

| <b>Policy</b>         | <b>REIMB-055</b>    |
|-----------------------|---------------------|
| <b>Effective Date</b> | <b>01/01/2026</b>   |
| Reviewed/Revised Date | 5/11/2026           |
| Next Review Date      | 5/11/2027           |
| Origination Date      | 9/1/2024            |
| Originated Department | Clinical Operations |

### **Non-Covered Procedure Codes**

| <b>Audience</b>              |
|------------------------------|
| Claims<br>Medical Management |

| <b>Purpose</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Payment policies provide general support for applying Mountain Health CO-OP member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this payment policy. If there is a conflict between a member-specific policy document and the Mountain Health CO-OP payment policy, the document supersedes this policy. Any person(s) applying this payment policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this payment policy, including the existence of any state or federal guidance. Mountain Health CO-OP payment policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health CO-OP reserves the sole discretionary right to modify all policies and guidelines at any time.</p> |

| <b>Definition</b> |
|-------------------|
| N/A               |

| <b>Policy/Procedure</b>                                                                                    |
|------------------------------------------------------------------------------------------------------------|
| <p>The following list contains procedure codes/services that are not covered by Mountain Health CO-OP.</p> |

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 54900 | 54901 | 55400 | 55870 | 58750 | 58752 | 58970 | 58974 | 58976 | 65760 |
| 65765 | 65771 | 67950 | 69090 | 76948 | 86910 | 86911 | 88000 | 88005 | 88007 |
| 88012 | 88014 | 88016 | 88020 | 88025 | 88027 | 88028 | 88029 | 88036 | 88037 |
| 88040 | 89250 | 89251 | 89253 | 89254 | 89255 | 89258 | 89259 | 89264 | 89268 |
| 89272 | 89280 | 89281 | 89329 | 89330 | 89331 | 89335 | 89337 | 89342 | 89343 |
| 89344 | 89346 | 89352 | 89353 | 89354 | 89356 | 90287 | 90288 | 90393 | 90476 |
| 90477 | 90584 | 90612 | 90613 | 90624 | 90637 | 90638 | 90664 | 90846 | 90880 |
| 90882 | 90885 | 90887 | 90889 | 92596 | 92605 | 92606 | 92607 | 92608 | 92609 |
| 92618 | 93668 | 94452 | 94453 | 97537 | 97545 | 97546 | 99071 | 99075 | 99080 |
| 99082 | 99174 | 99177 | A0021 | A0080 | A0090 | A0100 | A0110 | A0120 | A0130 |
| A0140 | A0160 | A0170 | A0180 | A0190 | A0200 | A0210 | A0420 | A0432 | A4244 |
| A4245 | A4246 | A4247 | A4337 | A4450 | A4452 | A4457 | A4458 | A4490 | A4495 |
| A4500 | A4510 | A4520 | A4553 | A4554 | A4606 | A4660 | A4663 | A4870 | A4927 |
| A4928 | A4930 | A4931 | A4932 | A8000 | A8001 | A8002 | A8003 | A8004 | A9150 |
| A9270 | A9273 | A9281 | A9282 | A9286 | A9300 | B4100 | C9760 | C9782 | C9783 |
| C9792 | D0120 | D0140 | D0145 | D0150 | D0160 | D0170 | D0171 | D0180 | D0190 |
| D0191 | D0210 | D0220 | D0230 | D0240 | D0250 | D0270 | D0272 | D0273 | D0274 |
| D0277 | D0310 | D0320 | D0321 | D0322 | D0330 | D0340 | D0350 | D0364 | D0365 |
| D0366 | D0367 | D0368 | D0369 | D0370 | D0372 | D0373 | D0374 | D0380 | D0381 |
| D0382 | D0383 | D0384 | D0385 | D0386 | D0387 | D0388 | D0389 | D0393 | D0394 |
| D0395 | D0396 | D0415 | D0416 | D0417 | D0418 | D0419 | D0422 | D0423 | D0425 |
| D0431 | D0460 | D0470 | D0472 | D0473 | D0474 | D0480 | D0600 | D0601 | D0602 |
| D0603 | D0701 | D0702 | D0703 | D0705 | D0706 | D0707 | D0708 | D0709 | D0801 |
| D0802 | D0803 | D0804 | D1110 | D1120 | D1206 | D1208 | D1301 | D1310 | D1320 |
| D1330 | D1351 | D1353 | D1354 | D1355 | D1510 | D1520 | D1526 | D1527 | D1551 |
| D1552 | D1553 | D1556 | D1557 | D1558 | D1575 | D1999 | D2140 | D2150 | D2160 |
| D2161 | D2330 | D2331 | D2332 | D2335 | D2390 | D2391 | D2392 | D2393 | D2394 |

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| D2410 | D2420 | D2430 | D2510 | D2520 | D2530 | D2542 | D2543 | D2544 | D2610 |
| D2620 | D2630 | D2642 | D2643 | D2644 | D2650 | D2651 | D2652 | D2662 | D2663 |
| D2664 | D2710 | D2712 | D2720 | D2721 | D2722 | D2740 | D2750 | D2751 | D2752 |
| D2753 | D2780 | D2781 | D2782 | D2783 | D2790 | D2791 | D2792 | D2794 | D2799 |
| D2910 | D2915 | D2920 | D2921 | D2928 | D2929 | D2930 | D2931 | D2932 | D2933 |
| D2934 | D2940 | D2949 | D2950 | D2951 | D2952 | D2953 | D2954 | D2955 | D2957 |
| D2960 | D2961 | D2962 | D2975 | D2980 | D2989 | D2991 | D3110 | D3120 | D3220 |
| D3221 | D3222 | D3230 | D3240 | D3310 | D3320 | D3330 | D3331 | D3332 | D3333 |
| D3346 | D3347 | D3348 | D3351 | D3352 | D3353 | D3355 | D3356 | D3357 | D3410 |
| D3421 | D3425 | D3426 | D3428 | D3429 | D3430 | D3431 | D3432 | D3450 | D3460 |
| D3470 | D3471 | D3472 | D3473 | D3501 | D3502 | D3503 | D3910 | D3911 | D3920 |
| D3921 | D3950 | D4210 | D4211 | D4212 | D4230 | D4231 | D4240 | D4241 | D4245 |
| D4249 | D4260 | D4261 | D4263 | D4264 | D4265 | D4266 | D4267 | D4268 | D4270 |
| D4273 | D4274 | D4275 | D4276 | D4277 | D4278 | D4283 | D4285 | D4322 | D4323 |
| D4341 | D4342 | D4346 | D4355 | D4381 | D4910 | D4920 | D4921 | D5110 | D5120 |
| D5130 | D5140 | D5211 | D5212 | D5213 | D5214 | D5221 | D5222 | D5223 | D5224 |
| D5225 | D5226 | D5227 | D5228 | D5282 | D5283 | D5284 | D5286 | D5410 | D5411 |
| D5421 | D5422 | D5520 | D5630 | D5640 | D5650 | D5660 | D5670 | D5671 | D5710 |
| D5711 | D5720 | D5721 | D5725 | D5730 | D5731 | D5740 | D5741 | D5750 | D5751 |
| D5760 | D5761 | D5765 | D5810 | D5811 | D5820 | D5821 | D5850 | D5851 | D5862 |
| D5863 | D5864 | D5865 | D5866 | D5867 | D5875 | D5876 | D5937 | D5982 | D5986 |
| D5988 | D5991 | D5995 | D5996 | D6010 | D6011 | D6012 | D6013 | D6040 | D6050 |
| D6055 | D6056 | D6057 | D6058 | D6059 | D6060 | D6061 | D6062 | D6063 | D6064 |
| D6065 | D6066 | D6067 | D6068 | D6069 | D6070 | D6071 | D6072 | D6073 | D6074 |
| D6075 | D6076 | D6077 | D6080 | D6081 | D6082 | D6083 | D6084 | D6085 | D6086 |
| D6087 | D6088 | D6091 | D6094 | D6097 | D6098 | D6099 | D6105 | D6110 | D6111 |
| D6112 | D6113 | D6114 | D6115 | D6116 | D6117 | D6120 | D6121 | D6122 | D6123 |

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| D6191 | D6192 | D6194 | D6195 | D6197 | D6198 | D6205 | D6210 | D6211 | D6212 |
| D6214 | D6240 | D6241 | D6242 | D6243 | D6245 | D6250 | D6251 | D6252 | D6253 |
| D6545 | D6548 | D6549 | D6600 | D6601 | D6602 | D6603 | D6604 | D6605 | D6606 |
| D6607 | D6608 | D6609 | D6610 | D6611 | D6612 | D6613 | D6614 | D6615 | D6624 |
| D6634 | D6710 | D6720 | D6721 | D6722 | D6740 | D6750 | D6751 | D6752 | D6753 |
| D6780 | D6781 | D6782 | D6783 | D6784 | D6790 | D6791 | D6792 | D6794 | D6920 |
| D6930 | D6940 | D6950 | D6980 | D6985 | D7111 | D7140 | D7210 | D7220 | D7230 |
| D7250 | D7251 | D7272 | D7280 | D7282 | D7283 | D7287 | D7288 | D7290 | D7291 |
| D7292 | D7293 | D7294 | D7310 | D7311 | D7320 | D7321 | D7340 | D7350 | D7450 |
| D7451 | D7472 | D7473 | D7510 | D7810 | D7820 | D7830 | D7840 | D7850 | D7852 |
| D7854 | D7856 | D7858 | D7860 | D7865 | D7870 | D7871 | D7872 | D7873 | D7874 |
| D7875 | D7876 | D7877 | D7880 | D7881 | D7921 | D7950 | D7951 | D7953 | D7970 |
| D7971 | D8010 | D8020 | D8030 | D8040 | D8070 | D8080 | D8090 | D8091 | D8210 |
| D8220 | D8660 | D8670 | D8671 | D8680 | D8681 | D8696 | D8697 | D8698 | D8699 |
| D8701 | D8702 | D8703 | D8704 | D9110 | D9120 | D9211 | D9212 | D9215 | D9219 |
| D9230 | D9243 | D9310 | D9311 | D9410 | D9420 | D9430 | D9440 | D9450 | D9610 |
| D9612 | D9613 | D9630 | D9910 | D9911 | D9912 | D9913 | D9914 | D9920 | D9932 |
| D9933 | D9934 | D9935 | D9938 | D9939 | D9941 | D9942 | D9943 | D9944 | D9945 |
| D9946 | D9950 | D9951 | D9952 | D9961 | D9970 | D9971 | D9972 | D9973 | D9974 |
| D9975 | D9985 | D9986 | D9987 | D9990 | D9991 | D9992 | D9993 | D9994 | D9995 |
| D9996 | D9997 | D9999 | E0172 | E0190 | E0210 | E0215 | E0217 | E0218 | E0225 |
| E0236 | E0239 | E0241 | E0242 | E0243 | E0249 | E0273 | E0274 | E0315 | E0445 |
| E0635 | E0640 | E0746 | E1022 | E1023 | E1300 | E1301 | E1310 | E1570 | E1639 |
| E1700 | E1701 | E1702 | E1902 | E2207 | E2301 | E2351 | E2500 | E2502 | E2504 |
| E2506 | E2508 | E2510 | E2511 | E2512 | E2513 | E2599 | G0481 | G0482 | G0483 |
| G0659 | J3570 | J7508 | J7604 | J7607 | J7609 | J7610 | J1726 | J1729 | J3355 |
| J7628 | J7629 | J7632 | J7634 | J7635 | J7636 | J7615 | J7622 | J7624 | J7627 |

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| J7642 | J7643 | J7645 | J7647 | J7650 | J7657 | J7637 | J7638 | J7640 | J7641 |
| J7680 | J7681 | J7683 | J7684 | J7685 | J9262 | J7660 | J7667 | J7670 | J7676 |
| L3000 | L3001 | L3002 | L3003 | L3010 | L3020 | J9285 | J9400 | K0065 | K1035 |
| L3060 | L3070 | L3080 | L3090 | L3100 | L3140 | L3030 | L3031 | L3040 | L3050 |
| L3202 | L3203 | L3204 | L3206 | L3207 | L3212 | L3150 | L3160 | L3170 | L3201 |
| L3217 | L3219 | L3221 | L3222 | L3230 | L3250 | L3213 | L3214 | L3215 | L3216 |
| L3255 | L3257 | L3265 | L3300 | L3310 | L3320 | L3251 | L3252 | L3253 | L3254 |
| L3350 | L3360 | L3370 | L3380 | L3390 | L3400 | L3330 | L3332 | L3334 | L3340 |
| L3450 | L3455 | L3460 | L3465 | L3470 | L3480 | L3410 | L3420 | L3430 | L3440 |
| L3530 | L3540 | L3550 | L3560 | L3570 | L3580 | L3485 | L3500 | L3510 | L3520 |
| L3620 | L3630 | L3640 | L3649 | M0001 | M0002 | L3590 | L3595 | L3600 | L3610 |
| M1003 | M1004 | M1005 | M1006 | M1007 | M1008 | M0004 | M0005 | M0010 | M0301 |
| M1013 | M1014 | M1016 | M1018 | M1019 | M1020 | M1009 | M1010 | M1011 | M1012 |
| M1032 | M1034 | M1035 | M1036 | M1037 | M1038 | M1021 | M1027 | M1028 | M1029 |
| M1045 | M1046 | M1049 | M1051 | M1052 | M1054 | M1039 | M1040 | M1041 | M1043 |
| M1059 | M1060 | M1067 | M1068 | M1069 | M1070 | M1055 | M1056 | M1057 | M1058 |
| M1110 | M1111 | M1112 | M1113 | M1114 | M1115 | M1106 | M1107 | M1108 | M1109 |
| M1120 | M1121 | M1122 | M1123 | M1124 | M1125 | M1116 | M1117 | M1118 | M1119 |
| M1130 | M1131 | M1132 | M1133 | M1134 | M1135 | M1126 | M1127 | M1128 | M1129 |
| M1147 | M1148 | M1149 | M1150 | M1151 | M1152 | M1141 | M1142 | M1143 | M1146 |
| M1162 | M1163 | M1164 | M1165 | M1166 | M1167 | M1153 | M1159 | M1160 | M1161 |
| M1172 | M1173 | M1174 | M1175 | M1176 | M1177 | M1168 | M1169 | M1170 | M1171 |
| M1182 | M1183 | M1184 | M1185 | M1186 | M1187 | M1178 | M1179 | M1180 | M1181 |
| M1192 | M1193 | M1194 | M1195 | M1196 | M1197 | M1188 | M1189 | M1190 | M1191 |
| M1202 | M1203 | M1204 | M1205 | M1206 | M1207 | M1198 | M1199 | M1200 | M1201 |
| M1212 | M1213 | M1214 | M1215 | M1216 | M1217 | M1208 | M1209 | M1210 | M1211 |
| M1223 | M1224 | M1225 | M1226 | M1227 | M1228 | M1218 | M1220 | M1221 | M1222 |

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| M1233 | M1234 | M1235 | M1236 | M1237 | M1238 | M1229 | M1230 | M1231 | M1232 |
| M1243 | M1244 | M1245 | M1246 | M1247 | M1248 | M1239 | M1240 | M1241 | M1242 |
| M1253 | M1254 | M1255 | M1256 | M1257 | M1258 | M1249 | M1250 | M1251 | M1252 |
| M1263 | M1265 | M1266 | M1267 | M1268 | M1269 | M1259 | M1260 | M1261 | M1262 |
| M1274 | M1275 | M1276 | M1277 | M1278 | M1279 | M1270 | M1271 | M1272 | M1273 |
| M1284 | M1285 | M1286 | M1287 | M1288 | M1289 | M1280 | M1281 | M1282 | M1283 |
| M1294 | M1295 | M1296 | M1297 | M1298 | M1299 | M1290 | M1291 | M1292 | M1293 |
| M1304 | M1305 | M1306 | M1307 | M1308 | M1309 | M1300 | M1301 | M1302 | M1303 |
| M1314 | M1315 | M1316 | M1317 | M1318 | M1319 | M1310 | M1311 | M1312 | M1313 |
| M1324 | M1325 | M1326 | M1327 | M1328 | M1329 | M1320 | M1321 | M1322 | M1323 |
| M1334 | M1335 | M1336 | M1337 | M1338 | M1339 | M1330 | M1331 | M1332 | M1333 |
| M1344 | M1345 | M1346 | M1347 | M1348 | M1349 | M1340 | M1341 | M1342 | M1343 |
| M1354 | M1355 | M1356 | M1357 | M1358 | M1359 | M1350 | M1351 | M1352 | M1353 |
| M1364 | M1365 | M1366 | M1367 | M1368 | M1369 | M1360 | M1361 | M1362 | M1363 |
| M1370 | P9603 | P9604 | P9615 | Q0092 | Q0499 | Q0510 | Q0511 | Q0512 | Q0513 |
| Q3014 | Q9001 | Q9002 | Q9003 | Q9004 | R0070 | Q0514 | Q0521 | Q2049 | Q2052 |
| R0075 | R0076 | T1000 | T1014 | T1032 | T1033 | T1040 | T1041 | T2012 | T2013 |
| T2018 | T2019 | T2020 | T2021 | T2026 | T2027 | T2014 | T2015 | T2016 | T2017 |
| T2037 | T2038 | T2039 | T2040 | T2041 | T2047 | T2030 | T2031 | T2035 | T2036 |
| T4522 | T4523 | T4524 | T4525 | T4526 | T4527 | T2050 | T2051 | T2101 | T4521 |
| T4532 | T4533 | T4534 | T4535 | T4536 | T4537 | T4528 | T4529 | T4530 | T4531 |
| T4538 | T4539 | T4540 | T4541 | T4542 | T4543 | T4544 | T4545 | V2025 | V2600 |
| V2755 | V2756 | V2760 | V2761 | V2762 | V5011 | V2702 | V2744 | V2745 | V2750 |
| V5273 | V5274 | V5281 | V5282 | V5283 | V5284 | V5268 | V5269 | V5271 | V5272 |
| V5290 | V5336 | V5285 | V5286 | V5288 | V5289 |       |       |       |       |

In addition, Mountain Health CO-OP recognizes only those HCPCS Level II G, S, and H codes that are specifically identified as covered in MHC's medical policies, provider fee schedules, Covered G, S, and H Code List, or other written communications. **G, S, and H codes that are not explicitly identified as covered are considered non-covered / not recognized services and will be denied**, unless otherwise required by applicable law or a specific written provision of a provider agreement.

MHC may review and adjust claims that include G or S codes to ensure consistency with this policy, applicable coding guidelines, and medical necessity criteria.

### **Covered G, S, and H Code List**

This table identifies the G, S, and H codes MHC recognizes as covered services, subject to all applicable benefit, eligibility, and medical necessity requirements. G, S, and H codes not listed here are considered non-covered / not recognized and will be denied unless otherwise required by law or by specific contract.

#### **HCPCS Codes**

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>G0378</b> | Hospital outpatient observation services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>G0379</b> | Hospital outpatient observation services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>G0480</b> | Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed |
| <b>H0020</b> | Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>H0023</b> | Behavioral health outreach service (1 unit/month)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>H0025</b> | Behavioral health prevention education service; used for family support and training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>H0033</b> | Oral medication administration, direct observation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|              |                                                                                                          |
|--------------|----------------------------------------------------------------------------------------------------------|
| <b>H0046</b> | Mental health services, not otherwise specified; description of services required                        |
| <b>H2011</b> | Crisis intervention service, per 15 minutes (use when billing for non-independently licensed clinicians) |
| <b>H2020</b> | Therapeutic behavioral services, per diem                                                                |
| <b>S0109</b> | Methadone, oral, 5 mg                                                                                    |
| <b>S9484</b> | Crisis intervention mental health services, per hour                                                     |
| <b>S9485</b> | Crisis intervention mental health services, per diem                                                     |
| <b>G0156</b> | Services of home health/hospice aide in home health or hospice settings, each 15 minutes                 |
| <b>S9122</b> | Home health aide or certified nurse assistant, providing care in the home per hour                       |

| Vendors                                                                                                     |
|-------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• <b>Personify</b></li> <li>• <b>Health Plan Services</b></li> </ul> |

| References |
|------------|
| N/A        |

| Review/Revision/Approval History |                                                                                                                        |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Date                             | Description                                                                                                            |
| <b>9/1/2024</b>                  | <b>New Policy</b>                                                                                                      |
| <b>5/11/2026</b>                 | <b>Reviewed and Approved by Policy Committee</b><br><b>Add G0481, G0482, G0483, and G0659 to the do not cover list</b> |

| Disclaimer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's benefit plan, effective when services are rendered.</p> |



The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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