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BENEFIT COVERAGE GUIDELINE – 10.01.517

Non-covered Services and Procedures

Effective Date:	Aug. 1, 2023	RELATED MEDICAL POLICIES:	
Last Revised:	July 1, 2024	1.01.529	Durable Medical Equipment
Replaces:	N/A	1.01.530	Children's Therapeutic Positioning Equipment
		10.01.511	Medical Policy and Clinical Guidelines: Definitions and Procedures
		10.01.514	Cosmetic and Reconstructive Services

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POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

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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.

Policy Coverage Criteria

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:

Category	Coverage Criteria
Benefit exclusion	**Services or supplies that the plan does not cover.**
Cosmetic	**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.** **Exceptions: cosmetic services that are considered reconstructive may be allowed for specific procedures when medical necessity criteria are met.** **Direct or indirect complications and aftereffects from non-covered cosmetic services are not covered.**
Counseling, education, or training services not covered under another benefit	**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.**
Custodial care	**Care that does not require the regular services of a trained medical or allied health care professional is not covered.** **Note:** Custodial care primarily assists in the activities of daily living, such as getting in and out of bed, bathing, dressing, help with walking, etc.
Nonmedical equipment (DME or HME)	**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.** **Equipment that does not meet this definition is not considered medical equipment and therefore is not covered.** **Note:** Criteria for reflux wedge pillows used for infants with GERD is addressed in a **Related Policy** (HCPCS E0190)

Category	Coverage Criteria
Nonmedical services	**Nonmedical services are not covered. These services include but are not limited to:** • Spiritual, bereavement, legal, financial, or other counseling services • Living expenses • Nonemergency transportation • Meals • Assisted living
Nonprescription (Non-legend, aka over-the-counter) drugs, supplements, or supplies	**Drugs, nutritional supplements, supplies, or other products that can be purchased without a prescription are not covered.**
Personal care/convenience	**Items that do not provide a medical benefit are not covered.** **Note:** These items are used for the comfort and/or convenience of the patient or the patient's family.

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.

Code	Description
CPT	
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap
0663T	Scalp cooling, mechanical; placement of device monitoring and removal of device
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (e.g., acid fast, methenamine silver) (List separately in addition to code for primary procedure)

0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (e.g., Saccomanno technique) (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (e.g., liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure) (new code effective 1/1/2024)

0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (e.g., touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (e.g., touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (e.g., KRAS mutational analysis) (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0848T	Digitization of glass microscope slides for in situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0849T	Digitization of glass microscope slides for in situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0850T	Digitization of glass microscope slides for in situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) (new code effective 1/1/2024)

0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
17380	Electrolysis epilation, each 30 minutes
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (e.g., papaverine, phentolamine)
54240	Penile plethysmography
54250	Nocturnal penile tumescence and/or rigidity test
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	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
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	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

69090	Ear piercing
86910	Blood typing for paternity testing
86911	Blood typing, for paternity testing, per individual; each additional antigen system
88000	Necropsy (autopsy), gross examination only; without CNS
88005	Necropsy (autopsy), gross examination only; with brain
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord
88012	Necropsy (autopsy), gross examination only; infant with brain
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain
88016	Necropsy (autopsy), gross examination only; macerated stillborn
88020	Necropsy (autopsy), gross and microscopic; without CNS
88025	Necropsy (autopsy), gross and microscopic; with brain
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord
88028	Necropsy (autopsy), gross and microscopic; infant with brain
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ
88040	Necropsy (autopsy); forensic examination
88045	Necropsy (autopsy); coroner's call
88099	Unlisted necropsy (autopsy) procedure
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers
92562	Loudness balance test, alternate binaural or monaural
92596	Ear protector attenuation measurements
97037	Application of a modality to 1 or more areas; low-level laser therapy (i.e., nonthermal and non-ablative) for post-operative pain reduction (new code effective 1/1/2024)
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.

97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
97545	Work hardening/conditioning; initial 2 hours
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
99026	Hospital mandated on call service; in-hospital, each hour
99027	Hospital mandated on call service; out-of-hospital, each hour
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99075	Medical testimony
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.
99455	Work related or medical disability examination by 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.
99456	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.
HCPCS	
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Nonemergency transportation; taxi
A0110	Nonemergency transportation and bus, intra- or interstate carrier
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Nonemergency transportation: wheelchair van
A0160	Nonemergency transportation: per mile - caseworker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0180	Nonemergency transportation: ancillary: lodging-recipient
A0190	Nonemergency transportation: ancillary: meals, recipient
A0200	Nonemergency transportation: ancillary: lodging, escort
A0210	Nonemergency transportation: ancillary: meals, escort
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A4244	Alcohol or peroxide, per pint
A4246	Betadine or pHisoHex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4335	Incontinence supply; miscellaneous
A4457	Enema tube, with or without adapter, any type, replacement only, each (new code effective 1/1/2024)
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4553	Non-disposable underpads, all sizes
A4554	Disposable underpads, all sizes
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope

A4663	Blood pressure cuff only
A4670	Automatic blood pressure monitor
A4931	Oral thermometer, reusable, any type, each
A4932	Rectal thermometer, reusable, any type, each
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each
A9150	Nonprescription drugs
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
A9268	Programmer for transient, orally ingested capsule (new code effective 10/1/2023)
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month (new code effective 10/1/2023)
A9270	Noncovered item or service
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
A9275	Home glucose disposable monitor, includes test strips
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components, and electronics, not otherwise classified
A9280	Alert or alarm device, not otherwise classified
A9281	Reaching/grabbing device, any type, any length, each
A9282	Wig, any type, each
A9286	Hygienic item or device, disposable or non-disposable, any type, each
A9300	Exercise equipment
A9901	Durable medical equipment delivery, set up, and/or dispensing component of another HCPCS code
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, noninflatable
E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type
E0172	Seat lift mechanism placed over or on top of toilet, any type
E0175	Footrest, for use with commode chair, each

E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E0241	Bathtub wall rail, each
E0242	Bathtub rail, floor base
E0243	Toilet rail, each
E0246	Transfer tub rail attachment
E0273	Bed board
E0274	Over-bed table
E0315	Bed accessory: board, table, or support device, any type
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer
E0575	Nebulizer, ultrasonic, large volume
E0602	Breast pump, manual Note: Electric breast pump is covered for women's health
E0605	Vaporizer, room type
E0617	External defibrillator with integrated electrocardiogram analysis
E0625	Patient lift, bathroom, or toilet, not otherwise classified
E0627	Seat lift mechanism, electric, any type
E0635	Patient lift, electric, with seat or sling
E0636	Multipositional patient support system, with integrated lift, patient accessible controls
E0640	Patient lift, fixed system, includes all components/accessories
E0700	Safety equipment, device or accessory, any type (e.g., belt, harness, or vest)
E0710	Restraints, any type (body, chest, wrist, or ankle)
E0941	Gravity assisted traction device
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each
E1300	Whirlpool, portable (overtub type)
E1301	Whirlpool tub, walk-in, portable (new code effective 1/1/2024)
E1310	Whirlpool, nonportable (built-in type)
E1570	Adjustable chair for ESRD patients
E1902	Communication board, nonelectronic augmentative or alternative communication device

E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system (new code effective 1/1/2024)
E2301	Wheelchair accessory, power standing system, any type
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
E2372	Power wheelchair component group 27 nonsealed lead acid battery, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit: (new code effective 1/1/2024)
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019) (new code effective 1/1/2024)
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities: (new code effective 1/1/2024)
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023) (new code effective 1/1/2024)
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes (new code effective 1/1/2024)
G0140	Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 minutes per calendar month, in the following activities: (new code effective 1/1/2024)
G0146	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140) (new code effective 1/1/2024)
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) Note: Noncovered for outpatient only.
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day

G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day
G9012	Other specified case management service not elsewhere classified
H0002	Behavioral health screening to determine eligibility for admission for a treatment program
H0006	Alcohol and/or drug services; case management
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)
H0022	Alcohol and/or drug intervention service (planned facilitation)
H0023	Behavioral health outreach service (planned approach to reach a targeted population)
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)
H0030	Behavioral health hotline service
H0034	Medication training and support, per 15 minutes
H0037	Community psychiatric supportive treatment program, per diem
H0038	Self-help/peer services
H0039	Assertive community treatment, face-to-face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0041	Foster care, child, nontherapeutic, per diem
H0042	Foster care, child, nontherapeutic, per month
H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite care services, not in the home, per diem
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood
H1010	Nonmedical family planning education, per session
H1011	Family assessment by licensed behavioral health professional for state defined purposes

H2012	Behavioral health day treatment, per hour
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2020	Therapeutic behavioral services, per diem
H2021	Community-based wrap-around services, per 15 minutes
H2022	Community-based wrap-around services, per diem
H2023	Supported employment, per 15 minutes
H2024	Supported employment, per diem
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem
H2027	Psychoeducational service, per 15 minutes
H2029	Sexual offender treatment service, per diem
H2030	Mental health clubhouse services, per 15 minutes
H2031	Mental health clubhouse services, per diem
H2032	Activity therapy, per 15 minutes
H2034	Alcohol and/or drug abuse halfway house services, per diem
H2035	Alcohol and/or drug treatment program, per hour
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes
H2038	Skills training and development, per diem
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month (new code effective 10/1/2023)
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter (new code effective 10/1/2023)
K1003	Whirlpool tub, walk-in, portable (code termed 1/1/2024)
L7900	Male vacuum erection system
L8300	Truss, single with standard pad
L8310	Truss, double with standard pads
L8320	Truss, addition to standard pad, water pad
L8330	Truss, addition to standard pad, scrotal pad
P2031	Hair analysis (excluding arsenic)

S0194	Dialysis/stress vitamin supplement, oral, 100 capsules
S0197	Prenatal vitamins, 30-day supply
S0209	Wheelchair van, mileage, per mile
S0215	Nonemergency transportation; mileage, per mile
S0315	Disease management program; initial assessment and initiation of the program
S0316	Disease management program, follow-up/reassessment
S0317	Disease management program; per diem
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month
S0510	Nonprescription lens (safety, athletic, or sunglass), per lens
S0596	Phakic intraocular lens for correction of refractive error (e.g., ICL procedure)
S0800	Laser in situ keratomileusis (LASIK)
S0810	Photorefractive keratectomy (PRK)
S1001	Deluxe item, patient aware (list in addition to code for basic item)
S3005	Performance measurement, evaluation of patient self-assessment, depression
S4991	Nicotine patches, nonlegend
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
S5105	Day care services, center-based; services not included in program fee, per diem
S5108	Home care training to home care client, per 15 minutes Note: May be covered for ABA services.
S5109	Home care training to home care client, per 15 minutes and per session Note: May be covered for ABA services.
S5110	Home care training, per 15 minutes Note: May be covered for ABA services.
S5111	Home care training, family; per session Note: May be covered for ABA services.
S5115	Home care training, nonfamily; per 15 minutes
S5116	Home care training, nonfamily; per session
S5120	Chore services; Chore services; per diem
S5121	Chore services; per diem

S5125	Attendant care services; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker service, NOS; per diem
S5131	Homemaker service, NOS; per diem
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes
S5136	Companion care, adult (e.g., IADL/ADL); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5145	Foster care, therapeutic, child; per diem
S5146	Foster care, therapeutic, child; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5160	Emergency response system; installation and testing
S5161	Emergency response system; service fee, per month (excludes installation and testing)
S5162	Emergency response system; purchase only
S5165	Home modifications; per service
S5170	Home delivered meals, including preparation; per meal
S5175	Laundry service; per order
S5185	Medication reminder service; per month
S5199	Personal care item, NOS, each
S8270	Enuresis alarm, using auditory buzzer and/or vibration device
S8460	Camisole, postmastectomy
S8940	Equestrian/hippotherapy, per session (horse therapy)
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9117	Back school, per visit
S9432	Medical foods for non-inborn errors of metabolism
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem
S9970	Health club membership, annual
S9976	Lodging, per diem, not otherwise classified
S9977	Meals, per diem, not otherwise specified

S9986	Not medically necessary service (patient is aware that service is not medically necessary)
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion
S9996	Meals for clinical trial participant and one caregiver/companion
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes
T1004	Services of a qualified nursing aide, up to 15 minutes
T1005	Respite care services, up to 15 minutes
T1009	Child sitting services for children of the individual receiving alcohol substance abuse services
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)
T1013	Sign language or oral interpretive services, per 15 minutes
T1015	Clinic visit/encounter, all-inclusive
T1016	Case management/targeted case management
T1017	Targeted case management, each 15 minutes
T1018	School-based individualized education program (IEP) services, bundled
T1019	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)
T1020	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)
T1021	Home health aide or certified nurse assistant, per visit
T1022	Contracted home health agency services, all services provided under contract, per day
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T1027	Family training and counseling for child development, per 15 minutes
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling
T1032	Services performed by a doula birth worker, per 15 minutes
T1033	Services performed by a doula birth worker, per diem

T1040	Medicaid certified community behavioral health clinic services, per diem
T1041	Medicaid certified community behavioral health clinic services, per month
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"
T2001	Nonemergency transportation; patient attendant/escort
T2002	Nonemergency transportation; per diem
T2003	Nonemergency transportation; encounter/trip
T2004	Nonemergency transport; commercial carrier, multipass
T2005	Nonemergency transportation; stretcher van
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments
T2012	Habilitation, educational; waiver, per diem
T2013	Habilitation, educational, waiver; per hour
T2014	Habilitation, prevocational, waiver; per diem
T2015	Habilitation, prevocational, waiver; per hour
T2016	Habilitation, residential, waiver; per diem
T2017	Habilitation, residential, waiver; 15 minutes
T2018	Habilitation, supported employment, waiver; per diem
T2019	Habilitation, supported employment, waiver; per 15 minutes
T2020	Day habilitation, waiver; per diem
T2021	Day habilitation, waiver; per 15 minutes
T2022	Case management, per month
T2023	Targeted case management; per month
T2024	Service assessment/plan of care development, waiver
T2025	Waiver services not otherwise specified (NOS)
T2026	Specialized childcare, waiver; per diem
T2027	Specialized childcare, waiver; per 15 minutes
T2028	Specialized supply, not otherwise specified, waiver
T2029	Specialized medical equipment, not otherwise specified, waiver
T2030	Assisted living, waiver; per month
T2031	Assisted living; waiver, per diem
T2032	Residential care, not otherwise specified (NOS), waiver; per month

T2033	Residential care, not otherwise specified (NOS), waiver; per diem
T2034	Crisis intervention, waiver; per diem
T2035	Utility services to support medical equipment and assistive technology/devices, waiver
T2038	Community transition, waver; per service
T2039	Vehicle modifications, waiver; per service
T2040	Financial management, self-directed, waiver; per 15 minutes
T2041	Supports brokerage, self-directed, waiver; per 15 minutes
T2047	Habilitation, prevocational, waiver; per 15 minutes
T2049	Nonemergency transportation; stretcher van, mileage; per mile
T2050	Financial management, self-directed, waiver; per diem
T2051	Supports brokerage, self-directed, waiver; per diem
T2101	Human breast milk processing, storage, and distribution only
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra-large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective under pad, reusable, bed size, each
T4538	Diaper service, reusable diaper
T4539	Incontinence product, diaper/brief, reusable, any size, each

T4540	Incontinence product, protective under pad, reusable, chair size, each
T4541	Incontinence product, disposable under pad, large, each
T4542	Incontinence product, disposable under pad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
T4545	Incontinence product, disposable, penile wrap, each
T5001	Positioning seat (cushion) for persons with special orthopedic needs
T5999	Supply, not otherwise specified
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens (new code effective 10/1/2023)
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
V2756	Eye glass case
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens
V5269	Assistive listening device, any type
V5270	Assistive listening device, television amplifier, any type
V5271	Assistive listening device, television caption decoder
V5272	Assistive listening device, TDD
V5273	Assistive listening device, for use with cochlear implant
V5274	Assistive listening device, not otherwise specified
Revenue Codes	
0902	Milieu therapy
0907	Community behavioral health program (day treatment)
0941	Recreational Therapy
0951	Athletic Training
0952	Kinesiotherapy training
0990	Patient Convenience Items - General Classification
0991	Charges for Cafeteria/Guest Trays
0992	Charges for Private Linen Service
0993	Charges for Telephone/Telegraph
0994	TV/Radio
0995	Nonpatient Room Rentals
0996	Late Discharge Charge

0998	Beauty Shop/Barber
0999	Other Patient Convenience Item
3101	Adult Care-Adult Day Care, Medical and Social-Hourly
3102	Adult Care-Adult Day Care, Social-Hourly
3103	Adult Care-Adult Day Care, Medical and Social-Daily
3104	Adult Care-Adult Day Care, Social-Daily
3105	Adult Care-Adult Foster Care-Daily
3109	Adult Care-Other Adult Care

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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

Date	Comments
10/13/14	New Benefit Coverage Guideline; add to Administrative section.
02/18/15	Update Related Policies. Add 1.01.519.
03/19/15	Update Related Policies. Remove 11.01.503 and add 10.01.518 (policy renumbered).
07/14/15	Annual Review. Benefit Exclusion table: added G9012, S5109; removed codes related to infertility/assisted fertility services because these codes are handled in benefit coverage guideline 4.02.503 Infertility and Reproductive Services. Counseling, Education, or Training Services Not Covered Under Another Benefit table: added

Date	Comments
	H0034, H2035, T1027. Cosmetic table: removed 18.01. Nonmedical Services table: added H0048, H0002, S3005, T1023.
08/31/15	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.
09/02/15	Coding update. HCPCS codes H2012 and S5108 added.
01/12/16	Annual review. Additional codes added. Annual review performed.
04/14/16	Coding Update. HCPCS L1830 and L1833 prefabricated codes removed.
05/23/16	Formatting update. Corrected coding table formatting for clarity; no change to content.
05/24/16	Coding Update. HCPCS code L1812 removed; this is a covered item.
08/22/16	Coding Update. CPT codes 0366T and 0367T added under "Benefit Exclusion" category.
09/23/16	Policy moved into new format; no change to policy statements.
02/01/17	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.
05/09/17	Coding updated, added HCPCS code E0627. Minor formatting changes.
05/16/17	Coding update, added HCPCS codes T1003, T1004, T1005, T1021, T1022, and T2007.
06/01/17	Coding update, added HCPCS code T1000.
09/01/17	Coding update, added HCPCS codes T1013 and T1015.
11/14/17	Coding update, added HCPCS T1002.
01/01/18	Coding update, removed CPT codes 97005 and 97006 and HCPCS code E0628 as the codes were terminated 1/1/17.
01/23/18	Coding update, added CPT code 96161.
02/01/18	Annual Review, approved January 9, 2018. Criteria edited for clarity. No change to content.
09/12/18	Coding updated, added HCPCS T5999.
01/01/19	Coding update, added new HCPCS codes A4563 and T4545 (new codes effective 1/1/19).
02/01/19	Annual Review, approved January 4, 2019. Benefit coverage guideline reviewed. Minor edits for clarity. Added CPT codes 54200 and 54205.
03/08/19	Minor update, added 1.01.530 to the Related Medical Policies section.

Date	Comments
07/01/19	Coding update, added CPT code 0552T to the Benefit Exclusion section.
01/01/20	Coding update, added HCPCS code K1003 (new code effective 1/1/20).
02/01/20	Annual Review, approved January 23, 2020. Guideline reviewed. Guideline statements unchanged. Removed codes 54200, 54205, and 54235. Added HCPCS codes E0170, E0171, E0625, E0635, E0636, and E2372.
03/01/20	Coding update, removed HCPCS code S9451.
10/01/20	Coding update. Added HCPCS code T2047.
11/01/20	Coding update. Added HCPCS codes C1813 and C2622. Update Related Policy number from 1.01.511 to 1.01.11 – no other updates.
02/01/21	Annual Review, approved January 6, 2021. Benefit coverage guideline reviewed. Guideline statements unchanged. Removed CPT codes 0360T, 0361T, 0366T, 0367T and 99090.
05/01/21	Coding update. Added HCPCS code E0316.
07/01/21	Coding update, Added CPT codes 0662T and 0663T.
11/01/21	Coding update, Added HCPCS code S9432.
01/01/22	Coding update, Removed HCPCS codes T2036 and T2037.
03/01/22	Annual Review, approved February 7, 2022. Benefit coverage guideline reviewed. Guideline statements unchanged.
04/01/22	Coding update. Added new HCPCS codes H2038, T2050, and T2051.
10/01/22	Coding update. Added HCPCS codes T1032 and T1033.
11/01/22	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.
08/01/23	Annual Review, approved July 24, 2023. Benefit coverage guideline reviewed. Guideline statements unchanged. No coding changes.
09/01/23	Coding update. Corrected multiple incorrect code descriptions.
10/01/23	Coding update. Added new HCPCS codes A9268, A9269, H2040, H2041 and V2526.
01/01/24	Coding update. Added CPT codes 0753T & 0756T. Also added new CPT codes 0827T-0856T, 97037 and HCPCS codes A4287, A4457, E1301, E2001, G0019, G0022, G0023, G0024, G0136, G0140 and G0146. Added term date to HCPCS code K1003.
03/01/24	Coding update. Removed HCPCS codes A4267-A4269 due to federal mandate, and A4287 due to change in benefit guidelines.
07/01/24	Coding update. Removed CPT code 96161 due to it being added to the Preventive policy.

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). ©2024 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

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Washington residents: You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Alaska residents: Contact the Alaska Division of Insurance via email at insurance@alaska.gov, or by phone at 907-269-7900 or 1-800-INSURAK (in-state, outside Anchorage).

Language Assistance

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XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

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เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-722-1471 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

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

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