Introduction

When doctors, dentists, nurses, pharmacists, mental health therapists, or other healthcare professionals perform a service, write a prescription, or order a device, their offices bill the insurance company with a specific code for this service. There are thousands of codes that precisely define nearly every type of medical, dental, mental health, medication, or other health-related service possible. These codes are created by expert medical groups and are frequently updated. Not all services are covered, even though there is a code. The plan covers services that are medically necessary to prevent, evaluate, diagnose, or treat an illness, injury, disease or its symptoms and meet accepted standards of medicine. Not all services and their specific codes meet this definition. This guideline lists types of services and codes the plan does not cover.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
If there is a difference between the information listed in the table below and the member’s contract, the member’s contract prevails. Coverage is dependent upon the effective date of the member’s contract and the date the service was provided.

Non-covered services include but are not limited to the categories below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Coverage Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit exclusion</td>
<td>Services or supplies that the plan does not cover.</td>
</tr>
<tr>
<td>Cosmetic</td>
<td>A service that alters the appearance or shape of a body part. Cosmetic services do not relieve pain or improve, correct, or restore physical function and are therefore not covered.</td>
</tr>
<tr>
<td></td>
<td>Exceptions: cosmetic services may be allowed for specific procedures when medical necessity criteria are met.</td>
</tr>
<tr>
<td></td>
<td>Direct or indirect complications and aftereffects from non-covered cosmetic services are not covered.</td>
</tr>
<tr>
<td>Counseling, education, or training services not covered</td>
<td>Counseling, education, or training that is not covered under another benefit in the treatment of a covered medical or behavioral health disorder is not covered.</td>
</tr>
<tr>
<td>training services not covered under another benefit</td>
<td></td>
</tr>
<tr>
<td>Custodial care</td>
<td>Care that does not require the regular services of a trained medical or allied health care professional is not covered.</td>
</tr>
<tr>
<td></td>
<td>Note: It is care that primarily assists in the activities of daily living, such as getting in and out of bed, bathing, dressing, help with walking, etc.</td>
</tr>
<tr>
<td>Nonmedical equipment (DME or HME)</td>
<td>Durable medical equipment (DME) or home medical equipment (HME) is prescribed by a physician for therapeutic use in direct treatment of a covered illness or injury, and can withstand repeated use, and is not useful in the absence of illness or injury.</td>
</tr>
<tr>
<td></td>
<td>Equipment that does not meet this definition is not considered medical equipment and therefore is not covered.</td>
</tr>
<tr>
<td></td>
<td>Note: Criteria for reflux wedge pillows used for infants with GERD is addressed in a Related Policy (HCPCS E0190)</td>
</tr>
<tr>
<td>Category</td>
<td>Coverage Criteria</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Nonmedical services</td>
<td>Nonmedical services are not covered. These services include but are not limited to:</td>
</tr>
<tr>
<td></td>
<td>• Spiritual, bereavement, legal, financial, or other counseling services</td>
</tr>
<tr>
<td></td>
<td>• Living expenses</td>
</tr>
<tr>
<td></td>
<td>• Nonemergency transportation</td>
</tr>
<tr>
<td></td>
<td>• Meals</td>
</tr>
<tr>
<td></td>
<td>• Assisted living</td>
</tr>
<tr>
<td>Nonprescription (nonlegend, aka over-the-counter)</td>
<td>Drugs, nutritional supplements, supplies, or other products that can be purchased without a prescription are not covered.</td>
</tr>
<tr>
<td>drugs, supplements, or supplies</td>
<td></td>
</tr>
<tr>
<td>Personal care/convenience</td>
<td>Items that do not provide medical benefit are not covered.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> These items are used for the comfort and/or convenience of the patient or the patient’s family.</td>
</tr>
</tbody>
</table>

**Coding**

This list provides broad descriptions and is not all-inclusive. The information below is meant to be a general reference and is not intended to cover all clinical circumstances. Codes are reviewed regularly; this list is updated as needed.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>0552T</td>
<td>Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>0662T</td>
<td>Scalp cooling, mechanical; initial measurement and calibration of cap</td>
</tr>
<tr>
<td>0663T</td>
<td>Scalp cooling, mechanical; placement of device monitoring and removal of device</td>
</tr>
<tr>
<td>15775</td>
<td>Punch graft for hair transplant</td>
</tr>
<tr>
<td>15776</td>
<td>Punch graft for hair transplant; more than 15 punch grafts</td>
</tr>
<tr>
<td>17380</td>
<td>Hair removal (electrolysis epilation)</td>
</tr>
<tr>
<td>54231</td>
<td>Impotency/sexual dysfunction</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>54240</td>
<td>Penile plethysmography</td>
</tr>
<tr>
<td>54250</td>
<td>Nocturnal penile tumescence and/or rigidity test</td>
</tr>
<tr>
<td>54400</td>
<td>Insertion of penile prosthesis; non-inflatable (semi-rigid)</td>
</tr>
<tr>
<td>54401</td>
<td>Insertion of penile prosthesis; inflatable (self-contained)</td>
</tr>
<tr>
<td>54405</td>
<td>Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir</td>
</tr>
<tr>
<td>54406</td>
<td>Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis</td>
</tr>
<tr>
<td>54408</td>
<td>Repair of component(s) of a multi-component, inflatable penile prosthesis</td>
</tr>
<tr>
<td>54410</td>
<td>Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session</td>
</tr>
<tr>
<td>54411</td>
<td>Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue</td>
</tr>
<tr>
<td>54415</td>
<td>Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis</td>
</tr>
<tr>
<td>54416</td>
<td>Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session</td>
</tr>
<tr>
<td>54417</td>
<td>Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue</td>
</tr>
<tr>
<td>69090</td>
<td>Ear piercing</td>
</tr>
<tr>
<td>86910</td>
<td>Blood typing for paternity testing</td>
</tr>
<tr>
<td>86911</td>
<td>Blood typing, for paternity testing, per individual; each additional antigen system</td>
</tr>
<tr>
<td>88000</td>
<td>Autopsy services (necropsy)</td>
</tr>
<tr>
<td>88005</td>
<td>Necropsy (autopsy), gross examination only; with brain</td>
</tr>
<tr>
<td>88007</td>
<td>Necropsy (autopsy), gross examination only; with brain and spinal cord</td>
</tr>
<tr>
<td>88012</td>
<td>Necropsy (autopsy), gross examination only; infant with brain</td>
</tr>
<tr>
<td>88014</td>
<td>Necropsy (autopsy), gross examination only; stillborn or newborn with brain</td>
</tr>
<tr>
<td>88016</td>
<td>Necropsy (autopsy), gross examination only; macerated stillborn</td>
</tr>
<tr>
<td>88020</td>
<td>Necropsy (autopsy), gross and microscopic; without CNS</td>
</tr>
<tr>
<td>88025</td>
<td>Necropsy (autopsy), gross and microscopic; with brain</td>
</tr>
<tr>
<td>88027</td>
<td>Necropsy (autopsy), gross and microscopic; with brain and spinal cord</td>
</tr>
<tr>
<td>88028</td>
<td>Necropsy (autopsy), gross and microscopic; infant with brain</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>88029</td>
<td>Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain</td>
</tr>
<tr>
<td>88036</td>
<td>Necropsy (autopsy), limited, gross and/or microscopic; regional</td>
</tr>
<tr>
<td>88037</td>
<td>Necropsy (autopsy), limited, gross and/or microscopic; single organ</td>
</tr>
<tr>
<td>88040</td>
<td>Necropsy (autopsy); forensic examination</td>
</tr>
<tr>
<td>88045</td>
<td>Necropsy (autopsy); coroner’s call</td>
</tr>
<tr>
<td>88099</td>
<td>Unlisted necropsy (autopsy) procedure</td>
</tr>
<tr>
<td>90882</td>
<td>Environmental therapy</td>
</tr>
<tr>
<td>90889</td>
<td>Records and report costs</td>
</tr>
<tr>
<td>92562</td>
<td>Loudness balance test, alternate binaural or monauran</td>
</tr>
<tr>
<td>92596</td>
<td>Ear protector attenuation measurements</td>
</tr>
<tr>
<td>96161</td>
<td>Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument</td>
</tr>
<tr>
<td>97169</td>
<td>Athletic training evaluation, low complexity</td>
</tr>
<tr>
<td>97170</td>
<td>Athletic training evaluation, moderate complexity</td>
</tr>
<tr>
<td>97171</td>
<td>Athletic training evaluation, high complexity</td>
</tr>
<tr>
<td>97172</td>
<td>Re-evaluation of athletic training established plan of care</td>
</tr>
<tr>
<td>97537</td>
<td>Community/work reintegration training</td>
</tr>
<tr>
<td>97545</td>
<td>Work hardening/conditioning; initial 2 hours</td>
</tr>
<tr>
<td>97546</td>
<td>Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>99026</td>
<td>Hospital mandated on call service</td>
</tr>
<tr>
<td>99027</td>
<td>Hospital mandated on call service; out-of-hospital, each hour</td>
</tr>
<tr>
<td>99056</td>
<td>Service(s) typically provided in the office, provided out of the office at request of patient</td>
</tr>
<tr>
<td>99075</td>
<td>Medical testimony</td>
</tr>
<tr>
<td>99080</td>
<td>Special reports such as insurance forms</td>
</tr>
<tr>
<td>99450</td>
<td>Basic life and/or disability examination</td>
</tr>
<tr>
<td>99455</td>
<td>Work related or medical disability examination</td>
</tr>
<tr>
<td>99456</td>
<td>Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient’s condition; Performance of an examination commensurate with the patient’s condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.</td>
</tr>
</tbody>
</table>

**HCPCS**
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0080</td>
<td>Nonemergency transportation</td>
</tr>
<tr>
<td>A0090</td>
<td>Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest</td>
</tr>
<tr>
<td>A0100</td>
<td>Nonemergency transportation; taxi</td>
</tr>
<tr>
<td>A0110</td>
<td>Nonemergency transportation and bus, intra- or interstate carrier</td>
</tr>
<tr>
<td>A0120</td>
<td>Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems</td>
</tr>
<tr>
<td>A0130</td>
<td>Nonemergency transportation: wheelchair van</td>
</tr>
<tr>
<td>A0160</td>
<td>Nonemergency transportation: per mile - caseworker or social worker</td>
</tr>
<tr>
<td>A0170</td>
<td>Transportation ancillary: parking fees, tolls, other</td>
</tr>
<tr>
<td>A0180</td>
<td>Nonemergency transportation: ancillary: lodging-recipient</td>
</tr>
<tr>
<td>A0190</td>
<td>Nonemergency transportation: ancillary: meals, recipient</td>
</tr>
<tr>
<td>A0200</td>
<td>Nonemergency transportation: ancillary: lodging, escort</td>
</tr>
<tr>
<td>A0210</td>
<td>Nonemergency transportation: ancillary: meals, escort</td>
</tr>
<tr>
<td>A0888</td>
<td>Noncovered ambulance mileage for miles traveled beyond closest appropriate facility</td>
</tr>
<tr>
<td>A4244</td>
<td>Antiseptics (alcohol peroxide, Betadine, pHisoHex, iodine)</td>
</tr>
<tr>
<td>A4246</td>
<td>Betadine or pHisoHex solution, per pint</td>
</tr>
<tr>
<td>A4247</td>
<td>Betadine or iodine swabs/wipes, per box</td>
</tr>
<tr>
<td>A4267</td>
<td>Contraceptive supplies</td>
</tr>
<tr>
<td>A4268</td>
<td>Contraceptive supply, condom, female, each</td>
</tr>
<tr>
<td>A4269</td>
<td>Contraceptive supply, spermicide (eg, foam, gel), each</td>
</tr>
<tr>
<td>A4335</td>
<td>Incontinence supplies/underpads</td>
</tr>
<tr>
<td>A4520</td>
<td>Incontinence garment, any type, (eg, brief, diaper), each</td>
</tr>
<tr>
<td>A4553</td>
<td>Non-disposable underpads, all sizes</td>
</tr>
<tr>
<td>A4554</td>
<td>Disposable underpads, all sizes</td>
</tr>
<tr>
<td>A4563</td>
<td>Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each</td>
</tr>
<tr>
<td>A4660</td>
<td>Sphygmomanometer/blood pressure apparatus with cuff and stethoscope</td>
</tr>
<tr>
<td>A4663</td>
<td>Blood pressure cuff only</td>
</tr>
<tr>
<td>A4670</td>
<td>Automatic blood pressure monitor</td>
</tr>
<tr>
<td>A4931</td>
<td>Thermometer</td>
</tr>
<tr>
<td>A4932</td>
<td>Rectal thermometer, reusable, any type, each</td>
</tr>
<tr>
<td>A6530</td>
<td>Gradient compression stocking, below knee, 18-30 mm Hg, each</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A6533</td>
<td>Gradient compression stocking, thigh length, 18-30 mm Hg, each</td>
</tr>
<tr>
<td>A6536</td>
<td>Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each</td>
</tr>
<tr>
<td>A6539</td>
<td>Gradient compression stocking, waist length, 18-30 mm Hg, each</td>
</tr>
<tr>
<td>A9150</td>
<td>Nonprescription drugs</td>
</tr>
<tr>
<td>A9152</td>
<td>Vitamins</td>
</tr>
<tr>
<td>A9153</td>
<td>Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified</td>
</tr>
<tr>
<td>A9180</td>
<td>Lice treatment given by patient or caretaker</td>
</tr>
<tr>
<td>A9270</td>
<td>Noncovered item or service</td>
</tr>
<tr>
<td>A9273</td>
<td>Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type</td>
</tr>
<tr>
<td>A9275</td>
<td>Home glucose disposable monitor, includes test strips</td>
</tr>
<tr>
<td>A9279</td>
<td>Monitoring feature/device</td>
</tr>
<tr>
<td>A9280</td>
<td>Alert or alarm device, not otherwise classified</td>
</tr>
<tr>
<td>A9281</td>
<td>Reaching/grabbing device, any type</td>
</tr>
<tr>
<td>A9282</td>
<td>Wig, any type, each</td>
</tr>
<tr>
<td>A9286</td>
<td>Hygienic item or device, disposable or non-disposable, any type, each</td>
</tr>
<tr>
<td>A9300</td>
<td>Exercise equipment</td>
</tr>
<tr>
<td>A9901</td>
<td>Durable medical equipment delivery, set up, and/or dispensing component of another HCPCS code</td>
</tr>
<tr>
<td>C1813</td>
<td>Prosthesis, penile, inflatable</td>
</tr>
<tr>
<td>C2622</td>
<td>Prosthesis, penile, noninflatable</td>
</tr>
<tr>
<td>E0170</td>
<td>Commode chair with integrated seat lift mechanism, electric, any type</td>
</tr>
<tr>
<td>E0171</td>
<td>Commode chair with integrated seat lift mechanism, nonelectric, any type</td>
</tr>
<tr>
<td>E0172</td>
<td>Seat lift mechanism placed over or on top of toilet, any type</td>
</tr>
<tr>
<td>E0175</td>
<td>Footrest, for use with commode chair, each</td>
</tr>
<tr>
<td>E0190</td>
<td>Positioning cushion/pillow/wedge</td>
</tr>
<tr>
<td>E0241</td>
<td>Rails (bathtub, toilet, transfer tub)</td>
</tr>
<tr>
<td>E0242</td>
<td>Bathtub rail, floor base</td>
</tr>
<tr>
<td>E0243</td>
<td>Toilet rail, each</td>
</tr>
<tr>
<td>E0246</td>
<td>Transfer tub rail attachment</td>
</tr>
<tr>
<td>E0273</td>
<td>Bed board</td>
</tr>
<tr>
<td>E0274</td>
<td>Over-bed table, bed accessories</td>
</tr>
<tr>
<td>E0315</td>
<td>Bed accessory: board, table, or support device, any type</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>E0316</td>
<td>Safety enclosure frame/canopy for use with hospital bed, any type</td>
</tr>
<tr>
<td>E0574</td>
<td>Ultrasonic/electronic aerosol generator with small volume nebulizer</td>
</tr>
<tr>
<td>E0575</td>
<td>Nebulizer, ultrasonic, large volume</td>
</tr>
<tr>
<td>E0602</td>
<td>Breast pump, manual</td>
</tr>
<tr>
<td></td>
<td>Note: Electric breast pump is covered for women’s health</td>
</tr>
<tr>
<td>E0605</td>
<td>Vaporizer, room type</td>
</tr>
<tr>
<td>E0617</td>
<td>External defibrillator with integrated electrocardiogram analysis</td>
</tr>
<tr>
<td>E0625</td>
<td>Patient lift, bathroom, or toilet, not otherwise classified</td>
</tr>
<tr>
<td>E0627</td>
<td>Seat lift mechanism, electric, any type</td>
</tr>
<tr>
<td>E0635</td>
<td>Patient lift, electric, with seat or sling</td>
</tr>
<tr>
<td>E0636</td>
<td>Multipositional patient support system, with integrated lift, patient</td>
</tr>
<tr>
<td></td>
<td>accessible controls</td>
</tr>
<tr>
<td>E0640</td>
<td>Patient lift, fixed system, includes all components/accessories</td>
</tr>
<tr>
<td>E0700</td>
<td>Safety equipment (eg, belt, harness, or vest)</td>
</tr>
<tr>
<td>E0710</td>
<td>Restraints, any type (body, chest, wrist, or ankle)</td>
</tr>
<tr>
<td>E0941</td>
<td>Gravity assisted traction device</td>
</tr>
<tr>
<td>E1015</td>
<td>Wheelchair shock absorbers</td>
</tr>
<tr>
<td>E1016</td>
<td>Shock absorber for power wheelchair, each</td>
</tr>
<tr>
<td>E1017</td>
<td>Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual</td>
</tr>
<tr>
<td></td>
<td>wheelchair, each</td>
</tr>
<tr>
<td>E1018</td>
<td>Heavy-duty shock absorber for heavy-duty or extra heavy-duty power</td>
</tr>
<tr>
<td></td>
<td>wheelchair, each</td>
</tr>
<tr>
<td>E1300</td>
<td>Whirlpool, portable (overtub type)</td>
</tr>
<tr>
<td>E1310</td>
<td>Whirlpool, nonportable (built-in type)</td>
</tr>
<tr>
<td>E1570</td>
<td>Adjustable chair for ESRD patients</td>
</tr>
<tr>
<td>E1902</td>
<td>Communication board, nonelectronic augmentative or alternative communication</td>
</tr>
<tr>
<td>E2301</td>
<td>Power wheelchair accessories</td>
</tr>
<tr>
<td>E2358</td>
<td>Power wheelchair accessory, group 34 nonsealed lead acid battery, each</td>
</tr>
<tr>
<td>E2360</td>
<td>Power wheelchair accessory, 22 NF nonsealed lead acid battery, each</td>
</tr>
<tr>
<td>E2362</td>
<td>Power wheelchair accessory, group 24 nonsealed lead acid battery, each</td>
</tr>
<tr>
<td>E2364</td>
<td>Power wheelchair accessory, U-1 nonsealed lead acid battery, each</td>
</tr>
<tr>
<td>E2367</td>
<td>Power wheelchair accessory, battery charger, dual mode, for use with either</td>
</tr>
<tr>
<td></td>
<td>battery type, sealed or nonsealed, each</td>
</tr>
<tr>
<td>E2372</td>
<td>Power wheelchair component group 27 nonsealed lead acid battery, each</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>E2383</td>
<td>Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each</td>
</tr>
<tr>
<td>G0176</td>
<td>Activity therapy, such as music, dance, art or play therapies. Note: Noncovered for outpatient only.</td>
</tr>
<tr>
<td>G0293</td>
<td>Noncovered procedure(s) using conscious sedation or anesthesia in a Medicare qualifying clinical trial</td>
</tr>
<tr>
<td>G0294</td>
<td>Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day</td>
</tr>
<tr>
<td>G9012</td>
<td>Other specified case management service not elsewhere classified</td>
</tr>
<tr>
<td>H0002</td>
<td>Behavioral health screening to determine eligibility for admission for a treatment program</td>
</tr>
<tr>
<td>H0006</td>
<td>Alcohol and/or drug services (case management, training service, intervention service)</td>
</tr>
<tr>
<td>H0021</td>
<td>Alcohol and/or drug training service (for staff and personnel not employed by providers)</td>
</tr>
<tr>
<td>H0022</td>
<td>Alcohol and/or drug intervention service (planned facilitation)</td>
</tr>
<tr>
<td>H0023</td>
<td>Behavioral health outreach service (planned approach to reach a targeted population)</td>
</tr>
<tr>
<td>H0024</td>
<td>Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)</td>
</tr>
<tr>
<td>H0025</td>
<td>Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)</td>
</tr>
<tr>
<td>H0026</td>
<td>Alcohol and/or drug prevention process service, community-based</td>
</tr>
<tr>
<td>H0027</td>
<td>Alcohol and/or drug prevention environmental service</td>
</tr>
<tr>
<td>H0028</td>
<td>Alcohol and/or drug prevention problem identification and referral service</td>
</tr>
<tr>
<td>H0029</td>
<td>Alcohol and/or drug prevention alternatives service</td>
</tr>
<tr>
<td>H0030</td>
<td>Behavioral health hotline service</td>
</tr>
<tr>
<td>H0034</td>
<td>Medication training and support, per 15 minutes</td>
</tr>
<tr>
<td>H0037</td>
<td>Community psychiatric supportive treatment program, per diem</td>
</tr>
<tr>
<td>H0038</td>
<td>Self-help/peer services</td>
</tr>
<tr>
<td>H0039</td>
<td>Assertive community treatment</td>
</tr>
<tr>
<td>H0040</td>
<td>Assertive community treatment program, per diem</td>
</tr>
<tr>
<td>H0041</td>
<td>Foster care, child, nontherapeutic</td>
</tr>
<tr>
<td>H0042</td>
<td>Foster care, child, nontherapeutic, per month</td>
</tr>
<tr>
<td>H0043</td>
<td>Supported housing, per diem</td>
</tr>
<tr>
<td>H0044</td>
<td>Supported housing, per month</td>
</tr>
<tr>
<td>H0045</td>
<td>Respite care services, not in the home</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>H0048</td>
<td>Alcohol and/or other drug testing: collection and handling only, specimens other than blood</td>
</tr>
<tr>
<td>H1010</td>
<td>Nonmedical family planning education</td>
</tr>
<tr>
<td>H1011</td>
<td>Family assessment by licensed behavioral health professional for state defined purposes</td>
</tr>
<tr>
<td>H2012</td>
<td>Behavioral health day treatment, per hour</td>
</tr>
<tr>
<td>H2015</td>
<td>Comprehensive community support services</td>
</tr>
<tr>
<td>H2016</td>
<td>Comprehensive community support services, per diem</td>
</tr>
<tr>
<td>H2017</td>
<td>Psychosocial rehabilitation services</td>
</tr>
<tr>
<td>H2018</td>
<td>Psychosocial rehabilitation services, per diem</td>
</tr>
<tr>
<td>H2020</td>
<td>Therapeutic behavioral services, per diem</td>
</tr>
<tr>
<td>H2021</td>
<td>Community-based wrap-around services</td>
</tr>
<tr>
<td>H2022</td>
<td>Community-based wrap-around services, per diem</td>
</tr>
<tr>
<td>H2023</td>
<td>Supported employment, per 15 minutes</td>
</tr>
<tr>
<td>H2024</td>
<td>Supported employment, per diem</td>
</tr>
<tr>
<td>H2025</td>
<td>Ongoing support to maintain employment</td>
</tr>
<tr>
<td>H2026</td>
<td>Ongoing support to maintain employment, per diem</td>
</tr>
<tr>
<td>H2027</td>
<td>Psychoeducational service</td>
</tr>
<tr>
<td>H2029</td>
<td>Sexual offender treatment service, per diem</td>
</tr>
<tr>
<td>H2030</td>
<td>Mental health clubhouse services</td>
</tr>
<tr>
<td>H2031</td>
<td>Mental health clubhouse services, per diem</td>
</tr>
<tr>
<td>H2032</td>
<td>Activity therapy</td>
</tr>
<tr>
<td>H2034</td>
<td>Alcohol and/or drug abuse halfway house services</td>
</tr>
<tr>
<td>H2035</td>
<td>Alcohol and/or drug treatment program (per hour)</td>
</tr>
<tr>
<td>H2037</td>
<td>Developmental delay prevention activities</td>
</tr>
<tr>
<td>H2038</td>
<td>Skills training and development, per diem (new code effective 4/1/22)</td>
</tr>
<tr>
<td>K1003</td>
<td>Whirlpool tub, walk-in, portable</td>
</tr>
<tr>
<td>L7900</td>
<td>Male vacuum erection system</td>
</tr>
<tr>
<td>L8300</td>
<td>Truss, single with standard pad</td>
</tr>
<tr>
<td>L8310</td>
<td>Truss, double with standard pads</td>
</tr>
<tr>
<td>L8320</td>
<td>Truss, addition to standard pad, water pad</td>
</tr>
<tr>
<td>L8330</td>
<td>Truss, addition to standard pad, scrotal pad</td>
</tr>
<tr>
<td>P2031</td>
<td>Hair analysis (excluding arsenic)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>S0194</td>
<td>Dialysis/stress vitamin supplement</td>
</tr>
<tr>
<td>S0197</td>
<td>Prenatal vitamins</td>
</tr>
<tr>
<td>S0209</td>
<td>Wheelchair van</td>
</tr>
<tr>
<td>S0215</td>
<td>Nonemergency transportation; mileage, per mile</td>
</tr>
<tr>
<td>S0315</td>
<td>Disease management program</td>
</tr>
<tr>
<td>S0316</td>
<td>Disease management program, follow-up/reassessment</td>
</tr>
<tr>
<td>S0317</td>
<td>Disease management program; per diem</td>
</tr>
<tr>
<td>S0320</td>
<td>Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month</td>
</tr>
<tr>
<td>S0510</td>
<td>Nonprescription lens (safety, athletic, or sunglass)</td>
</tr>
<tr>
<td>S0596</td>
<td>Lasik eye surgery</td>
</tr>
<tr>
<td>S0800</td>
<td>Laser in situ keratomileusis (LASIK)</td>
</tr>
<tr>
<td>S0810</td>
<td>Photorefractive keratectomy (PRK)</td>
</tr>
<tr>
<td>S1001</td>
<td>Deluxe item</td>
</tr>
<tr>
<td>S3005</td>
<td>Performance measurement, evaluation of patient self-assessment, depression</td>
</tr>
<tr>
<td>S4991</td>
<td>Nonprescription nicotine patches</td>
</tr>
<tr>
<td>S5100</td>
<td>Day care services, adult; per 15 minutes</td>
</tr>
<tr>
<td>S5101</td>
<td>Day care services, adult; per half day</td>
</tr>
<tr>
<td>S5102</td>
<td>Day care services, adult; per diem</td>
</tr>
<tr>
<td>S5105</td>
<td>Day care services, center-based; services not included in program fee, per diem</td>
</tr>
<tr>
<td>S5108</td>
<td>Home care training to home care client, per 15 minutes</td>
</tr>
<tr>
<td></td>
<td>Note: May be covered for ABA services.</td>
</tr>
<tr>
<td>S5109</td>
<td>Home care training to home care client, per 15 minutes and per session</td>
</tr>
<tr>
<td></td>
<td>Note: May be covered for ABA services.</td>
</tr>
<tr>
<td>S5110</td>
<td>Home care training</td>
</tr>
<tr>
<td></td>
<td>Note: May be covered for ABA services.</td>
</tr>
<tr>
<td>S5111</td>
<td>Home care training, family; per session</td>
</tr>
<tr>
<td></td>
<td>Note: May be covered for ABA services.</td>
</tr>
<tr>
<td>S5115</td>
<td>Home care training, nonfamily; per 15 minutes</td>
</tr>
<tr>
<td>S5116</td>
<td>Home care training, nonfamily; per session</td>
</tr>
<tr>
<td>S5120</td>
<td>Chore services; Chore services; per diem</td>
</tr>
<tr>
<td>S5121</td>
<td>Chore services; per diem</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>S5125</td>
<td>Attendant care services; per 15 minutes</td>
</tr>
<tr>
<td>S5126</td>
<td>Attendant care services; per diem</td>
</tr>
<tr>
<td>S5130</td>
<td>Homemaker service</td>
</tr>
<tr>
<td>S5131</td>
<td>Homemaker service, NOS; per diem</td>
</tr>
<tr>
<td>S5135</td>
<td>Companion care, adult (eg, IADL/ADL); per 15 minutes</td>
</tr>
<tr>
<td>S5136</td>
<td>Companion care, adult (eg, IADL/ADL); per diem</td>
</tr>
<tr>
<td>S5140</td>
<td>Foster care, adult</td>
</tr>
<tr>
<td>S5141</td>
<td>Foster care, adult; per month</td>
</tr>
<tr>
<td>S5145</td>
<td>Foster care, therapeutic, child</td>
</tr>
<tr>
<td>S5146</td>
<td>Foster care, therapeutic, child; per month</td>
</tr>
<tr>
<td>S5150</td>
<td>Unskilled respite care, not hospice</td>
</tr>
<tr>
<td>S5151</td>
<td>Unskilled respite care, not hospice; per 15 minutes</td>
</tr>
<tr>
<td>S5160</td>
<td>Emergency response system; installation and testing</td>
</tr>
<tr>
<td>S5161</td>
<td>Emergency response system; service fee, per month (excludes installation and testing)</td>
</tr>
<tr>
<td>S5162</td>
<td>Emergency response system; purchase only</td>
</tr>
<tr>
<td>S5165</td>
<td>Home modifications</td>
</tr>
<tr>
<td>S5170</td>
<td>Home delivered meals, including preparation</td>
</tr>
<tr>
<td>S5175</td>
<td>Laundry service</td>
</tr>
<tr>
<td>S5185</td>
<td>Medication reminder service</td>
</tr>
<tr>
<td>S5199</td>
<td>Personal care item</td>
</tr>
<tr>
<td>S8270</td>
<td>Urination (enuresis) alarm</td>
</tr>
<tr>
<td>S8460</td>
<td>Camisole, postmastectomy</td>
</tr>
<tr>
<td>S8940</td>
<td>Equestrian/hippotherapy (horse therapy)</td>
</tr>
<tr>
<td>S8948</td>
<td>Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes</td>
</tr>
<tr>
<td>S8990</td>
<td>Physical or manipulative therapy performed for maintenance rather than restoration</td>
</tr>
<tr>
<td>S9117</td>
<td>Back school, per visit</td>
</tr>
<tr>
<td>S9432</td>
<td>Medical foods for non-inborn errors of metabolism</td>
</tr>
<tr>
<td>S9900</td>
<td>Services by authorized Christian Science practitioner for the process of healing, not to be used for rest or study; excludes in-patient services</td>
</tr>
<tr>
<td>S9970</td>
<td>Health club membership</td>
</tr>
<tr>
<td>S9976</td>
<td>Lodging and meals not otherwise classified</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>S9977</td>
<td>Meals, per diem, not otherwise specified</td>
</tr>
<tr>
<td>S9986</td>
<td>Not medically necessary service (patient is aware that service is not medically necessary)</td>
</tr>
<tr>
<td>S9992</td>
<td>Clinical trial, transportation costs to and from clinical trial location and local transportation costs</td>
</tr>
<tr>
<td>S9994</td>
<td>Clinical trial, lodging costs for clinical trial participant and one caregiver/companion</td>
</tr>
<tr>
<td>S9996</td>
<td>Clinical trial, meals for clinical trial participant and one caregiver/companion</td>
</tr>
<tr>
<td>T1000</td>
<td>Private duty/independent nursing service(s), licensed, up to 15 minutes</td>
</tr>
<tr>
<td>T1002</td>
<td>RN services, up to 15 minutes</td>
</tr>
<tr>
<td>T1003</td>
<td>LPN/LVN services, up to 15 minutes</td>
</tr>
<tr>
<td>T1004</td>
<td>Services of a qualified nursing aide, up to 15 minutes</td>
</tr>
<tr>
<td>T1005</td>
<td>Respite care services, up to 15 minutes</td>
</tr>
<tr>
<td>T1009</td>
<td>Child sitting services for children of the individual receiving alcohol substance abuse services</td>
</tr>
<tr>
<td>T1010</td>
<td>Meals for individuals receiving alcohol and/or substance abuse services</td>
</tr>
<tr>
<td>T1013</td>
<td>Sign language or oral interpretive services, per 15 minutes</td>
</tr>
<tr>
<td>T1015</td>
<td>Clinic visit/encounter, all-inclusive</td>
</tr>
<tr>
<td>T1016</td>
<td>Case management/targeted case management</td>
</tr>
<tr>
<td>T1017</td>
<td>Targeted case management, each 15 minutes</td>
</tr>
<tr>
<td>T1018</td>
<td>School-based individualized education program</td>
</tr>
<tr>
<td>T1019</td>
<td>Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)</td>
</tr>
<tr>
<td>T1020</td>
<td>Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)</td>
</tr>
<tr>
<td>T1021</td>
<td>Home health aide or certified nurse assistant, per visit</td>
</tr>
<tr>
<td>T1022</td>
<td>Contracted home health agency services, all services provided under contract, per day</td>
</tr>
<tr>
<td>T1023</td>
<td>Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter</td>
</tr>
<tr>
<td>T1027</td>
<td>Family training and counseling for child development, per 15 minutes</td>
</tr>
<tr>
<td>T1028</td>
<td>Assessment of home, physical and family environment</td>
</tr>
<tr>
<td>T1029</td>
<td>Comprehensive environmental lead investigation</td>
</tr>
<tr>
<td>T1032</td>
<td>Services performed by a doula birth worker, per 15 minutes (New code effective 10/1/22)</td>
</tr>
<tr>
<td>T1033</td>
<td>Services performed by a doula birth worker, per diem (New code effective 10/1/22)</td>
</tr>
<tr>
<td>T1040</td>
<td>Medicaid certified community behavioral health clinic services, per diem</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>T1041</td>
<td>Medicaid certified community behavioral health clinic services, per month</td>
</tr>
<tr>
<td>T1999</td>
<td>Miscellaneous therapeutic items and supplies, retail purchases</td>
</tr>
<tr>
<td>T2001</td>
<td>Nonemergency transportation; patient attendant/escort</td>
</tr>
<tr>
<td>T2002</td>
<td>Nonemergency transportation; per diem</td>
</tr>
<tr>
<td>T2003</td>
<td>Nonemergency transportation; encounter/trip</td>
</tr>
<tr>
<td>T2004</td>
<td>Nonemergency transport; commercial carrier, multipass</td>
</tr>
<tr>
<td>T2005</td>
<td>Nonemergency transportation; stretcher van</td>
</tr>
<tr>
<td>T2007</td>
<td>Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments</td>
</tr>
<tr>
<td>T2012</td>
<td>Habilitation, educational; waiver, per diem</td>
</tr>
<tr>
<td>T2013</td>
<td>Habilitation, educational, waiver; per hour</td>
</tr>
<tr>
<td>T2014</td>
<td>Habilitation, prevocational, waiver; per diem</td>
</tr>
<tr>
<td>T2015</td>
<td>Habilitation, prevocational, waiver; per hour</td>
</tr>
<tr>
<td>T2016</td>
<td>Habilitation, residential, waiver; per diem</td>
</tr>
<tr>
<td>T2017</td>
<td>Habilitation, residential, waiver; 15 minutes</td>
</tr>
<tr>
<td>T2018</td>
<td>Habilitation, supported employment, waiver; per diem</td>
</tr>
<tr>
<td>T2019</td>
<td>Habilitation, supported employment, waiver; per 15 minutes</td>
</tr>
<tr>
<td>T2020</td>
<td>Day habilitation, waiver; per diem</td>
</tr>
<tr>
<td>T2021</td>
<td>Day habilitation, waiver; per 15 minutes</td>
</tr>
<tr>
<td>T2022</td>
<td>Case management, per month</td>
</tr>
<tr>
<td>T2023</td>
<td>Targeted case management; per month</td>
</tr>
<tr>
<td>T2024</td>
<td>Service assessment/plan of care development</td>
</tr>
<tr>
<td>T2025</td>
<td>Waiver services not otherwise specified</td>
</tr>
<tr>
<td>T2026</td>
<td>Specialized childcare, waiver; per diem</td>
</tr>
<tr>
<td>T2027</td>
<td>Specialized childcare, waiver; per 15 minutes</td>
</tr>
<tr>
<td>T2028</td>
<td>Specialized supply, not otherwise specified</td>
</tr>
<tr>
<td>T2029</td>
<td>Specialized medical equipment, not otherwise specified</td>
</tr>
<tr>
<td>T2030</td>
<td>Assisted living, waiver; per month</td>
</tr>
<tr>
<td>T2031</td>
<td>Assisted living; waiver, per diem</td>
</tr>
<tr>
<td>T2032</td>
<td>Residential care, not otherwise specified (NOS), waiver; per month</td>
</tr>
<tr>
<td>T2033</td>
<td>Residential care, not otherwise specified (NOS), waiver; per diem</td>
</tr>
<tr>
<td>T2034</td>
<td>Crisis intervention</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>T2035</td>
<td>Utility services to support medical equipment and assistive technology/devices, waiver</td>
</tr>
<tr>
<td>T2038</td>
<td>Community transition, waiver; per service</td>
</tr>
<tr>
<td>T2039</td>
<td>Vehicle modifications</td>
</tr>
<tr>
<td>T2040</td>
<td>Financial management, self-directed, waiver; per 15 minutes</td>
</tr>
<tr>
<td>T2041</td>
<td>Supports brokerage, self-directed, waiver; per 15 minutes</td>
</tr>
<tr>
<td>T2047</td>
<td>Habilitation, prevocational, waiver; per 15 minutes (New code effective 10/1/20)</td>
</tr>
<tr>
<td>T2049</td>
<td>Stretcher van</td>
</tr>
<tr>
<td>T2050</td>
<td>Financial management, self-directed, waiver; per diem (new code effective 4/1/22)</td>
</tr>
<tr>
<td>T2051</td>
<td>Supports brokerage, self-directed, waiver; per diem (new code effective 4/1/22)</td>
</tr>
<tr>
<td>T2101</td>
<td>Human breast milk processing, storage, and distribution</td>
</tr>
<tr>
<td>T4521</td>
<td>Disposable incontinence product, adult sized</td>
</tr>
<tr>
<td>T4522</td>
<td>Adult sized disposable incontinence product, brief/diaper, medium, each</td>
</tr>
<tr>
<td>T4523</td>
<td>Adult sized disposable incontinence product, brief/diaper, large, each</td>
</tr>
<tr>
<td>T4524</td>
<td>Adult sized disposable incontinence product, brief/diaper, extra-large, each</td>
</tr>
<tr>
<td>T4525</td>
<td>Adult sized disposable incontinence product, protective underwear/pull-on, small size, each</td>
</tr>
<tr>
<td>T4526</td>
<td>Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each</td>
</tr>
<tr>
<td>T4527</td>
<td>Adult sized disposable incontinence product, protective underwear/pull-on, large size, each</td>
</tr>
<tr>
<td>T4528</td>
<td>Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each</td>
</tr>
<tr>
<td>T4529</td>
<td>Disposable incontinence product, pediatric sized</td>
</tr>
<tr>
<td>T4530</td>
<td>Pediatric sized disposable incontinence product, brief/diaper, large size, each</td>
</tr>
<tr>
<td>T4531</td>
<td>Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each</td>
</tr>
<tr>
<td>T4532</td>
<td>Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each</td>
</tr>
<tr>
<td>T4533</td>
<td>Disposable incontinence product, youth sized</td>
</tr>
<tr>
<td>T4534</td>
<td>Youth sized disposable incontinence product, protective underwear/pull-on, each</td>
</tr>
<tr>
<td>T4535</td>
<td>Incontinence product</td>
</tr>
<tr>
<td>T4536</td>
<td>Incontinence product, protective underwear/pull-on, reusable, any size, each</td>
</tr>
<tr>
<td>T4537</td>
<td>Incontinence product, protective under pad, reusable, bed size, each</td>
</tr>
<tr>
<td>T4538</td>
<td>Diaper service, reusable diaper</td>
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<tr>
<td>T4539</td>
<td>Incontinence product, diaper/brief, reusable, any size, each</td>
</tr>
<tr>
<td>T4540</td>
<td>Incontinence product, protective under pad, reusable, chair size, each</td>
</tr>
<tr>
<td>T4541</td>
<td>Incontinence product, disposable under pad, large, each</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>T4542</td>
<td>Incontinence product, disposable under pad, small size, each</td>
</tr>
<tr>
<td>T4543</td>
<td>Disposable incontinence product, brief/diaper, bariatric</td>
</tr>
<tr>
<td>T4545</td>
<td>Incontinence product, disposable, penile wrap, each</td>
</tr>
<tr>
<td>T5001</td>
<td>Positioning seat (cushion) for persons with special orthopedic needs</td>
</tr>
<tr>
<td>T5999</td>
<td>Supply, not otherwise specified</td>
</tr>
<tr>
<td>V2615</td>
<td>Telescopic and other compound lens system</td>
</tr>
<tr>
<td>V2756</td>
<td>Eye glass case</td>
</tr>
<tr>
<td>V2787</td>
<td>Astigmatism correcting function of intraocular lens</td>
</tr>
<tr>
<td>V2788</td>
<td>Presbyopia correcting function of intraocular lens</td>
</tr>
<tr>
<td>V5269</td>
<td>Assistive listening device</td>
</tr>
<tr>
<td>V5270</td>
<td>Assistive listening device, television amplifier, any type</td>
</tr>
<tr>
<td>V5271</td>
<td>Assistive listening device, television caption decoder</td>
</tr>
<tr>
<td>V5272</td>
<td>Assistive listening device, TDD</td>
</tr>
<tr>
<td>V5273</td>
<td>Assistive listening device, for use with cochlear implant</td>
</tr>
<tr>
<td>V5274</td>
<td>Assistive listening device, not otherwise specified</td>
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</table>

**Revenue Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0902</td>
<td>Milieu therapy</td>
</tr>
<tr>
<td>0907</td>
<td>Community behavioral health program (day treatment)</td>
</tr>
<tr>
<td>0941</td>
<td>Recreational Therapy</td>
</tr>
<tr>
<td>0951</td>
<td>Athletic Training</td>
</tr>
<tr>
<td>0952</td>
<td>Kinesiotherapy training</td>
</tr>
<tr>
<td>0990</td>
<td>Patient Convenience Items - General Classification</td>
</tr>
<tr>
<td>0991</td>
<td>Charges for Cafeteria/Guest Trays</td>
</tr>
<tr>
<td>0992</td>
<td>Charges for Private Linen Service</td>
</tr>
<tr>
<td>0993</td>
<td>Charges for Telephone/Telegraph</td>
</tr>
<tr>
<td>0994</td>
<td>TV/Radio</td>
</tr>
<tr>
<td>0995</td>
<td>Nonpatient Room Rentals</td>
</tr>
<tr>
<td>0996</td>
<td>Late Discharge Charge</td>
</tr>
<tr>
<td>0998</td>
<td>Beauty Shop/Barber</td>
</tr>
<tr>
<td>0999</td>
<td>Other Patient Convenience Item</td>
</tr>
<tr>
<td>3101</td>
<td>Adult Care-Adult Day Care, Medical and Social-Hourly</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>3102</td>
<td>Adult Care-Adult Day Care, Social-Hourly</td>
</tr>
<tr>
<td>3103</td>
<td>Adult Care-Adult Day Care, Medical and Social-Daily</td>
</tr>
<tr>
<td>3104</td>
<td>Adult Care-Adult Day Care, Social-Daily</td>
</tr>
<tr>
<td>3105</td>
<td>Adult Care-Adult Foster Care-Daily</td>
</tr>
<tr>
<td>3109</td>
<td>Adult Care-Other Adult Care</td>
</tr>
</tbody>
</table>

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**Related Information**

**Definition of Terms**

**Current Procedural Terminology® (CPT):** CPT codes are developed and maintained by the American Medical Association. They identify medical, surgical, and diagnostic services. CPT codes are commonly used for procedures.

**Healthcare Common Procedure Coding System (HCPCS):** HCPCS codes are developed and maintained by the Centers for Medicare and Medicaid Services. HCPCS Level II codes identify supplies, equipment and devices and services not in the CPT coding system. HCPCS are commonly used for goods and services.

**International Classification of Diseases and Related Health Problems (ICD-10):** The ICD is maintained by the World Health Organization and is a classification system for diseases, signs, symptoms, and findings. These codes are commonly used for diagnoses.

**Revenue code:** For inpatient services, the revenue code identifies the department in which the service was given, the types of services provided, and the supplies used.

The non-covered services defined in a member’s contract may include but are not limited to the following. Consult the member booklet for a complete listing of all non-covered services:

- Services, supplies, drugs, and medications furnished in connection with or directly related to any condition, service, or supply that is not covered under the member’s contract.
- Services, supplies, drugs, and medications furnished in connection with or directly related to a benefit that has been exhausted.
- Any service or supply not specifically listed as covered, unless preauthorized by the plan.
• Amounts that exceed the allowable charge or maximum benefit for a covered service.

• Experimental or investigational services. An exception may be allowed for participation in a clinical trial when enrollment criteria are met.

• Services covered by other sources such as motor vehicle medical, personal injury protection, commercial liability coverage, or other types of liability insurance.

Evidence Review

N/A

References

N/A

History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>10/13/14</td>
<td>New Benefit Coverage Guideline; add to Administrative section.</td>
</tr>
<tr>
<td>02/18/15</td>
<td>Update Related Policies. Add 1.01.519.</td>
</tr>
<tr>
<td>03/19/15</td>
<td>Update Related Policies. Remove 11.01.503 and add 10.01.518 (policy renumbered).</td>
</tr>
<tr>
<td>08/31/15</td>
<td>Coding update. CPT codes 99441, 99442, 99443, 99444, 98966, 98967, 98968, and 98969 removed; telehealth benefit is allowable effective 1/1/15 for the core business.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>09/02/15</td>
<td>Coding update. HCPCS codes H2012 and S5108 added.</td>
</tr>
<tr>
<td>01/12/16</td>
<td>Annual review. Additional codes added. Annual review performed.</td>
</tr>
<tr>
<td>04/14/16</td>
<td>Coding Update. HCPCS L1830 and L1833 prefabricated codes removed.</td>
</tr>
<tr>
<td>05/23/16</td>
<td>Formatting update. Corrected coding table formatting for clarity; no change to content.</td>
</tr>
<tr>
<td>05/24/16</td>
<td>Coding Update. HCPCS code L1812 removed; this is a covered item.</td>
</tr>
<tr>
<td>08/22/16</td>
<td>Coding Update. CPT codes 0366T and 0367T added under &quot;Benefit Exclusion&quot; category.</td>
</tr>
<tr>
<td>09/23/16</td>
<td>Policy moved into new format; no change to policy statements.</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Annual Review, approved January 10, 2017. Coding update: Added CPT codes 0360T, 0361T. Added new CPT codes 97169, 97170, 97171, and 97172. Added new HCPCS codes A4553, A9286, T1040, and T1041 effective 1/1/17. Added note that CPT codes 97005 and 97006 were terminated 12/31/16, replaced with 97169, 97170, 97171, and 97172. Added note that HCPCS E0628 was terminated 12/31/16. Removed HCPCS code E0639. No change to policy statements.</td>
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<tr>
<td>05/09/17</td>
<td>Coding updated, added HCPCS code E0627. Minor formatting changes.</td>
</tr>
<tr>
<td>06/01/17</td>
<td>Coding update, added HCPCS code T1000.</td>
</tr>
<tr>
<td>09/01/17</td>
<td>Coding update, added HCPCS codes T1013 and T1015.</td>
</tr>
<tr>
<td>11/14/17</td>
<td>Coding update, added HCPCS T1002.</td>
</tr>
<tr>
<td>01/01/18</td>
<td>Coding update, removed CPT codes 97005 and 97006 and HCPCS code E0628 as the codes were terminated 1/1/17.</td>
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<tr>
<td>01/23/18</td>
<td>Coding update, added CPT code 96161.</td>
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<tr>
<td>02/01/18</td>
<td>Annual Review, approved January 9, 2018. Criteria edited for clarity. No change to content.</td>
</tr>
<tr>
<td>09/12/18</td>
<td>Coding updated, added HCPCS T5999.</td>
</tr>
<tr>
<td>01/01/19</td>
<td>Coding update, added new HCPCS codes A4563 and T4545 (new codes effective 1/1/19).</td>
</tr>
<tr>
<td>03/08/19</td>
<td>Minor update, added 1.01.530 to the Related Medical Policies section.</td>
</tr>
<tr>
<td>07/01/19</td>
<td>Coding update, added CPT code 0552T to the Benefit Exclusion section.</td>
</tr>
<tr>
<td>01/01/20</td>
<td>Coding update, added HCPCS code K1003 (new code effective 1/1/20).</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>03/01/20</td>
<td>Coding update, removed HCPCS code S9451.</td>
</tr>
<tr>
<td>10/01/20</td>
<td>Coding update. Added HCPCS code T2047.</td>
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<tr>
<td>11/01/20</td>
<td>Coding update. Added HCPCS codes C1813 and C2622. Update Related Policy number from 1.01.511 to 1.01.11 – no other updates.</td>
</tr>
<tr>
<td>05/01/21</td>
<td>Coding update. Added HCPCS code E0316.</td>
</tr>
<tr>
<td>07/01/21</td>
<td>Coding update, Added CPT codes 0662T and 0663T.</td>
</tr>
<tr>
<td>11/01/21</td>
<td>Coding update, Added HCPCS code S9432.</td>
</tr>
<tr>
<td>01/01/22</td>
<td>Coding update, Removed HCPCS codes T2036 and T2037.</td>
</tr>
<tr>
<td>04/01/22</td>
<td>Coding update. Added new HCPCS codes H2038, T2050, and T2051.</td>
</tr>
<tr>
<td>10/01/22</td>
<td>Coding update. Added HCPCS codes T1032 and T1033.</td>
</tr>
<tr>
<td>11/01/22</td>
<td>Coding update. Removed healthcare categories within the coding table and listed all codes by code set. Added ABA note to HCPC codes H5108-H5111. Added the word “cushion” for additional clarification on HCPCS code T5001.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2022 Premera All Rights Reserved.

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ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لكم. اتصل برقم 800-722-1471 (رقم هاتف العموم والبحث: 711).


УВАГА: Якщо ви говорите на польській мові, ви маєте змогу отримати безкоштовну допомогу в перекладі. Звертайтеся по номеру 800-722-1471 (TTY: 711).

ПОНИМАЕМ: Если вы говорите на русском языке, вы можете получить бесплатную помощь переводчика. Просто звоните по номеру 800-722-1471 (TTY: 711).

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توجه: اگر به زبان فارسی گفتگو می کنید، تماس بگیرید برای شما فراهم می کند. با: 800-722-1471 (TTY: 711)

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052493 (07-01-2021)