360        | Chemical exfoliation for acne (e.g., acne paste, acid)   | Member liable—not a covered service                                  |                              |

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PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative  | Denial reason code or description                                    | Comments  |
|--------------|--|--|---|
| 17380        | Electrolysis epilation, each 1/2 hour  | Member liable—not a covered service                                  |   |
| 19105        | Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma  | Provider liable— procedure code not eligible for payment             |   |
| 19396        | Preparation of moulage for custom breast implant   | Member liable—not a covered service                                  |   |
| 20930        | Allograft for spine surgery only; morselized   | Provider liable—payment included in the allowance of another service | Reimbursed for facility only                    |
| 20936        | Allograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision  | Provider liable—payment included in the allowance of another service |   |
| 20985        | Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (list separately in addition to code for primary procedure)   | Provider liable—procedure code not eligible for payment              |   |
| 21073        | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)  | Provider liable—procedure code not eligible for payment              |   |
| 21280        | Medial canthopexy  | Member liable—not a covered service                                  |   |
| 21282        | Lateral canthopexy   | Member liable—not a covered service                                  |   |
| 21295, 21296 | Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy)   | Member liable—not a covered service                                  |   |
| 22526        | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level  | Provider liable—procedure code not eligible for payment.             |   |
| 22527        | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (list separately in addition to code for primary procedure) | Provider liable—procedure code not eligible for payment.             |   |
| 22586        | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace     | Provider liable—procedure code not eligible for payment.             |   |
| 22841        | Internal spinal fixation by wiring of spinous processes  | Provider liable—payment included in the allowance of another service | Reimbursed for facility only                    |
| 22857        | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace                                       | Provider liable—procedure code not eligible for payment              |   |
| 22862        | Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace   | Provider liable—procedure code not eligible for payment              |   |
| 22865        | Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace   | Provider liable—procedure code not eligible for payment              |   |
| 22867        | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level                  | Provider liable—procedure code not eligible for payment              | Not reimbursed as of date of service 08/01/2019 |
| 28890        | Extracorporeal shockwave, hi energy, by MD, incl u/s guidance, involv plantar fascia   | Provider liable—procedure code not eligible for payment              |   |
| 29800        | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)   | Provider liable—procedure code not eligible for payment              |   |
| 30210        | Displacement therapy (Proetz type)   | Provider liable—procedure code not eligible for payment              |   |

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PAYMENT POLICIES

Non-Covered Services (cont.)

| Code  | Narrative   | Denial reason code or description                                    | Comments  |
|-------|---|--|---|
| 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed | Provider liable—procedure code not eligible for payment              | Not reimbursed as of date of service 08/01/2019             |
| 34806 | Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data   | Provider liable—procedure code not eligible for payment              |   |
| 36416 | Collection of capillary blood specimen (e.g., finger, heel, ear stick)  | Provider liable—payment included in the allowance of another service |   |
| 36430 | Transfusion, blood or blood components  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 36468 | Injections of sclerosing solutions, spider veins; limb or TR  | Member liable—not a covered service                                  |   |
| 37195 | Thrombolysis, cerebral, by intravenous infusion   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 37788 | Penile revascularization, artery, w/without vein graft  | Member liable—not a covered service                                  |   |
| 38204 | Management of recipient hematopoietic progenitor cell donor search and cell acquisition   | Provider liable—payment included in the allowance of another service |   |
| 38530 | Biopsy or excision of lymph node(s); open, internal mammary node(s)   | Provider liable—procedure code not eligible for payment              |   |
| 41512 | Tongue base suspension, permanent suture technique  | Provider liable—procedure code not eligible for payment              |   |
| 41530 | Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session  | Provider liable—procedure code not eligible for payment              |   |
| 41821 | Operculectomy, excision pericoronar tissues   | Member liable—not a covered service                                  |   |
| 41828 | Excision of hyperplastic alveolar mucosa, each sextant or quad  | Member liable—not a covered service                                  |   |
| 41830 | Alveolectomy, including curettage of osteitis or sequestrect  | Member liable—not a covered service                                  |   |
| 41870 | Periodontal mucosal grafting  | Member liable—not a covered service                                  |   |
| 43201 | Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance  | Provider liable—procedure code not eligible for payment              |   |
| 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed  | Provider liable—procedure code not eligible for payment              |   |
| 43236 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance  | Provider liable—procedure code not eligible for payment              |   |
| 43257 | Upper GI endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia for TX of GI reflux disease  | Provider liable—procedure code not eligible for payment              |   |
| 43284 | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (i.e., magnetic band), including cruroplasty when performed  | Provider liable—procedure code not eligible for payment              |   |
| 43285 | Removal of esophageal sphincter augmentation device   | Provider liable—procedure code not eligible for payment              |   |
| 43648 | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum  | Provider liable—procedure code not eligible for payment              |   |

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PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative  | Denial reason code or description                       | Comments  |
|--------------|--|---|---|
| 43754        | Gastric intubation and aspiration, diagnostic; single specimen (e.g., acid analysis)   | Provider liable—procedure code not eligible for payment |   |
| 43755        | Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (e.g., histamine, insulin, pentagastrin, calcium, secretin), includes drug administration | Provider liable—procedure code not eligible for payment |   |
| 43842        | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty  | Provider liable—procedure code not eligible for payment |   |
| 43843        | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty   | Provider liable—procedure code not eligible for payment |   |
| 43882        | Revision or removal of gastric neurostimulator electrodes, antrum, open  | Provider liable—procedure code not eligible for payment |   |
| 51020        | Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material   | Provider liable—procedure code not eligible for payment |   |
| 51030        | Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion  | Provider liable—procedure code not eligible for payment |   |
| 51605        | Injection procedure and placement of chain for contrast and/or chain urethrocytography   | Provider liable—procedure code not eligible for payment |   |
| 52250        | Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration   | Provider liable—procedure code not eligible for payment |   |
| 52441, 52442 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant   | Provider liable—procedure code not eligible for payment | Reimbursed as of date of service 06/01/2018     |
| 53855        | Insertion of a temporary prostatic urethral stent, including urethral measurement  | Provider liable—procedure code not eligible for payment |   |
| 53860        | Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence  | Provider liable—procedure code not eligible for payment |   |
| 55400        | Vasovasostomy, vasovasorrhaphy   | Member liable—not a covered service                     |   |
| 55705        | Biopsy, prostate; incisional, any approach   | Provider liable—procedure code not eligible for payment |   |
| 55720        | Prostatotomy, external drainage of prostatic abscess, any approach; simple   | Provider liable—procedure code not eligible for payment |   |
| 55725        | Prostatotomy, external drainage of prostatic abscess, any approach; complicated  | Provider liable—procedure code not eligible for payment |   |
| 58674        | Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency  | Provider liable—procedure code not eligible for payment | Not reimbursed as of date of service 08/01/2019 |
| 62287        | Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (e.g., manual or automated percutaneous discectomy, percutaneous laser discectomy)                                    | Provider liable—procedure code not eligible for payment |   |
| 64555        | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)   | Provider liable—procedure code not eligible for payment | Not reimbursed as of 04/26/2018                 |
| 64566        | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming   | Provider liable—procedure code not eligible for payment |   |
| 64575        | Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)   | Provider liable—procedure code not eligible for payment | Not reimbursed as of 04/26/2018                 |
| 64585        | Revision or removal of peripheral neurostimulator electrode array  | Provider liable—procedure code not eligible for payment | Not reimbursed as of 04/26/2018                 |
| 65760        | Keratomileusis   | Member liable—not a covered service                     |   |
| 65765        | Keratophakia   | Member liable—not a covered service                     |   |

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PAYMENT POLICIES

Non-Covered Services (cont.)

| Code               | Narrative  | Denial reason code or description                                    | Comments   |
|--------------------|--|--|--|
| 65767              | Epikeratoplasty  | Member liable—not a covered service                                  |  |
| 65771              | Radial keratotomy  | Member liable—not a covered service                                  |  |
| 65782              | Ocular surface reconstruction, limbal conjunctival autograft   | Member liable—not a covered service                                  |  |
| 69090              | Ear piercing   | Member liable—not a covered service                                  |  |
| 69209              | Remove impacted cerumen, unilateral  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1. |
| 74263              | Computed tomographic (CT) colonography, screening, including image postprocessing  | Member liable—not a covered service                                  | Reimbursed as of date of service 01/01/2019                  |
| 75565              | Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)     | Provider liable—procedure code not eligible for payment              | Reimbursed as of date of service 07/01/2019                  |
| 75571              | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium                      | Provider liable—procedure code not eligible for payment              |  |
| 76390              | Magnetic resonance spectroscopy  | Provider liable—procedure code not eligible for payment              |  |
| 77061              | Digital breast tomosynthesis; unilateral   | Provider liable—procedure code not eligible for payment              | Reimbursed as of date of service 01/01/2018                  |
| 77062              | Digital breast tomosynthesis; bilateral  | Provider liable—procedure code not eligible for payment              | Reimbursed as of date of service 01/01/2018                  |
| 77063              | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)                | Provider liable—payment included in the allowance of another service |  |
| 77071              | Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated        | Provider liable—payment included in the allowance of another service |  |
| 78808              | Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (e.g., parathyroid adenoma) | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1  |
| 80320–80377, 83992 | Definitive Drug Testing  | Provider liable—procedure code not eligible for payment              | Not reimbursed as of date of service 11/01/2018              |
| 81500, 81503       | Oncology (ovarian), biochemical assays   | Provider liable—procedure code not eligible for payment              |  |
| 81506              | Endocrinology (type 2 diabetes), biochemical assays of seven analytes  | Provider liable—procedure code not eligible for payment              |  |
| 81508–81512        | Fetal congenital abnormalities, biochemical assays   | Provider liable—procedure code not eligible for payment              |  |
| 82024              | Adrenocorticotrophic hormone (ACTH)  | Provider liable—procedure code not eligible for payment              |  |
| 82495              | Chromium   | Provider liable—procedure code not eligible for payment              |  |
| 82930              | Gastric acid analysis, includes pH if performed, each specimen   | Provider liable—procedure code not eligible for payment              |  |
| 82965              | Glutamate dehydrogenase  | Provider liable—procedure code not eligible for payment              |  |
| 83993              | Calprotectin, fecal  | Provider liable—procedure code not eligible for payment              | Not reimbursed as of date of service 08/01/2018              |
| 84112              | Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative  | Provider liable—procedure code not eligible for payment              |  |

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PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative  | Denial reason code or description                                    | Comments  |
|--------------|--|--|---|
| 85345        | Coagulation time; Lee and White  | Provider liable—procedure code not eligible for payment              |   |
| 85347        | Coagulation time; activated  | Provider liable—procedure code not eligible for payment              |   |
| 85348        | Coagulation time; other methods  | Provider liable—procedure code not eligible for payment              |   |
| 86185        | Counterimmunoelectrophoresis, each antigen   | Provider liable—procedure code not eligible for payment              |   |
| 86677        | Antibody; Helicobacter pylori  | Provider liable—procedure code not eligible for payment              |   |
| 86910        | Blood typing for paternity testing, per individual; ABO, RH and MN   | Member liable—not a covered service                                  |   |
| 86911        | Blood typing for paternity test/per individ/abo/rh & mn/ each add'l antigen  | Member liable—not a covered service                                  |   |
| 87622        | Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification   | Provider liable—procedure code not eligible for payment              |   |
| 88000–88016  | Necropsy (autopsy), gross examination only, without CNS  | Member liable—not a covered service                                  |   |
| 88020–88029  | Necropsy (autopsy), gross and microscopic, w/o CNS   | Member liable—not a covered service                                  |   |
| 88036–88037  | Necropsy (autopsy), limited, gross and/or microscopic  | Member liable—not a covered service                                  |   |
| 88040–88045  | Necropsy (autopsy), forensic examination; coroner's call   | Member liable—not a covered service                                  |   |
| 88099        | Unlisted necropsy (autopsy) procedure  | Member liable—not a covered service                                  |   |
| 90471, 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid); each additional vaccine       | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 90664        | Influenza virus vaccine, pandemic formulation, live, for intranasal use  | Provider liable—procedure code not eligible for payment              |   |
| 90666–90668  | Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use; (preservative free; adjuvanted)   | Provider liable—procedure code not eligible for payment              |   |
| 90697        | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine   | Provider liable—procedure code not eligible for payment              |   |
| 90865        | Narcosynthesis for psychiatric dx/therapeutic purposes   | Member liable—not a covered service                                  |   |
| 90880        | Hypnotherapy   | Member liable—not a covered service                                  |   |
| 90882        | Psych envir interven mental health off/opd   | Provider liable—procedure code not eligible for payment              |   |
| 90885        | Psychiatric evaluation of hosp records, other psychiatric reports, other accum data for med diag purposes  | Provider liable—payment included in the allowance of another service |   |
| 90889        | Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers | Provider liable—payment included in the allowance of another service | Reimbursed for facility only                                |
| 91052        | Gastric analysis test with injection of stimulant of gastric secretion   | Provider liable—procedure code not eligible for payment              |   |
| 91111        | Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report   | Provider liable—procedure code not eligible for payment              |   |
| 91112        | Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule with interpretation and report  | Provider liable—procedure code not eligible for payment              |   |

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PAYMENT POLICIES

Non-Covered Services (cont.)

| Code        | Narrative  | Denial reason code or description                                    | Comments  |
|-------------|--|--|---|
| 91132-91133 | Electrogastrography, diagnostic, transcutaneous; without or with provocative testing   | Provider liable—procedure code not eligible for payment              |   |
| 92132       | Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral   | Provider liable—procedure code not eligible for payment              | Reimbursed as of date of service 07/01/2018                 |
| 92311-92312 | Prescription of opt & phys char of & fitting of contact lens   | Member liable—not a covered service                                  |   |
| 92316       | Prescription of opt & phys char & fitting of contact lens, with medical supervision and direction of fitting, corneal lens for aphakia, both eyes  | Member liable—not a covered service                                  |   |
| 92325       | Modification of contact lens (separate procedure), with medical supervision of adaptation  | Member liable—not a covered service                                  |   |
| 92326       | Replacement of contact lens  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 92340       | Fitting of spectacles, except for aphakia; nonfocal  | Member liable—not a covered service                                  |   |
| 92341       | Fitting of spectacles, except for aphakia, bifocal   | Member liable—not a covered service                                  |   |
| 92342       | Fitting of spectacles, except for aphakia, multifocal  | Member liable—not a covered service                                  |   |
| 92352       | Fitting of spectacle prosthesis for aphakia, monofocal   | Member liable—not a covered service                                  |   |
| 92353       | Fitting of spectacle prosthesis for aphakia; multifocal  | Member liable—not a covered service                                  |   |
| 92354       | Fitting of spectacle mounted low vision aid; single element  | Member liable—not a covered service                                  |   |
| 92355       | Fitting of spectacle mounted low vision aid; telescopic  | Member liable—not a covered service                                  |   |
| 92358       | Prosthesis service for aphakia, temporary  | Member liable—not a covered service                                  |   |
| 92370       | Repair and refitting spectacles, except for aphakia  | Member liable—not a covered service                                  |   |
| 92371       | Repair and refitting spectacles, spectacle prosthesis for aphakia  | Member liable—not a covered service                                  |   |
| 92531       | Spontaneous nystagmus, including gaze  | Provider liable—payment included in the allowance of another service |   |
| 92532       | Positional nystagmus test  | Provider liable—payment included in the allowance of another service |   |
| 92533       | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)  | Provider liable—payment included in the allowance of another service |   |
| 92534       | Optokinetic nystagmus test   | Provider liable—payment included in the allowance of another service |   |
| 92605       | Evaluation for prescription of non-speech-generating augmentative and alternative communication device   | Provider liable—payment included in the allowance of another service | Reimbursed for facility only                                |
| 92606       | Therapeutic service(s) for the use of non-speech-generating device, including programming and modification   | Provider liable—payment included in the allowance of another service | Reimbursed for facility only                                |
| 92618       | Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure.)   | Provider liable—payment included in the allowance of another service | Reimbursed for facility only                                |
| 92977       | Thrombolysis, coronary; by intravenous infusion  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 93264       | Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional | Provider liable—procedure code not eligible for payment              | Not reimbursed as of date of service 08/01/2019             |

(continued)



PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative   | Denial reason code or description                                    | Comments  |
|--------------|---|--|---|
| 93740        | Temperature gradient studies  | Provider liable—procedure code not eligible for payment              |   |
| 93770        | Determination of venous pressure  | Provider liable—payment included in the allowance of another service |   |
| 93982        | Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report                                    | Provider liable—procedure code not eligible for payment              |   |
| 94005        | Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan | Provider liable—payment included in the allowance of another service |   |
| 94150        | Vital capacity, total (separate procedure)  | Provider liable—payment included in the allowance of another service |   |
| 94640        | Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 94642        | Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis   | Provider liable—procedure code not eligible for payment              |   |
| 94644, 94645 | Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour; each additional hour  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 94664        | Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 94667, 94668 | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation; subsequent  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 94669        | Mechanical chest wall oscillation to facilitate lung function, per session  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 94760, 94761 | Noninvasive ear or pulse oximetry for oxygen saturation; single or multiple determination(s)  | Provider liable—payment included in the allowance of another service |   |
| 94762        | Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)  | Provider liable—payment included in the allowance of another service |   |
| 95012        | Nitric oxide expired gas determination  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 95044        | Patch or application test(s) (specify number of tests)  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 95052        | Photo patch test(s) (specify number of tests)   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 95056        | Photo tests   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 95115, 95117 | Professional services for allergen immunotherapy not including provision of allergenic extracts   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 95803        | Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)   | Provider liable—procedure code not eligible for payment              |   |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative  | Denial reason code or description                                    | Comments  |
|--------------|--|--|---|
| 95990        | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular)   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 95992        | Canalith repositioning procedure(s) (e.g., epley maneuver semont maneuver) per day   | Provider liable—payment included in the allowance of another service |   |
| 96160-96161  | Administration of health risk assessment instrument  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96360, 96361 | Intravenous infusion, hydration  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96365, 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug);  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96367        | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)                       | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96368        | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96369        | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96370        | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96371        | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure) | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96372        | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96373        | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96374        | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96375        | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)          | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96401        | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96402        | Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96409, 96411 | Chemotherapy administration; intravenous, push technique   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative  | Denial reason code or description                                    | Comments  |
|--------------|--|--|---|
| 96413, 96415 | Chemotherapy administration, intravenous infusion technique  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96416        | Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96417        | Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)                          | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96420        | Chemotherapy administration, intra-arterial; push technique  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96422, 96423 | Chemotherapy administration, intra-arterial; infusion technique  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96425        | Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96446        | Chemotherapy administration into the peritoneal cavity via indwelling port or catheter   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96521        | Refilling and maintenance of portable pump   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96522        | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96523        | Irrigation of implanted venous access device for drug delivery systems   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96567        | Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), each phototherapy exposure session | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96900        | Actinotherapy (ultraviolet light)  | Provider liable—procedure code not eligible for payment              |   |
| 96902        | Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality                                     | Provider liable—payment included in the allowance of another service |   |
| 96904        | Whole body integumentary photography, for monitoring of high-risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma                         | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 96910        | Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B  | Provider liable—procedure code not eligible for payment              |   |
| 96912        | Photochemotherapy; psoralens and ultraviolet A (PUVA)  | Provider liable—procedure code not eligible for payment              |   |
| 96913        | Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)             | Provider liable—procedure code not eligible for payment              |   |
| 97010        | Application of a modality to 1 or more areas; hot or cold packs  | Provider liable—payment included in the allowance of another service |   |

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative   | Denial reason code or description                                    | Comments                     |
|--------------|---|--|------------------------------|
| 97022        | Modality one or more areas, whirlpool   | Provider liable—payment included in the allowance of another service |                              |
| 97150        | Group therapeutic procedure(s)  | Member liable—not a covered service                                  |                              |
| 97169-97172  | Athletic training evaluation or re-evaluation   | Member liable—not a covered service                                  |                              |
| 97545        | Work hardening/conditioning, initial two hours  | Provider liable—procedure code not eligible for payment              |                              |
| 97546        | Work hardening/conditioning, each additional hour   | Provider liable—procedure code not eligible for payment              |                              |
| 97602        | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressing, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session                           | Provider liable—payment included in the allowance of another service |                              |
| 97750        | Physical perform test or measurement, w/written report, each 15 min.  | Member liable—not a covered service                                  |                              |
| 97810        | Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient  | Member liable—not a covered service                                  |                              |
| 97811        | Acupuncture, one or more needles, without electrical stimulation; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)                                      | Member liable—not a covered service                                  |                              |
| 97813        | Acupuncture, one or more needles, with electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient   | Member liable—not a covered service                                  |                              |
| 97814        | Acupuncture, one or more needles, with electrical stimulation; each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)   | Member liable—not a covered service                                  |                              |
| 98960        | Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient                                 | Provider liable—payment included in the allowance of another service | Reimbursed for facility only |
| 98961        | Education/training for patient self-management by qual, non-MD health care professional w/standard curriculum, face/face w/patient (caregiver, family) each 30 mins.; 2–4 patients  | Member liable—not a covered service                                  |                              |
| 98962        | Education/training for patient self-management by qual, non-MD health care professional w/standard curriculum, face/face w/patient (caregiver, family) each 30 mins.; 5–8 patients  | Member liable—not a covered service                                  |                              |
| 98966–98968  | Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days            | Provider liable—procedure code not eligible for payment              |                              |
| 98969        | Online assessment and management service provided by a qualified non-physician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous seven days | Provider liable—procedure code not eligible for payment              |                              |
| 99000, 99001 | Handling and/or conveyance of specimen for transfer   | Provider liable—payment included in the allowance of another service |                              |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code  | Narrative   | Denial reason code or description                                    | Comments  |
|-------|---|--|---|
| 99002 | Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices  | Provider liable—payment included in the allowance of another service |   |
| 99024 | Postoperative follow-up visit, included in global service   | Provider liable—payment included in the allowance of another service |   |
| 99026 | Hospital mandated on call srvc, in-hospital, each hour  | Provider liable—procedure code not eligible for payment              |   |
| 99027 | Hospital mandated on call srvc, out-of-hospital, each hour  | Provider liable—procedure code not eligible for payment              |   |
| 99051 | Services provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service  | Provider liable—payment included in the allowance of another service |   |
| 99053 | Services provided 10 p.m.–8 a.m. at a 24-hour facility, in addition to basic service  | Provider liable—payment included in the allowance of another service |   |
| 99056 | Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service   | Provider liable—payment included in the allowance of another service |   |
| 99058 | Office services provided on an emergency basis  | Provider liable—payment included in the allowance of another service |   |
| 99060 | Services provided on an emergency basis out of the office which disrupts other scheduled office services in addition to basic service   | Provider liable—payment included in the allowance of another service |   |
| 99070 | Materials charges   | Provider liable—payment included in the allowance of another service |   |
| 99071 | Educational supplies  | Member liable—not a covered service                                  |   |
| 99075 | Medical testimony   | Member liable—not a covered service                                  |   |
| 99078 | Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)                       | Provider liable—payment included in the allowance of another service |   |
| 99080 | Special reports   | Provider liable—procedure code not eligible for payment              |   |
| 99082 | Unusual travel (e.g., transportation and escort of patient)   | Member liable—not a covered service                                  |   |
| 99091 | Collection and interpretation of physiologic data (e.g., ecg, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes | Provider liable—payment included in the allowance of another service |   |
| 99100 | Anesthesia for patient of extreme age, under one year & over 70   | Provider liable—payment included in the allowance of another service |   |
| 99116 | Anesthesia complicated by utilization of total body hypothermia   | Provider liable—payment included in the allowance of another service |   |
| 99135 | Anesthesia complicated by utilization of controlled hypotension   | Provider liable—payment included in the allowance of another service |   |
| 99140 | Anesthesia complicated by emergency conditions (specify)  | Provider liable—payment included in the allowance of another service |   |
| 99175 | Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison   | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| 99195 | Phlebotomy, therapeutic (separate procedure)  | Provider liable—procedure code not eligible for payment              |   |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative   | Denial reason code or description                                    | Comments                     |
|--------------|---|--|------------------------------|
| 99199        | Unlisted special service, procedure or report   | Provider liable—payment included in the allowance of another service |                              |
| 99288        | Physician direction of emergency medical systems (ems) emergency care, advanced life support  | Provider liable—payment included in the allowance of another service | Reimbursed for facility only |
| 99354        | Prolonged phys svc in office or opd, face-to-face, first hour   | Provider liable—payment included in the allowance of another service |                              |
| 99355        | Prolong phys serv in office/op/each additional 30 minutes   | Provider liable—payment included in the allowance of another service |                              |
| 99356        | Prolonged phys serv/in pat/requiring direct (face-to-face) patient contact  | Provider liable—payment included in the allowance of another service |                              |
| 99357        | Prolonged phys serv/in pat/requiring direct patient contact, each add'l 30 minutes  | Provider liable—payment included in the allowance of another service |                              |
| 99358        | Prolonged eval & mgt serv/non-direct care/in pat/first hour   | Provider liable—payment included in the allowance of another service |                              |
| 99359        | Prolonged eval & mgt serv/non-direct/in pat/add'l 30 minutes  | Provider liable—payment included in the allowance of another service |                              |
| 99360        | Phys standby serv/prolonged attend/each 30 minutes  | Provider liable—payment included in the allowance of another service |                              |
| 99366–99368  | Medical team conference with interdisciplinary team of health care professionals  | Provider liable—procedure code not eligible for payment              |                              |
| 99415        | Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for outpatient evaluation and management service)  | Provider liable—procedure code not eligible for payment              |                              |
| 99416        | Prolonged clinical staff service, each additional 30 minutes  | Provider liable—procedure code not eligible for payment              |                              |
| 99442, 99443 | Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian  | Provider liable—procedure code not eligible for payment              |                              |
| 99444        | Online evaluation and management service provided by a physician to an established patient, guardian, or health care professional who may report an evaluation and management service provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network | Provider liable—procedure code not eligible for payment              |                              |
| 99446-99449  | Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; medical consultative discussion and review  | Provider liable—payment included in the allowance of another service | Reimbursed for facility only |
| 99450        | Life/disability evaluation  | Member liable—not a covered service                                  |                              |
| 99455, 99456 | Disability examination  | Member liable—not a covered service                                  |                              |
| 99487–99489  | Complex chronic care coordination services  | Provider liable—payment included in the allowance of another service |                              |
| 99490        | Chronic care management services  | Provider liable—payment included in the allowance of another service |                              |
| 99605–99607  | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided  | Provider liable—procedure code not eligible for payment              |                              |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code  | Narrative   | Denial reason code or description                                    | Comments |
|---|---|--|----------|
| A0021   | Ambulance service outside state   | Member liable—not a covered service                                  |          |
| A0080   | Non-emergency transportation: per mile—volunteer with no personal interest                            | Member liable—not a covered service                                  |          |
| A0090   | Non-emergency transportation: per mile— vehicle provided by individual w/vested interest              | Member liable—not a covered service                                  |          |
| A0100,<br>A0110,<br>A0120,<br>A0140,<br>A0170,<br>A0180,<br>A0190,<br>A0200,<br>A0210 | Non-emergency transportation  | Member liable—not a covered service                                  |          |
| A0420   | Ambulance service waiting time (one half-hour)  | Provider liable—payment included in the allowance of another service |          |
| A0424   | Ambulance service extra attendant   | Member liable—not a covered service                                  |          |
| A0888   | Ambulance service non-covered mileage   | Provider liable—payment included in the allowance of another service |          |
| A4220   | Refill kit implantable fusion pump  | Provider liable—payment included in the allowance of another service |          |
| A4233–<br>A4236   | Replacement batteries for use with medically necessary home blood glucose monitor owned by patient    | Member liable—not a covered service                                  |          |
| A4262   | Temp absorb lacrimal duct implant   | Provider liable—payment included in the allowance of another service |          |
| A4263   | Perm non-dis lacrimal duct implant  | Provider liable—payment included in the allowance of another service |          |
| A4267   | Contraceptive supply, condom, male, each  | Member liable—not a covered service                                  |          |
| A4268   | Contraceptive supply, condom, female, each  | Member liable—not a covered service                                  |          |
| A4269   | Contraceptive supply, spermicide (foam, gel), each  | Member liable—not a covered service                                  |          |
| A4270   | Disposable endoscope sheath, each   | Provider liable—payment included in the allowance of another service |          |
| A4300   | Implantable access catheter (venous, arterial, epidural or peritoneal), extn                          | Provider liable—payment included in the allowance of another service |          |
| A4305,<br>A4306   | Disposable drug delivery system/catheter  | Provider liable—payment included in the allowance of another service |          |
| A4450   | Tape, non-waterproof, per 18 sq. in.  | Member liable—not a covered service                                  |          |
| A4452   | Tape, waterproof, per 18 sq. in.  | Member liable—not a covered service                                  |          |
| A4455   | Adhesive remover or solvent per ounce   | Member liable—not a covered service                                  |          |
| A4458   | Enema bag with tubing   | Member liable—not a covered service                                  |          |
| A4459   | Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type | Member liable—not a covered service                                  |          |
| A4461   | Surgical dressing holder, non-reusable, each  | Provider liable—payment included in the allowance of another service |          |
| A4470   | Gravlee jet washer  | Member liable—not a covered service                                  |          |
| A4480   | Vabra aspirator   | Member liable—not a covered service                                  |          |
| A4520   | Incontinence garment any type, each   | Member liable—not a covered service                                  |          |
| A4534   | Youth-sized incontinence product, brief, each   | Member liable—not a covered service                                  |          |
| A4550   | Surgical trays  | Provider liable—payment included in the allowance of another service |          |

(continued)



PAYMENT POLICIES

Non-Covered Services (cont.)

| Code  | Narrative  | Denial reason code or description                                    | Comments                          |
|-------|--|--|-----------------------------------|
| A4554 | Disposable underpads all sizes   | Member liable—not a covered service                                  |                                   |
| A4559 | Coupling gel or paste, for use with ultrasound device, per oz  | Provider liable—payment included in the allowance of another service |                                   |
| A4575 | Topical hyperbaric oxygen chamber, disposable  | Member liable—not a covered service                                  |                                   |
| A4580 | Cast supplies  | Provider liable—procedure code not eligible for payment              |                                   |
| A4590 | Special casting materials  | Provider liable—procedure code not eligible for payment              |                                   |
| A4601 | Lithium ion battery for non-prosthetic use, replacement  | Member liable—not a covered service                                  |                                   |
| A4602 | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each   | Member liable—not a covered service                                  |                                   |
| A4638 | Replacement battery for patient-owned ear pulse generator, each  | Member liable—not a covered service                                  |                                   |
| A4639 | Replacement pad for infrared heating pad system, each  | Member liable—not a covered service                                  |                                   |
| A4641 | Radiopharm diagnostic imaging agent noc  | Provider liable—payment included in the allowance of another service | Coverage subject to manual review |
| A4649 | Surgical supply; miscellaneous   | Provider liable—payment included in the allowance of another service | Covered in the home location only |
| A4870 | Plumbing and/or electrical work for home hemodialysis equipment  | Member liable—not a covered service                                  |                                   |
| A4890 | Contracts, repair and maintenance, for hemodialysis equipment  | Member liable—not a covered service                                  |                                   |
| A4931 | Oral thermometer, reusable, any type, each   | Member liable—not a covered service                                  |                                   |
| A4932 | Rectal thermometer, reusable, any type, each   | Member liable—not a covered service                                  |                                   |
| A6025 | Silicone gel sheet, each   | Member liable—not a covered service                                  |                                   |
| A8000 | Helmet, protective, soft, prefabricated, includes all components and accessories   | Member liable—not a covered service                                  |                                   |
| A8001 | Helmet, protective, hard, prefabricated, includes all components and accessories   | Member liable—not a covered service                                  |                                   |
| A9150 | Non-prescription drugs   | Member liable—not a covered service                                  |                                   |
| A9270 | Non-covered item or service  | Member liable—not a covered service                                  |                                   |
| A9279 | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified | Provider liable—procedure code not eligible for payment              |                                   |
| A9280 | Alert or alarm device, not otherwise classified  | Member liable—not a covered service                                  |                                   |
| A9281 | Reaching/grabbing device, any type, any length, each   | Member liable—not a covered service                                  |                                   |
| A9300 | Exercise equipment   | Member liable—not a covered service                                  |                                   |
| A9510 | Supply of radiopharmaceutical diagnostic imaging agent, technetium tc99m   | Provider liable—payment included in the allowance of another service |                                   |
| A9700 | Supply of injectable contrast material for use in echocardiography   | Provider liable—payment included in the allowance of another service |                                   |
| A9901 | Delivery, set up, and/or dispensing service component of another HCPCS code  | Provider liable—payment included in the allowance of another service |                                   |
| B4216 | Parent nutr additives  | Provider liable—payment included in the allowance of another service |                                   |
| B4220 | Parent nutr supply kit premix  | Provider liable—payment included in the allowance of another service |                                   |
| B4222 | Parent nutr supply kit home mix  | Provider liable—payment included in the allowance of another service |                                   |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative   | Denial reason code or description                                    | Comments  |
|--------------|---|--|---|
| B4224        | Parent nutr administration kit  | Provider liable—payment included in the allowance of another service |   |
| B9004        | Parent nutr infus pump portable   | Provider liable—payment included in the allowance of another service |   |
| B9006        | Parent nutr infus pump stationary   | Provider liable—payment included in the allowance of another service |   |
| B9999        | NOC parent supplies   | Provider liable—payment included in the allowance of another service |   |
| C1749        | Endoscope, retrograde imaging/illumination colonoscope device (implantable)   | Provider liable—procedure code not eligible for payment              |   |
| C1821        | Interspinous process distraction device (implantable)   | Provider liable—procedure code not eligible for payment              |   |
| C1841, C1842 | Retinal prosthesis, includes all internal and external components   | Provider liable—procedure code not eligible for payment              | Not reimbursed as of date of service 08/01/2019 |
| C2614        | Probe, percutaneous lumbar discectomy   | Provider liable—procedure code not eligible for payment              |   |
| C9734        | Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance | Provider liable—procedure code not eligible for payment              |   |
| E0118        | Crutch substitute, lower leg platform, with or without wheels, ea.  | Member liable—not a covered service                                  |   |
| E0160        | Sitz bath port w/or w/out commode over seat   | Member liable—not a covered service                                  |   |
| E0161        | Sitz bath port w/or w/out commode w/faucet attach   | Member liable—not a covered service                                  |   |
| E0162        | Sitz bath chair   | Member liable—not a covered service                                  |   |
| E0175        | Foot rest use w/commode chair   | Member liable—not a covered service                                  |   |
| E0188        | Synthetic sheepskin pad   | Member liable—not a covered service                                  |   |
| E0189        | Lambswool sheepskin pad any size  | Member liable—not a covered service                                  |   |
| E0191        | Heel/elbow protector ea.  | Member liable—not a covered service                                  |   |
| E0199        | Dry pressure pad for mattress, standard mattress length and width   | Member liable—not a covered service                                  |   |
| E0200        | Heat lamp w/o stand   | Member liable—not a covered service                                  |   |
| E0205        | Heat lamp w/stand   | Member liable—not a covered service                                  |   |
| E0210        | Electric heat pad std   | Member liable—not a covered service                                  |   |
| E0215        | Electric heat pad moist   | Member liable—not a covered service                                  |   |
| E0217        | Water circulating heat pad with pump  | Member liable—not a covered service                                  |   |
| E0221        | Infrared heating pad system   | Member liable—not a covered service                                  |   |
| E0225        | Hydrocollator unit includes pads  | Member liable—not a covered service                                  |   |
| E0230        | Ice cap/collar  | Member liable—not a covered service                                  |   |
| E0239        | Hydrocollator unit portable   | Member liable—not a covered service                                  |   |
| E0240        | Bath/shower chair, with or without wheels, any size   | Member liable—not a covered service                                  |   |
| E0241        | Bath tub wall rail ea   | Member liable—not a covered service                                  |   |
| E0242        | Bath tub rail floor base  | Member liable—not a covered service                                  |   |
| E0243        | Toilet rail ea  | Member liable—not a covered service                                  |   |
| E0245        | Tub stool/bench   | Member liable—not a covered service                                  |   |
| E0246        | Transfer tub rail attachment  | Member liable—not a covered service                                  |   |
| E0247        | Transfer bench for tub or toilet with or without commode opening  | Member liable—not a covered service                                  |   |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative   | Denial reason code or description                                    | Comments |
|--------------|---|--|----------|
| E0248        | Transfer bench, heavy duty, for tub or toilet with or without commode   | Member liable—not a covered service                                  |          |
| E0272        | Mattress foam rubber  | Member liable—not a covered service                                  |          |
| E0274        | Over-bed table  | Member liable—not a covered service                                  |          |
| E0315        | Bed accessory, board, table or support device, any type   | Member liable—not a covered service                                  |          |
| E0435        | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor | Provider liable—procedure code not eligible for payment              |          |
| E0446        | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories  | Member liable—not a covered service                                  |          |
| E0481        | Intrapulmonary percussive ventilation system and related accessories  | Member liable—not a covered service                                  |          |
| E0500        | IPPPB machine w/built-in nebulizer  | Member liable—not a covered service                                  |          |
| E0605        | Vaporizer room type   | Member liable—not a covered service                                  |          |
| E0610        | Pacemaker monitor self-contained  | Provider liable—payment included in the allowance of another service |          |
| E0615        | Pacemaker monitor self-contained  | Provider liable—payment included in the allowance of another service |          |
| E0616        | Implantable cardiac event recorder w/memory, activator & programmer   | Provider liable—payment included in the allowance of another service |          |
| E0617        | External defibrillator with integrated electrocardiogram analysis   | Member liable—not a covered service                                  |          |
| E0625        | Patient lift kartop bathroom  | Member liable—not a covered service                                  |          |
| E0627        | Seat lift mech in comb lift-chair   | Member liable—not a covered service                                  |          |
| E0629        | Sep seat lift mech reimbursed   | Member liable—not a covered service                                  |          |
| E0639, E0640 | Patient lift; includes all components/accessories   | Member liable—not a covered service                                  |          |
| E0700        | Safety equipment  | Member liable—not a covered service                                  |          |
| E0740        | Non-implanted pelvic floor electrical stimulator, complete system   | Provider liable—procedure code not eligible for payment              |          |
| E0765        | FDA-approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting   | Member liable—not a covered service                                  |          |
| E0769        | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified  | Provider liable—procedure code not eligible for payment              |          |
| E0770        | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified                            | Provider liable—procedure code not eligible for payment              |          |
| E0779        | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hrs or greater   | Provider liable—payment included in the allowance of another service |          |
| E0780        | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours  | Provider liable—payment included in the allowance of another service |          |
| E0782        | Infusion pump implantable non-programmable  | Provider liable—payment included in the allowance of another service |          |
| E0783        | Infusion pump system, implantable, programmable   | Provider liable—payment included in the allowance of another service |          |
| E0786        | Implantable programmable infusion pump, replacement   | Provider liable—payment included in the allowance of another service |          |
| E0791        | Parent infus pump stationary  | Provider liable—payment included in the allowance of another service |          |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code            | Narrative  | Denial reason code or description                                    | Comments  |
|-----------------|--|--|---|
| E0890           | Traction frame footboard pelvic  | Provider liable—procedure code not eligible for payment              |   |
| E0900           | Traction stand free pelvic trac  | Provider liable—procedure code not eligible for payment              |   |
| E1037           | Transport chair, pediatric size  | Member liable—not a covered service                                  |   |
| E1038           | Transport chair, adult size  | Member liable—not a covered service                                  |   |
| E1300           | Whirlpool portable (overtub)   | Member liable—not a covered service                                  |   |
| E1310           | Whirlpool non-port (built-in)  | Member liable—not a covered service                                  |   |
| E1632           | Wearable artificial kidney, each   | Member liable—not a covered service                                  |   |
| E1635           | Compact (portable) travel hemodialyzer system  | Member liable—not a covered service                                  |   |
| E2610           | Wheelchair seat cushion, powered   | Member liable—not a covered service                                  |   |
| G0076-<br>G0087 | Care management home visit   | Provider liable—procedure code not eligible for payment              |   |
| G0175           | Scheduled interdisciplinary team conference (minimum of three exclusive)   | Provider liable—payment included in the allowance of another service |   |
| G0219           | PET imaging whole body; melanoma for noncovered indications  | Member liable—not a covered service                                  |   |
| G0235           | PET imaging, any site, not otherwise specified   | Provider liable—procedure code not eligible for payment.             |   |
| G0237           | Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)             | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| G0238           | Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)        | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| G0239           | Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring) | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| G0252           | PET imaging initial dx   | Member liable—not a covered service                                  |   |
| G0269           | Placement of occlusive device into either a venous or arterial access site, post-surgical or interventional procedure (e.g., angioseal plug, vascular plug)  | Provider liable—payment included in the allowance of another service |   |
| G0279           | Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)   | Provider liable—payment included in the allowance of another service |   |
| G0293           | Non-covered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare-qualifying clinical trial, per day         | Provider liable—procedure code not eligible for payment              |   |
| G0294           | Non-covered surgical procedure(s) using either no anesthesia or local anesthesia only in a Medicare-qualifying clinical trial, per day                       | Provider liable—procedure code not eligible for payment              |   |
| G0295           | Electromagnetic stimulation, to one or more areas  | Provider liable—procedure code not eligible for payment              |   |
| G0302           | Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services   | Provider liable—procedure code not eligible for payment              |   |
| G0303           | Pre-operative pulmonary surgery services for preparation for LVRS, 10–15 days of services  | Provider liable—procedure code not eligible for payment              |   |
| G0304           | Pre-operative pulmonary surgery services for preparation for LVRS, one to nine days of service   | Provider liable—procedure code not eligible for payment              |   |
| G0305           | Post-discharge pulmonary surgery services after LVRS, minimum of six days  | Provider liable—procedure code not eligible for payment              |   |
| G0306           | Complete cbc, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC diff count  | Provider liable—procedure code not eligible for payment              |   |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code          | Narrative  | Denial reason code or description                                    | Comments  |
|---------------|--|--|---|
| G0307         | Complete (CBC), automated (HGB, HCT, RBC, WBC, without platelet count)   | Provider liable—procedure code not eligible for payment              |   |
| G0329         | Electromagnetic therapy, to one or more areas for chronic stage III or IV  | Member liable—not a covered service                                  |   |
| G0333         | Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary   | Provider liable—payment included in the allowance of another service |   |
| G0372         | Physician service required to establish and document the need for a power mobility device  | Provider liable—procedure code not eligible for payment              |   |
| G0378         | Hospital observation service, per hour   | Provider liable—procedure code not eligible for payment              |   |
| G0379         | Direct admission of patient for hospital observation care  | Provider liable—procedure code not eligible for payment              |   |
| G0380–G0384   | Levels 1–5; hospital emergency visit provided in a type b department or facility of the hospital   | Provider liable—procedure code not eligible for payment              |   |
| G0390         | Trauma response team associated with hospital critical care service  | Provider liable—procedure code not eligible for payment              |   |
| G0396         | Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15–30 minutes  | Provider liable—procedure code not eligible for payment              |   |
| G0397         | Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes   | Provider liable—procedure code not eligible for payment              |   |
| G0402         | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment   | Provider liable—procedure code not eligible for payment              |   |
| G0403-G0405   | Electrocardiogram, routine ECG with 12 leads   | Provider liable—procedure code not eligible for payment              |   |
| G0451         | Development testing  | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| G0454         | Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist  | Provider liable—procedure code not eligible for payment              |   |
| G0460         | Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment   | Provider liable—procedure code not eligible for payment              |   |
| G0463         | Hospital outpatient clinic visit for assessment and management of a patient  | Provider liable—procedure code not eligible for payment              |   |
| G0464         | Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)  | Provider liable—procedure code not eligible for payment              |   |
| G0466 - G0470 | FQHC visit   | Provider liable—procedure code not eligible for payment              |   |
| G0498         | Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion | Provider liable—procedure code not eligible for payment              | PC/TC indicator 5 code. Refer to coverage details on page 1 |
| G0513, G0514  | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service;   | Provider liable—payment included in the allowance of another service |   |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code  | Narrative  | Denial reason code or description                                    | Comments |
|-------|--|--|----------|
| G9140 | Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project   | Provider liable—procedure code not eligible for payment              |          |
| G9143 | Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)   | Provider liable—procedure code not eligible for payment              |          |
| G9147 | Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient, and/or, urine urea nitrogen (uun), and/or, arterial, venous or capillary glucose, and/or potassium concentration | Provider liable—procedure code not eligible for payment              |          |
| G9148 | National committee for quality assurance—level 1 medical home  | Provider liable—procedure code not eligible for payment              |          |
| G9149 | National committee for quality assurance—level 2 medical home  | Provider liable—procedure code not eligible for payment              |          |
| G9150 | National committee for quality assurance—level 3 medical home  | Provider liable—procedure code not eligible for payment              |          |
| G9151 | Mapcp demonstration - state provided services  | Provider liable—procedure code not eligible for payment              |          |
| G9152 | Mapcp demonstration - community health teams   | Provider liable—procedure code not eligible for payment              |          |
| G9153 | Mapcp demonstration - physician incentive pool   | Provider liable—procedure code not eligible for payment              |          |
| G9156 | Evaluation for wheelchair requiring face-to-face visit with physician  | Provider liable—procedure code not eligible for payment              |          |
| H2016 | Comprehensive community support services, per diem   | Provider liable—procedure code not eligible for payment              |          |
| K0455 | Infusion pump used for uninterrupted administration of epoprostenol  | Provider liable—procedure code not eligible for payment              |          |
| K0601 | Replacement battery for external infusion pump owned by patient, silver  | Member liable—not a covered service                                  |          |
| K0602 | Replacement battery for external infusion pump owned by patient, silver  | Member liable—not a covered service                                  |          |
| K0603 | Replacement battery for external infusion pump owned by patient, alkaline  | Member liable—not a covered service                                  |          |
| K0604 | Replacement battery for external infusion pump owned by patient, lith.   | Member liable—not a covered service                                  |          |
| K0605 | Replacement battery for external infusion pump owned by patient, lith.   | Member liable—not a covered service                                  |          |
| K0669 | Wheelchair seat or back cushion, no written coding verification  | Member liable—not a covered service                                  |          |
| K0740 | Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes   | Provider liable—payment included in the allowance of another service |          |
| K0899 | Power mobility device, not coded by SADMERC or does not meet criteria  | Member liable—not a covered service                                  |          |
| L0220 | Thoracic rib belt custom made  | Member liable—not a covered service                                  |          |
| L1812 | Knee orthosis, elastic with joints, prefabricated, off-the-shelf   | Member liable—not a covered service                                  |          |
| L3170 | Foot plastic heel stabilizer   | Member liable—not a covered service                                  |          |
| L3201 | Ortho shoe Oxford infant   | Member liable—not a covered service                                  |          |
| L3202 | Ortho shoe Oxford child  | Member liable—not a covered service                                  |          |
| L3203 | Ortho shoe Oxford junior   | Member liable—not a covered service                                  |          |
| L3204 | Ortho shoe hightop infant  | Member liable—not a covered service                                  |          |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code  | Narrative                                       | Denial reason code or description   | Comments |
|-------|---|-------------------------------------|----------|
| L3206 | Ortho shoe hightop child                        | Member liable—not a covered service |          |
| L3207 | Ortho shoe hightop junior                       | Member liable—not a covered service |          |
| L3215 | Ortho shoes ladies Oxford                       | Member liable—not a covered service |          |
| L3216 | Ortho shoes ladies depth inlay                  | Member liable—not a covered service |          |
| L3217 | Ortho shoes ladies hightop                      | Member liable—not a covered service |          |
| L3219 | Ortho shoes mens Oxford                         | Member liable—not a covered service |          |
| L3221 | Ortho shoes mens depth inlay                    | Member liable—not a covered service |          |
| L3222 | Ortho shoes mens hightop                        | Member liable—not a covered service |          |
| L3224 | Ortho shoes ladies Oxford used as part of brace | Member liable—not a covered service |          |
| L3225 | Ortho shoes mens Oxford used as part of brace   | Member liable—not a covered service |          |
| L3230 | Ortho shoes custom depth inlay                  | Member liable—not a covered service |          |
| L3250 | Ortho shoes custom molded                       | Member liable—not a covered service |          |
| L3251 | Foot shoe molded to patient                     | Member liable—not a covered service |          |
| L3252 | Foot shoe molded to patient                     | Member liable—not a covered service |          |
| L3253 | Foot molded shoe plastazote                     | Member liable—not a covered service |          |
| L3254 | Non-std size/width                              | Member liable—not a covered service |          |
| L3255 | Non-std size/length                             | Member liable—not a covered service |          |
| L3257 | Ortho shoes add chrg split size                 | Member liable—not a covered service |          |
| L3300 | Lift elevation heel                             | Member liable—not a covered service |          |
| L3310 | Lift elevation heel & sole                      | Member liable—not a covered service |          |
| L3320 | Lift elevation heel & sole                      | Member liable—not a covered service |          |
| L3330 | Lift elevation metal extension                  | Member liable—not a covered service |          |
| L3332 | Lift elevation inside shoe                      | Member liable—not a covered service |          |
| L3334 | Lift elevation heel per inch                    | Member liable—not a covered service |          |
| L3340 | Heel wedge sach                                 | Member liable—not a covered service |          |
| L3350 | Heel wedge                                      | Member liable—not a covered service |          |
| L3360 | Sole wedge outside sole                         | Member liable—not a covered service |          |
| L3370 | Sole wedge between sole                         | Member liable—not a covered service |          |
| L3380 | Clubfoot wedge                                  | Member liable—not a covered service |          |
| L3390 | Outflare wedge                                  | Member liable—not a covered service |          |
| L3400 | Metatarsal bar wedge rocker                     | Member liable—not a covered service |          |
| L3410 | Metatarsal bar wedge betwn sole                 | Member liable—not a covered service |          |
| L3420 | Full sole & heel wedge betwn sole               | Member liable—not a covered service |          |
| L3430 | Heel counter plastic reinforced                 | Member liable—not a covered service |          |
| L3440 | Heel counter leather reinforced                 | Member liable—not a covered service |          |
| L3450 | Heel sach cushion type                          | Member liable—not a covered service |          |
| L3455 | Heel new leather std                            | Member liable—not a covered service |          |
| L3460 | Heel new rubber std                             | Member liable—not a covered service |          |
| L3465 | Heel thomas w/wedge                             | Member liable—not a covered service |          |
| L3470 | Heel thomas extended to ball                    | Member liable—not a covered service |          |
| L3480 | Heel pad & depression spur                      | Member liable—not a covered service |          |
| L3485 | Heel pad removable spur                         | Member liable—not a covered service |          |
| L3500 | Orthopedic shoe addition, insole, leather       | Member liable—not a covered service |          |

(continued)



PAYMENT POLICIES

Non-Covered Services (cont.)

| Code         | Narrative   | Denial reason code or description                                    | Comments  |
|--------------|---|--|---|
| L3510        | Orthopedic shoe addition, insole, rubber  | Member liable—not a covered service                                  |   |
| L3520        | Orthopedic shoe addition, insole, felt covered w/leather  | Member liable—not a covered service                                  |   |
| L3530        | Orthopedic shoe addition, sole, half  | Member liable—not a covered service                                  |   |
| L3540        | Orthopedic shoe addition, sole, full  | Member liable—not a covered service                                  |   |
| L3550        | Orthopedic shoe addition, toe tap, standard   | Member liable—not a covered service                                  |   |
| L3560        | Orthopedic shoe addition, toe tap, horseshoe  | Member liable—not a covered service                                  |   |
| L3570        | Orthopedic shoe addition, special extension to instep (leather w/eyelets)                                 | Member liable—not a covered service                                  |   |
| L3580        | Orthopedic shoe addition, convert instep to Velcro closure  | Member liable—not a covered service                                  |   |
| L3590        | Orthopedic shoe addition, convert firm shoe counter to soft counter                                       | Member liable—not a covered service                                  |   |
| L3595        | Orthopedic shoe addition, march bar   | Member liable—not a covered service                                  |   |
| L6704        | Terminal device, sport/recreational/work attachment, any material, any size                               | Member liable—not a covered service                                  |   |
| L8300        | Truss single w/std pad  | Member liable—not a covered service                                  |   |
| L8310        | Truss dbl w/std pads  | Member liable—not a covered service                                  |   |
| L8320        | Truss add to std pad water pad  | Member liable—not a covered service                                  |   |
| L8330        | Truss add to std pad scrotal pad  | Member liable—not a covered service                                  |   |
| L8605        | Injectable bulking agent  | Provider liable—procedure code not eligible for payment              |   |
| L8608        | Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System | Provider liable—procedure code not eligible for payment              | Not reimbursed as of date of service 08/01/2019 |
| L8609        | Artificial cornea   | Provider liable—payment included in the allowance of another service |   |
| L8610        | Ocular implant  | Provider liable—payment included in the allowance of another service |   |
| L8612        | Aqueous shunt   | Provider liable—payment included in the allowance of another service |   |
| L8613        | Ossicula implant  | Provider liable—payment included in the allowance of another service |   |
| L8622        | Alkaline battery for use with cochlear implant device   | Provider liable—payment included in the allowance of another service |   |
| L8630        | Metacarpophalangeal joint implant   | Provider liable—payment included in the allowance of another service |   |
| L8658        | Interphalangeal joint implant   | Provider liable—payment included in the allowance of another service |   |
| L8670        | Vascular graft material, synthetic, implant   | Provider liable—payment included in the allowance of another service |   |
| L8680        | Implantable neurostimulator electrode, each   | Provider liable—payment included in the allowance of another service |   |
| L8701, L8702 | Powered upper extremity range of motion assist device   | Provider liable—procedure code not eligible for payment              |   |
| M0075        | Cellular therapy  | Provider liable—procedure code not eligible for payment              |   |
| M0076        | Prolotherapy  | Provider liable—procedure code not eligible for payment              |   |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code        | Narrative   | Denial reason code or description                                    | Comments |
|-------------|---|--|----------|
| M0100       | Intragastric hypothermia using gastric freezing   | Provider liable—procedure code not eligible for payment              |          |
| M0300       | IV chelation therapy (chemical endarterectomy)  | Provider liable—procedure code not eligible for payment              |          |
| M0301       | Fabric wrapping of abdominal aneurysm   | Provider liable—procedure code not eligible for payment              |          |
| M1001-M1071 | Quality measurement codes   | Provider liable—procedure code not eligible for payment              |          |
| P2028       | Cephalin flocculation, blood  | Provider liable—procedure code not eligible for payment              |          |
| P2029       | Congo red, blood  | Provider liable—procedure code not eligible for payment              |          |
| P2033       | Thymol turbidity, blood   | Provider liable—procedure code not eligible for payment              |          |
| P2038       | Mucoprotein, blood (seromuroid) (medical necessity procedure)   | Provider liable—procedure code not eligible for payment              |          |
| Q0510–Q0512 | Pharmacy supply fees  | Provider liable—payment included in the allowance of another service |          |
| Q0513–Q0514 | Pharmacy dispensing fees  | Provider liable—payment included in the allowance of another service |          |
| Q2026       | Injection, Radiesse, 0.1ml  | Member liable—not a covered service                                  |          |
| Q2028       | Injection, Sculptra, 0.5mg  | Member liable—not a covered service                                  |          |
| Q2052       | Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (ivig) demonstration | Provider liable—procedure code not eligible for payment              |          |
| Q3031       | Collagen skin test  | Provider liable—payment included in the allowance of another service |          |
| Q4082       | Drug or biological, not otherwise classified, part b drug competitive acquisition program (cap)                         | Provider liable—procedure code not eligible for payment              |          |
| Q5001–Q5010 | Hospice care provided in various locations  | Provider liable—procedure code not eligible for payment              |          |
| Q9958       | High osmolar contrast material, up to 149 mg./ml. iodine concentration, per ml.   | Provider liable—payment included in the allowance of another service |          |
| Q9959       | High osmolar contrast material, 150–199 mg./ml. iodine concentration, per ml.   | Provider liable—payment included in the allowance of another service |          |
| Q9960       | High osmolar contrast material, 200–249 mg./ml. iodine concentration, per ml.   | Provider liable—payment included in the allowance of another service |          |
| Q9961       | High osmolar contrast material, 250–299 mg./ml. iodine concentration, per ml.   | Provider liable—payment included in the allowance of another service |          |
| Q9962       | High osmolar contrast material, 300–349 mg./ml. iodine concentration, per ml.   | Provider liable—payment included in the allowance of another service |          |
| Q9963       | High osmolar contrast material, 350–399 mg./ml. iodine concentration, per ml.   | Provider liable—payment included in the allowance of another service |          |
| Q9964       | High osmolar contrast material, 400 or greater mg./ml. iodine concentration, per ml.                                    | Provider liable—payment included in the allowance of another service |          |
| R0075       | Transportation of portable x-ray  | Provider liable—payment included in the allowance of another service |          |
| R0076       | Transportation of portable EKG  | Provider liable—payment included in the allowance of another service |          |
| S1030       | Continuous noninvasive glucose monitoring device, purchase  | Provider liable—procedure code not eligible for payment              |          |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code        | Narrative  | Denial reason code or description                                    | Comments |
|-------------|--|--|----------|
| S1031       | Continuous noninvasive glucose monitoring device, renta  | Provider liable—procedure code not eligible for payment              |          |
| T4545       | Incontinence product, disposable   | Member liable—not a covered service                                  |          |
| V2600       | Hand held low vision aids  | Member liable—not a covered service                                  |          |
| V2610       | Single lens spectacle mounted  | Member liable—not a covered service                                  |          |
| V2615       | Telescopic and other compound lens   | Member liable—not a covered service                                  |          |
| V2630       | Anterior chamber intraocular lens  | Provider liable—payment included in the allowance of another service |          |
| V2631       | Iris supported intraocular lens  | Provider liable—payment included in the allowance of another service |          |
| V2632       | Posterior chamber intraocular lens   | Provider liable—payment included in the allowance of another service |          |
| V2700       | Balance lens, per lens   | Member liable—not a covered service                                  |          |
| V2702       | Deluxe lens feature  | Member liable—not a covered service                                  |          |
| V2710       | Slab off prism glass or plastic per lens   | Member liable—not a covered service                                  |          |
| V2715       | Prism per lens   | Member liable—not a covered service                                  |          |
| V2718       | Press-on lens, fresnell prism, per lens  | Member liable—not a covered service                                  |          |
| V2730       | Special base curve glass or plastic per lens   | Member liable—not a covered service                                  |          |
| V2750       | Anti-reflective coating per lens   | Member liable—not a covered service                                  |          |
| V2756       | Eyeglass case  | Member liable—not a covered service                                  |          |
| V2760       | Scratch-resistant coating  | Member liable—not a covered service                                  |          |
| V2761       | Mirror coating, any type, solid, gradient or equal, any lens material  | Member liable—not a covered service                                  |          |
| V2762       | Polarization, any lens material, per lens  | Member liable—not a covered service                                  |          |
| V2770       | Occluder lens per lens   | Member liable—not a covered service                                  |          |
| V2780       | Oversize lens per lens   | Member liable—not a covered service                                  |          |
| V2781       | Progressive lens, per lens   | Member liable—not a covered service                                  |          |
| V2782       | Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens                             | Member liable—not a covered service                                  |          |
| V2783       | Lens, index grtr than or equal to 1.66 plastic or grtr than or equal to 1.80 glass, excludes polycarbonate, per lens | Member liable—not a covered service                                  |          |
| V2784       | Lens, polycarbonate or equal, any index, per lens  | Member liable—not a covered service                                  |          |
| V2786       | Specialty occupational multifocal lens, per lens   | Member liable—not a covered service                                  |          |
| V2787       | Astigmatism-correcting function of intraocular lens  | Member liable—not a covered service                                  |          |
| V2788       | Presbyopia correcting function of intraocular lens   | Member liable—not a covered service                                  |          |
| V2790       | Amniotic membrane for surgical reconstruction, per procedure   | Provider liable—payment included in the allowance of another service |          |
| V2797       | Vision supply, accessory and/or service component of another HCPCS vision code                                       | Member liable—not a covered service                                  |          |
| V2799       | Vision service miscellaneous   | Member liable—not a covered service                                  |          |
| V5266       | Battery for use in hearing device  | Member liable—not a covered service                                  |          |
| V5275       | Ear impression, each   | Member liable—not a covered service                                  |          |
| V5281–V5290 | Assistive listening device   | Member liable—not a covered service                                  |          |

(continued)

PAYMENT POLICIES

Non-Covered Services (cont.)

| Code   | Narrative                              | Denial reason code or description                       | Comments                                      |
|--|--|---|---|
| 210X<br>(2100–<br>2109)  | Alternative therapy services           | Member liable—not a covered service                     | All services billed under these revenue codes |
| 310X<br>(3100–<br>3109)  | Adult care                             | Member liable—not a covered service                     |   |
| 0663,<br>0669  | Daily respite care; Other respite care | Member liable—not a covered service                     |   |
| 0951   | Athletic training                      | Member liable—not a covered service                     |   |
| 099X<br>(0990–<br>0999)  | Patient convenience items              | Member liable—not a covered service                     |   |
| 093X<br>(0930–<br>0932)  | Medical rehabilitation day program     | Provider liable—procedure code not eligible for payment |   |
| 081X<br>(0810–<br>0819)  | Acquisition of body components         | Provider liable—procedure code not eligible for payment |   |
| 068X<br>(0680–<br>0689)  | Trauma response                        | Provider liable—procedure code not eligible for payment |   |
| Non-covered services billed under unlisted codes; laser assisted uvuloplasty, Lasik laser, excimer laser, EXMI, mandibular/TMJ appliances, Diri dynamic infrared imaging, pillar palatal implants, pulsed radio-frequency ablation, gastroendoplication, scintimamography, SNAP testing, esophageal PillCam, pergonal monitoring, I-Port catheters, mobile cardiac outpatient telemetry (MCOT), Neutralizing antibody testing (NAB) in multiple sclerosis, ROSE procedure, virtual colonoscopy, recombinant human bone morphogene Protein 7 (RBMP7), SMARTPILL, somnoplasty, infrasonic sound treatment, laproscopic mini gastric bypass surgery (MGB), platelet-rich plasma injections, in vitro chemosensitivity, chemoresistance assays, bronchial thermoplasty, mild procedure and shoulder resurfacing. |  | Provider liable—procedure code not eligible for payment |   |

PUBLICATION HISTORY

10/31/05 original documentation  
 01/31/06 quarterly coding update  
 04/30/06 quarterly coding update  
 10/31/06 quarterly coding update  
 01/31/07 quarterly coding update  
 04/31/07 quarterly coding update  
 10/31/07 quarterly coding update  
 01/31/08 quarterly coding update  
 07/31/08 quarterly coding update  
 10/31/08 quarterly coding update  
 01/15/09 quarterly coding update  
 03/15/09 coding update  
 06/15/09 update codes, added experimental and investigational category for clarification  
 10/15/09 quarterly coding update  
 12/15/09 coding update  
 01/15/10 annual coding update  
 04/15/10 quarterly coding update  
 07/15/10 quarterly coding update  
 09/15/10 added edits for clarification  
 10/15/10 coding update  
 11/15/10 added PC/TC indicator 5 category denial  
 01/15/11 annual coding update

(continued)

## PAYMENT POLICIES

### Non-Covered Services (cont.)

|          |  |
|----------|--|
| 02/15/11 | coding update  |
| 04/15/11 | added Category III coding; added EX65 rebilling info to S codes  |
| 05/15/11 | coding update  |
| 06/15/11 | coding update  |
| 10/15/11 | coding update  |
| 01/15/12 | annual coding update   |
| 03/15/12 | edits made for clarity   |
| 06/15/12 | quarterly coding update; added M codes; removed sleeve gastrectomy from unlisted codes   |
| 07/15/12 | added coverage criteria for 92313, V2531 and E0602   |
| 10/15/12 | coding update; added A9279   |
| 01/15/13 | annual coding update   |
| 03/15/13 | updated rebilling of "C" codes, added covered effective 01/01/13 for 81200-81383 and 81400-81408   |
| 04/15/13 | added Bundled Services/Supplies category, removed "reimbursed for facility only" from 99487-99489  |
| 06/15/13 | added CPT 22586 and mild procedure, CPT 92590-92596 now reimbursed   |
| 07/15/13 | updated CPT 82150, E0781 reimbursed as of 7/1/13; CPT 90661 now reimbursed FDA approved as of 11/20/12   |
| 08/15/13 | added CPT 80100, 80101 and 80104, no longer reimbursed effective 11/01/13  |
| 10/15/13 | revised "C" codes that most codes will be reimbursed as of 01/01/14, added non-covered "C" codes to coding grid, updated reimbursement of influenza vaccines (CPT 90685-90688)   |
| 01/15/14 | annual coding update   |
| 02/15/14 | coding update; administrative edits  |
| 05/15/14 | coding update; removed Category III CPT codes that deny provider liable from coding grid   |
| 08/15/14 | updated reimbursement of CPT 90687 based on FDA approval 12/11/13  |
| 10/15/14 | coding update; added new codes C9741, G0466-G0470 effective 10/01/14, added CPT 76390 as non-covered as of 01/01/15  |
| 01/01/15 | annual coding update; removed codes deleted as of 12/31/14   |
| 05/15/15 | updated CPT 22856, 22861, and 22864 — effective 07/01/15, reimbursed with prior authorization  |
| 07/15/15 | updated A9274 reimbursed as of 02/01/15  |
| 01/15/16 | annual coding update   |
| 02/15/16 | updated CPT 43842 as no longer reimbursed as of 03/24/16, CPT 91112 no longer reimbursed as of 03/01/16  |
| 04/15/16 | added link to biofeedback medical policy for CPT 90901, removed G0455 from coding grid, added CPT 99078  |
| 07/15/16 | added CPT 92132, 86677, 52441, 52442 and 53855 as no longer reimbursed; added 99497 and 99498 reimbursed as of 01/01/16; removed "dry needling" from non-covered services section at end of coding table                 |
| 09/15/16 | added CPT 43754, 43755, and 82930  |
| 11/15/16 | administrative edits   |
| 01/15/17 | annual coding update   |
| 02/15/17 | A0432 Reimbursed as of date of service 11/01/16, CPT 22858 now reimbursed w/prior authorization, as of date of service 04/01/17, CPT 43210 no longer reimbursed as of date of service 04/01/17                           |
| 04/15/17 | added CPT 31660/31661 reimbursed as of date of service 04/01/17 with prior authorization   |
| 05/15/17 | added CPT 44705 reimbursed as of date of service 06/01/17  |
| 06/15/17 | updated CPT 95800, 95801, 95806, G0398, G0400 reimbursed as of 09/01/17; updated CPT 93228-93229 reimbursed as of 07/01/17; updated 43843 no longer reimbursed as of 07/01/17; E0740 no longer reimbursed as of 07/15/17 |
| 11/15/17 | updated CPT 77061, 77062 as a covered service as of 01/01/18; CPT 77063 and G0279 will be included in the allowance of another service as of 1/1/2018 date of service  |
| 01/02/18 | updated molecular procedure codes reimbursed as of 03/01/18 when medically necessary after prior authorization   |
| 02/01/18 | annual coding update   |
| 04/02/18 | updated CPT 90750 FDA approved as of 10/20/17, CPT 90626 FDA approved as of 6/10/16, CPT 52441/52442 reimbursed as of 06/01/18   |
| 05/01/18 | added CPT 64555, 64575, and 64585 no longer reimbursed as of 04/26/18  |
| 06/01/18 | removed CPT code 15824-15828, 15876, 21120-21139, 21270, 55970, 55980, 69300, as the codes are reimbursed when medically necessary after prior authorization; added 83993 as not reimbursed as of 08/01/18               |
| 07/01/18 | updated CPT 92132 to reimbursed as of 07/01/18   |
| 09/04/18 | added definitive drug testing billed using CPT codes not reimbursed as of date of service 11/01/18   |
| 11/01/18 | removed date references, added G0513, G0514  |
| 02/01/19 | annual coding update; updated CPT 74263 reimbursed as of 01/01/19  |
| 05/01/19 | removed CPT 90739; added HCPCS L1812   |
| 06/03/19 | added the following codes as not reimbursed as of date of service 08/01/19: CPT codes 22867, 33289, 58674, 93264 and HCPCS codes C1841, C1842, L8608   |