

Purpose of the List:

The purpose of this list is to convey denials and limited services ***as determined by medical policy***.

- Limited Service: a code which may be allowed or denied based on certain restrictions (e.g., diagnosis code, frequency limit).
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This list does not convey prior authorization requirements, DME location restrictions, or other denials, including benefit restrictions. Please see the [Prior Authorization Code List](#) and [Durable Medical Equipment List](#) for additional code-level information.

Benefit restrictions may be found in member handbooks or by inquiring with Providence Health Plan Customer Service: 503-574-7500 (local) or 800-878-4445 (toll free).

Content:

The Non-Covered and Limited Services List contains the following information:

- Code and code descriptions
- Associated line of business (LOB)
- Effective and Termination Date
- Denial type (investigational, not medically necessary, etc), including specific restrictions (e.g., diagnosis code)
- Associated Medical Policies

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0733T	Remote real-time, motion capture- based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	z80 Deny, Investigational- Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0733T	Remote real-time, motion capture- based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	z80 Deny, Investigational- Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	z80 Deny, Investigational- Member Responsibility	10/01/2017	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple	z80 Deny, Investigational- Member Responsibility	04/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Medicare	0002U	reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	z80 Deny, Investigational-Member Responsibility	06/01/2017	05/31/2023	Ovarian Cancer: Multimarker Serum Testing (Company)	
Medicare	0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	z80 Deny, Investigational-Member Responsibility	02/01/2017	03/31/2021	Ovarian Cancer: Multimarker Serum Testing (Company)	
Commercial/ASO, OHP, PEBB	0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Ovarian Cancer: Multimarker Serum Testing (Company)	
Commercial/ASO, OHP, PEBB	0004U	Infectious disease (bacterial), DNA, 27 resistance genes, PCR amplification and probe hybridization in microarray format (molecular detection and identification of AmpC, carbapenemase and ESBL coding genes), bacterial culture colonies, report of genes detected or not detected, per isolate	z80 Deny, Investigational-Member Responsibility	01/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0004U	Infectious disease (bacterial), DNA, 27 resistance genes, PCR amplification and probe hybridization in microarray format (molecular detection and identification of AmpC, carbapenemase and ESBL coding genes), bacterial culture colonies, report of genes detected or not detected, per isolate	u31 Deny, Not covered per Medical Policy - Provider Responsibility	01/01/2018		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	z80 Deny, Investigational-Member Responsibility	07/01/2017	04/30/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Medicare	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	04/30/2022	Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company)	
Commercial/ASO, PEBB	0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021	03/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018	03/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare), Urine Drug Testing in Substance Abuse Monitoring (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, PEBB	0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company), Urine Drug Testing in Substance Abuse Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018	02/01/2023	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Medicare	0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Medicare	0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0010M	Oncology (High-Grade Prostate Cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA and human kallikrein 2 [hK2]) plus patient age, digital rectal examination status, and no history of positive prostate biopsy, utilizing plasma, prognostic algorithm reported as a probability score	X72 Deny, New Technology - Provider Responsibility	01/01/2016	12/31/2016	Prostate: Protein Biomarkers and Genetic Testing (Company), Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	z80 Deny, Investigational-Member Responsibility	04/01/2018	04/30/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Medicare	0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	z80 Deny, Investigational-Member Responsibility	04/01/2018	03/31/2020	Prostate: Protein Biomarkers and Genetic Testing (Company), Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Medicare	0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020		Prostate: Protein Biomarkers and Genetic Testing (Company), Prostate: Protein	

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						Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, PEBB	0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, OHP, PEBB	0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	z80 Deny, Investigational-Member Responsibility	07/01/2018		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	z80 Deny, Investigational-Member Responsibility	06/01/2019		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Commercial/ASO, OHP, PEBB	0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	z80 Deny, Investigational-Member Responsibility	07/01/2018		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	z80 Deny, Investigational-Member Responsibility	06/01/2019		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	z80 Deny, Investigational-Member Responsibility	06/01/2019		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	

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Commercial/ASO, OHP, PEBB	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	z80 Deny, Investigational-Member Responsibility	05/01/2018		Genetic Testing: Thyroid Nodules (Company), Genetic Testing: Thyroid Nodules (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service	u31 Deny, Not covered per Medical Policy - Provider Responsibility	02/01/2018	09/30/2018	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare), Urine Drug Testing in Substance Abuse Monitoring (Company)	
Commercial/ASO, PEBB	0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021	09/30/2018	Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018	09/30/2018	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, OHP, PEBB	0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5GÇÖ-UTR-BMI1, CEP 164, 3GÇÖ-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	z80 Deny, Investigational-Member Responsibility	04/01/2018	04/30/2023	Prostate: Protein Biomarkers and Genetic Testing (Company), Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Medicare	0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5GÇÖ-UTR-BMI1, CEP 164, 3GÇÖ-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	z80 Deny, Investigational-Member Responsibility	04/01/2018	04/30/2020	Prostate: Protein Biomarkers and Genetic Testing (Company), Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Medicare	0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5GÇÖ-UTR-BMI1, CEP 164, 3GÇÖ-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020		Prostate: Protein Biomarkers and Genetic Testing (Company), Prostate: Protein Biomarkers and Genetic Testing (Medicare)	

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Commercial/ASO, OHP, PEBB	0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5GÇÖ-UTR-BMI1, CEP 164, 3GÇÖ-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, Medicare, PEBB	0022U	Targeted genomic sequence analysis panel, cholangiocarcinoma and non-small cell lung neoplasia, DNA and RNA analysis, 1- 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	z80 Deny, Investigational-Member Responsibility	08/01/2018	10/31/2022		
Commercial/ASO, OHP, PEBB	0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	z80 Deny, Investigational-Member Responsibility	06/01/2018	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	z80 Deny, Investigational-Member Responsibility	06/01/2018	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy"; or "Negative, low probability of malignancy";)	z80 Deny, Investigational-Member Responsibility	05/01/2018		Genetic Testing: Thyroid Nodules (Company), Genetic Testing: Thyroid Nodules (Medicare)	
Medicare	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	z80 Deny, Investigational-Member Responsibility	11/01/2018	12/31/2021	Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	z80 Deny, Investigational-Member Responsibility	11/01/2018	11/30/2021	Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	

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Commercial/ASO, OHP, PEBB	00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service
Commercial/ASO, OHP, PEBB	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	z80 Deny, Investigational-Member Responsibility	11/01/2018	11/30/2021	Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	z80 Deny, Investigational-Member Responsibility	11/01/2018	08/31/2021	Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	z80 Deny, Investigational-Member Responsibility	11/01/2018		Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company)	
Medicare	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	z80 Deny, Investigational-Member Responsibility	11/01/2018	12/31/2021	Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Medicare Only) ARCHIVED 9/1/2022, Genetic Testing: Pharmacogenetic Testing (Medicare only) ARCHIVE 9/1/2022	
Medicare	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	z80 Deny, Investigational-Member Responsibility	11/01/2018	12/31/2021		
Commercial/ASO, OHP, PEBB	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	z80 Deny, Investigational-Member Responsibility	11/01/2018	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company), Genetic Testing: Pharmacogenetic Testing (Company)	
Medicare	0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	z80 Deny, Investigational-Member Responsibility	11/01/2018	12/31/2021		
Commercial/ASO, OHP, PEBB	0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg,	z80 Deny, Investigational-Member Responsibility	11/01/2018	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests	

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		citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])				(Company), Genetic Testing: Pharmacogenetic Testing (Company)	
Commercial/ASO, OHP, PEBB	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	z80 Deny, Investigational-Member Responsibility	11/01/2018		Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	
Medicare	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	z80 Deny, Investigational-Member Responsibility	11/01/2018	08/31/2021	Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	
Commercial/ASO, OHP, PEBB	0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	z80 Deny, Investigational-Member Responsibility	06/01/2019		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Commercial/ASO, OHP, PEBB	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	z80 Deny, Investigational-Member Responsibility	07/01/2018	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2018	09/30/2020	Vitamin D Assay Testing (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020		Vitamin D Assay Testing (Company), Vitamin D Assay Testing (Medicare)	This code may pay based on billed diagnosis codes
Medicare	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, PEBB	0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	z80 Deny, Investigational-Member Responsibility	10/01/2018		Genetic Testing: Gene Expression Profile Testing for Breast Cancer (Company)	
Commercial/ASO, PEBB	0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	z80 Deny, Investigational-Member Responsibility	10/01/2018	05/31/2022	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	z80 Deny, Investigational-Member Responsibility	11/01/2018	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	z80 Deny, Investigational-Member Responsibility	09/01/2018	12/31/2021	Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Myeloproliferative Diseases (Medicare)	
Medicare	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	z80 Deny, Investigational-Member Responsibility	11/01/2018	12/31/2021	Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	z80 Deny, Investigational-Member Responsibility	11/01/2018	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Myeloproliferative Diseases (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2018	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						Substance Use Monitoring (Medicare), Urine Drug Testing in Substance Abuse Monitoring (Company)	
Commercial/ASO, PEBB	0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2018	01/31/2023	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, OHP, PEBB	0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	z80 Deny, Investigational-Member Responsibility	11/01/2018		Cardiac: Disease Risk Screening (Company)	
Medicare	0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	z80 Deny, Investigational-Member Responsibility	11/01/2018	07/31/2022	Cardiac: Disease Risk Screening (Medicare)	
Medicare	0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Cardiac: Disease Risk Screening (Medicare)	
Commercial/ASO, OHP, PEBB	0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	z80 Deny, Investigational-Member Responsibility	10/01/2018	04/30/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Medicare	0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	z80 Deny, Investigational-Member Responsibility	10/01/2018	04/30/2020	Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Medicare	0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020		Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		biopsy specimen, algorithm reported as probability of higher tumor grade					
Medicare	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Computer Assisted Navigation for Musculoskeletal Procedures (Company), Computer Assisted Navigation for Musculoskeletal Procedures (Medicare)	
Commercial/ASO, OHP, PEBB	0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	z80 Deny, Investigational-Member Responsibility	11/01/2018	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	z80 Deny, Investigational-Member Responsibility	11/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	

See the "Notes" column for specific limitations which may apply.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service					
Commercial/ASO, Medicare, OHP, PEBB	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	X72 Deny, New Technology - Provider Responsibility	01/01/2017	04/30/2020		
Commercial/ASO, Medicare, OHP, PEBB	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Computer Assisted Navigation for Musculoskeletal Procedures (Company), Computer Assisted Navigation for Musculoskeletal Procedures (Medicare)	
Medicare	0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	z80 Deny, Investigational-Member Responsibility	11/01/2018	12/31/2021	Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	z80 Deny, Investigational-Member Responsibility	11/01/2018	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	z80 Deny, Investigational-Member Responsibility	06/01/2019		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Commercial/ASO, OHP, PEBB	0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank	z80 Deny, Investigational-Member Responsibility	11/01/2018		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	z80 Deny, Investigational-Member Responsibility	11/01/2018	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus	z80 Deny, Investigational-Member Responsibility	11/01/2018	10/31/2022	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		oncoprotein (small T antigen), serum, quantitative				Non-Covered Services (Medicare)	
Medicare	0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	z80 Deny, Investigational-Member Responsibility	11/01/2018	05/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	z80 Deny, Investigational-Member Responsibility	11/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service
Commercial/ASO, Medicare, OHP, PEBB	0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	z80 Deny, Investigational-Member Responsibility	11/01/2018	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO ₂], oxyhemoglobin [ctHbO ₂], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	z80 Deny, Investigational-Member Responsibility	11/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO ₂], oxyhemoglobin [ctHbO ₂], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO ₂], oxyhemoglobin [ctHbO ₂], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	00620	Anesthesia for procedures on thoracic spine and cord, not otherwise specified	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service
Commercial/ASO, OHP, PEBB	00630	Anesthesia for procedures in lumbar region; not otherwise specified	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service
Commercial/ASO, OHP, PEBB	00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service
Commercial/ASO, OHP, PEBB	0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	z80 Deny, Investigational-Member Responsibility	05/01/2022	02/28/2023	Premature Rupture of Membranes (PROM) Testing (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Premature Rupture of Membranes (PROM) Testing (Company), Premature Rupture of Membranes (PROM) Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	z80 Deny, Investigational-Member Responsibility	05/01/2022	02/28/2023	Premature Rupture of Membranes (PROM) Testing (Medicare)	
Medicare	0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) (Medicare)	
Commercial/ASO, OHP, PEBB	0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	z80 Deny, Investigational-Member Responsibility	11/01/2022		Magnetic Resonance-guided Focused Ultrasound Surgery (MRgFUS) (Company)	
Medicare	0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) (Medicare)	
Commercial/ASO, OHP, PEBB	0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	z80 Deny, Investigational-Member Responsibility	11/01/2022		Magnetic Resonance-guided Focused Ultrasound Surgery (MRgFUS) (Company)	
Medicare	0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0080U	germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Commercial/ASO, PEBB	0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	01/31/2023	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Medicare	0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	z80 Deny, Investigational-Member Responsibility	04/01/2020	12/31/2021	Chemoresistance and Chemosensitivity Assays (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	z80 Deny, Investigational-Member Responsibility	04/01/2020		Chemoresistance and Chemosensitivity Assays (Company)	
Medicare	0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Chemoresistance and Chemosensitivity Assays (Company), Chemosensitivity and	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	0085U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2019	Chemoresistance Assays (CSRAs) (Medicare) Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	z80 Deny, Investigational-Member Responsibility	07/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	z80 Deny, Investigational-Member Responsibility	07/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

*This is not a complete list of all non-covered services. Other exclusions may apply based on benefit and contract terms.

Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	z80 Deny, Investigational-Member Responsibility	07/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	z80 Deny, Investigational-Member Responsibility	07/01/2019	06/30/2020	Genetic Testing: Gene Expression Profile Testing for Melanoma (Company), Genetic Testing: Gene Expression Profile Testing for Melanoma (Medicare), Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	z80 Deny, Investigational-Member Responsibility	07/01/2020	11/30/2022	Genetic Testing: Gene Expression Profile Testing for Melanoma (Company), Investigational and Non Covered Medical Technologies (Company), Respiratory Viral Panels (Company)	
Commercial/ASO, OHP, PEBB	0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Genetic Testing: Gene Expression Profile Testing for Melanoma (Company), Investigational and Non Covered Medical Technologies (Company),	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						Respiratory Viral Panels (Company)	
Commercial/ASO, OHP, PEBB	0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	z80 Deny, Investigational-Member Responsibility	07/01/2019	11/30/2022	Genetic Testing: Gene Expression Profile Testing for Melanoma (Company)	
Commercial/ASO, OHP, PEBB	0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Genetic Testing: Gene Expression Profile Testing for Melanoma (Company)	
Commercial/ASO, OHP, PEBB	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	z80 Deny, Investigational-Member Responsibility	07/01/2019	10/31/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Medicare	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	z80 Deny, Investigational-Member Responsibility	07/01/2019	06/30/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Medicare	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Commercial/ASO, OHP, PEBB	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	z80 Deny, Investigational-Member Responsibility	07/01/2019	10/31/2022	Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Medicare	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021		
Commercial/ASO, OHP, PEBB	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019		Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	
Medicare	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019	01/31/2023	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, OHP, PEBB	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	z80 Deny, Investigational-Member Responsibility	07/01/2019		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Commercial/ASO, OHP, PEBB	0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis	z80 Deny, Investigational-Member Responsibility	07/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	z80 Deny, Investigational-Member Responsibility	07/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Back: Artificial Intervertebral Discs (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	03/31/2021	Respiratory Viral Panels (Company), Respiratory Viral Panels (Medicare)	Code is no longer valid effective 4/1/2021
Commercial/ASO, Medicare, OHP, PEBB	0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	03/31/2021	Respiratory Viral Panels (Company), Respiratory Viral Panels (Medicare)	Code is no longer valid effective 4/1/2021

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae)					
Medicare	0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	z80 Deny, Investigational-Member Responsibility	03/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	03/31/2021	Respiratory Viral Panels (Company), Respiratory Viral Panels (Medicare)	Code is no longer valid effective 4/1/2021
Medicare	0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	z80 Deny, Investigational-Member Responsibility	07/01/2019		Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	z80 Deny, Investigational-Member Responsibility	07/01/2019	05/31/2023	Genetic Testing: Hereditary Breast and Ovarian Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	z80 Deny, Investigational-Member Responsibility	07/01/2019	07/31/2021		
Commercial/ASO, OHP, PEBB	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Genetic Testing: Hereditary Breast and Ovarian Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0103U	significance when indicated (17 genes [sequencing and deletion/duplication]) Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	z80 Deny, Investigational-Member Responsibility	07/01/2019	05/31/2023	Genetic Testing: Hereditary Breast and Ovarian Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	z80 Deny, Investigational-Member Responsibility	07/01/2019	07/31/2021	Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare)	
Commercial/ASO, OHP, PEBB	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Genetic Testing: Hereditary Breast and Ovarian Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0104U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (32 genes[sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	z80 Deny, Investigational-Member Responsibility	07/01/2019	09/30/2019	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen),	z80 Deny, Investigational-Member Responsibility	10/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		algorithm reported as probability score for rapid kidney function decline (RKFD)					
Medicare	0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	z80 Deny, Investigational-Member Responsibility	10/01/2016	09/30/2018	Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	z80 Deny, Investigational-Member Responsibility	10/01/2018		Nerve Conduction Studies (Company)	
Medicare	0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2018	06/30/2020	Nerve Conduction Studies (Medicare)	
Medicare	0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch	z80 Deny, Investigational-Member Responsibility	07/01/2020	11/30/2021	Nerve Conduction Studies (Medicare)	

See the "Notes" column for specific limitations which may apply.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		pressure stimuli to assess large diameter sensation					
Medicare	0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Nerve Conduction Studies (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	z80 Deny, Investigational-Member Responsibility	10/01/2019	03/31/2022	Exhaled Breath Tests (Company), Exhaled Breath Tests (Medicare)	service name: exhaled breath test
Commercial/ASO, Medicare, OHP, PEBB	0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Exhaled Breath Tests (Company), Exhaled Breath Tests (Medicare)	service name: exhaled breath test
Commercial/ASO, Medicare, OHP, PEBB	0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	z80 Deny, Investigational-Member Responsibility	10/01/2016	09/30/2018	Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	z80 Deny, Investigational-Member Responsibility	10/01/2018		Nerve Conduction Studies (Company)	
Medicare	0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2018	06/30/2020	Nerve Conduction Studies (Medicare)	
Medicare	0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	z80 Deny, Investigational-Member Responsibility	07/01/2020	11/30/2021	Nerve Conduction Studies (Medicare)	
Medicare	0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	z80 Deny, Investigational-Member Responsibility	10/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	z80 Deny, Investigational-Member Responsibility	10/01/2016	09/30/2018	Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	z80 Deny, Investigational-Member Responsibility	10/01/2018		Nerve Conduction Studies (Company)	
Medicare	0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2018	06/30/2020	Nerve Conduction Studies (Medicare)	
Medicare	0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	z80 Deny, Investigational-Member Responsibility	07/01/2020	11/30/2021	Nerve Conduction Studies (Medicare)	
Medicare	0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	0108U	Gastroenterology (Barrett's esophagus), whole slide digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	z80 Deny, Investigational-Member Responsibility	10/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0108U	Gastroenterology (Barrett's esophagus), whole slide digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer					
Commercial/ASO, Medicare, OHP, PEBB	0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	z80 Deny, Investigational-Member Responsibility	10/01/2016	09/30/2018	Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	z80 Deny, Investigational-Member Responsibility	10/01/2018		Nerve Conduction Studies (Company)	
Medicare	0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2018	06/30/2020	Nerve Conduction Studies (Medicare)	
Medicare	0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	z80 Deny, Investigational-Member Responsibility	07/01/2020	11/30/2021	Nerve Conduction Studies (Medicare)	
Medicare	0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	z80 Deny, Investigational-Member Responsibility	10/01/2019	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	z80 Deny, Investigational-Member Responsibility	10/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	z80 Deny, Investigational-Member Responsibility	10/01/2016	09/30/2018	Nerve Conduction Studies (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	z80 Deny, Investigational-Member Responsibility	10/01/2018		Nerve Conduction Studies (Company)	
Medicare	0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2018	06/30/2020	Nerve Conduction Studies (Medicare)	
Medicare	0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	z80 Deny, Investigational-Member Responsibility	07/01/2020	11/30/2021	Nerve Conduction Studies (Medicare)	
Medicare	0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	z80 Deny, Investigational-Member Responsibility	10/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	z80 Deny, Investigational-Member Responsibility	10/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	z80 Deny, Investigational-Member Responsibility	10/01/2019	04/30/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Medicare	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	z80 Deny, Investigational-Member Responsibility	10/01/2019	04/30/2020	Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Medicare	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020		Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	z80 Deny, Investigational-Member Responsibility	10/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	z80 Deny, Investigational-Member Responsibility	10/01/2019	09/30/2020	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Non-Covered Services (Medicare)							
Commercial/ASO, OHP, PEBB	0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020		Respiratory Viral Panels (Company)	
Medicare	0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022	09/30/2022	Respiratory Viral Panels (Medicare)	
Medicare	0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	
Medicare	0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Respiratory Viral Panels (Medicare)	This code may pay if billed with specific diagnosis and/or location code(s). Please refer to the associated medical policy.
Commercial/ASO, Medicare, OHP, PEBB	0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, PEBB	0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0117U	with risk of drug to drug interactions for prescribed medications Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	z80 Deny, Investigational-Member Responsibility	10/01/2019		Cardiac: Disease Risk Screening (Company)	
Medicare	0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry,	z80 Deny, Investigational-Member Responsibility	10/01/2019	03/31/2022	Cardiac: Disease Risk Screening (Medicare)	

See the "Notes" column for specific limitations which may apply.

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Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0119U	plasma, quantitative report with risk score for major cardiovascular events Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Cardiac: Disease Risk Screening (Medicare)	
Medicare	0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only) (Archived 1/1/2022)	
Commercial/ASO, OHP, PEBB	0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	z80 Deny, Investigational-Member Responsibility	10/01/2019	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0125U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, maternal serum, algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia	z80 Deny, Investigational-Member Responsibility	10/01/2019	06/30/2020	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	Code no longer valid effective 7/1/2020
Medicare	0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0126U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia	z80 Deny, Investigational-Member Responsibility	10/01/2019	06/30/2020	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	Code no longer valid effective 7/1/2020
Commercial/ASO, Medicare, OHP, PEBB	0127U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	z80 Deny, Investigational-Member Responsibility	10/01/2019	06/30/2020	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	Code no longer valid effective 7/1/2020
Commercial/ASO, Medicare, OHP, PEBB	0128U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk score for preeclampsia	z80 Deny, Investigational-Member Responsibility	10/01/2019	06/30/2020	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	Code no longer valid effective 7/1/2020
Commercial/ASO, OHP, PEBB	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH,	z80 Deny, Investigational-Member Responsibility	10/01/2019		Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company), Genetic Testing: Non-Covered	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)				Genetic Panel Tests (Company)	
Medicare	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only) (Archived 1/1/2022)	
Commercial/ASO, Medicare, OHP, PEBB	0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2019	05/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	06/01/2021	05/31/2023	Genetic Testing: Hereditary Breast and Ovarian Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Genetic Testing: Hereditary Breast and Ovarian Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted	z80 Deny, Investigational-Member Responsibility	10/01/2019	05/31/2023	Genetic Testing: Hereditary Breast and Ovarian Cancer (Company), Genetic Testing:	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)				Non-Covered Genetic Panel Tests (Company)	
Medicare	0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2019	07/31/2021		
Medicare	0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Genetic Testing: Hereditary Breast and Ovarian Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2019	04/30/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Medicare	0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2019	04/30/2020	Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Medicare	0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020		Genetic and Molecular Testing (Medicare), Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List	z80 Deny, Investigational-Member Responsibility	10/01/2019	05/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		separately in addition to code for primary procedure)					
Commercial/ASO, OHP, PEBB	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)		06/01/2021		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Genetic and Molecular Testing (Medicare), Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2019	07/31/2021	Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare)	
Commercial/ASO, OHP, PEBB	0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2019	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, Î±-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/01/2021	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	Code termed 10/1/2021
Commercial/ASO, OHP, PEBB	0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	

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Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected					
Medicare	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service					
Medicare	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		metabolite description, comments including sample validation, per date of service					
Medicare	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		metabolite description, comments including sample validation, per date of service					
Medicare	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	
Medicare	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, PEBB	0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0150U	metabolite description, comments including sample validation, per date of service Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	z80 Deny, Investigational-Member Responsibility	01/01/2020	09/30/2020	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare), Respiratory Viral Panels (Company), Respiratory Viral Panels (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	03/31/2022	Respiratory Viral Panels (Company), Respiratory Viral Panels (Medicare)	Code is no longer valid effective 4/1/2022
Commercial/ASO, OHP, PEBB	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	Genetic and Molecular Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement					
Commercial/ASO, OHP, PEBB	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	z80 Deny, Investigational-Member Responsibility	01/01/2020	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Gene Expression Profile Testing for Breast Cancer (Medicare)	
Commercial/ASO, OHP, PEBB	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	z80 Deny, Investigational-Member Responsibility	01/01/2020	02/28/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	12/31/2018	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		interpretation, breast MRI (List separately in addition to code for primary procedure)					
Medicare	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	09/01/2017	01/01/2023		
Medicare	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2021	08/31/2022	Back: Artificial Intervertebral Discs (Medicare)	
Medicare	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022	01/01/2023	Back: Artificial Intervertebral Discs (Medicare)	
Medicare	0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		proprietary algorithm and reported as likelihood of CRC or advanced adenomas					
Commercial/ASO, OHP, PEBB	0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	z80 Deny, Investigational-Member Responsibility	04/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	z80 Deny, Investigational-Member Responsibility	04/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0165T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	09/01/2017	04/30/2023	Back: Artificial Intervertebral Discs (Company)	
Medicare	0165T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2017	08/31/2022	Back: Artificial Intervertebral Discs (Medicare)	
Medicare	0165T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Back: Artificial Intervertebral Discs (Medicare)	
Commercial/ASO, OHP, PEBB	0165T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Artificial Intervertebral Discs (Company)	
Commercial/ASO, OHP, PEBB	0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	z80 Deny, Investigational-Member Responsibility	04/01/2020		Allergy Testing (Company)	
Medicare	0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	z80 Deny, Investigational-Member Responsibility	04/01/2020	07/31/2022	Allergy Testing (Medicare)	
Medicare	0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Allergy Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0166U	Liver disease, 10 biochemical assays (Ã±2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and	z80 Deny, Investigational-Member Responsibility	04/01/2020		Investigational and Non Covered Medical Technologies (Company)	

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		demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation					
Medicare	0166U	Liver disease, 10 biochemical assays (ALT, AST, GGT, ALP, bilirubin, haptoglobin, apolipoprotein A1, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	z80 Deny, Investigational-Member Responsibility	04/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0166U	Liver disease, 10 biochemical assays (ALT, AST, GGT, ALP, bilirubin, haptoglobin, apolipoprotein A1, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	z80 Deny, Investigational-Member Responsibility	04/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	z80 Deny, Investigational-Member Responsibility	04/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	z80 Deny, Investigational-Member Responsibility	04/01/2020		Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	
Commercial/ASO, OHP, PEBB	0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	z80 Deny, Investigational-Member Responsibility	04/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	z80 Deny, Investigational-Member Responsibility	04/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0171T	Insertion of posterior spinous process distraction device, lumbar, single level	z80 Deny, Investigational-Member Responsibility	12/01/2015		Back: Stabilization Devices and Interspinous Spacers	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Myeloproliferative Diseases (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0172T	Insertion of posterior spinous process distraction device, lumbar, each additional level	z80 Deny, Investigational-Member Responsibility	12/01/2015			
Medicare	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only) (Archived 1/1/2022)	
Commercial/ASO, OHP, PEBB	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	z80 Deny, Investigational-Member Responsibility	07/01/2020	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	z80 Deny, Investigational-Member Responsibility	07/01/2020		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

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Commercial/ASO, OHP, PEBB	0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	z80 Deny, Investigational-Member Responsibility	07/01/2020		Allergy Testing (Company)	
Medicare	0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	z80 Deny, Investigational-Member Responsibility	07/01/2020	07/31/2022	Allergy Testing (Medicare)	
Medicare	0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Allergy Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	z80 Deny, Investigational-Member Responsibility	07/01/2020	07/31/2022	Non-Small Cell Lung Cancer: Molecular Testing for Targeted Therapy (Medicare), Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Medicare	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

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Medicare	0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, Medicare, PEBB	0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	z80 Deny, Investigational-Member Responsibility	09/01/2018	12/31/2018	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	12/31/2018	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

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Medicare	0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo- endopeptidase [Kell blood group]) exon 8	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023			
Medicare	0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service

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Medicare	0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	z80 Deny, Investigational-Member Responsibility	03/01/2018	08/31/2020	Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	
Medicare	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Back: Percutaneous Vertebroplasty and Sacroplasty (Company), Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	
Commercial/ASO, OHP, PEBB	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	
Medicare	0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	z80 Deny, Investigational-Member Responsibility	03/01/2018	08/31/2020	Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	
Medicare	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Back: Percutaneous Vertebroplasty and Sacroplasty (Company), Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	
Commercial/ASO, OHP, PEBB	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	
Medicare	0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

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Medicare	0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogenspecific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2020		Respiratory Viral Panels (Company), Respiratory Viral Panels (Medicare)	
Medicare	0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Respiratory Viral Panels (Medicare)	This code may pay if billed with specific diagnosis and/or location code(s). Please refer to the associated medical policy.
Commercial/ASO, OHP, PEBB	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Inflammatory Bowel Disease: Serologic Testing and Therapeutic Monitoring (Medicare)	
Commercial/ASO, OHP, PEBB	0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	z80 Deny, Investigational-Member Responsibility	10/01/2020		Genetic Testing: Thyroid Nodules (Company)	

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Medicare	0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Genetic Testing: Thyroid Nodules (Medicare)	
Medicare	0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	12/31/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	z80 Deny, Investigational-Member Responsibility	10/01/2020		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0206T	Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	12/31/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	z80 Deny, Investigational-Member Responsibility	10/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		fibroblasts, each reported as positive or negative for Alzheimer disease					
Medicare	0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	z80 Deny, Investigational-Member Responsibility	03/01/2018		Eye: Automated Evacuation of Meibomian Glands (Company)	example: Lipiflow Thermal Pulsation System
Medicare	0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Eye: Automated Evacuation of the Meibomian Glands (Medicare)	example: Lipiflow Thermal Pulsation System
Medicare	0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	z80 Deny, Investigational-Member Responsibility	03/01/2018	01/31/2023	Eye: Automated Evacuation of Meibomian Glands (Company)	example: Lipiflow Thermal Pulsation System
Commercial/ASO, OHP, PEBB	0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0208T	Pure tone audiometry (threshold), automated; air only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	z80 Deny, Investigational-Member Responsibility	10/01/2020	12/31/2021	Genetic Testing: Thyroid Nodules (Company)	Code no longer valid effective 1/1/2022
Medicare	0209T	Pure tone audiometry (threshold), automated; air and bone	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company), Next Generation Sequencing for Minimal Residual Disease Detection (Company)	
Medicare	0210T	Speech audiometry threshold, automated	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	z80 Deny, Investigational-Member Responsibility	10/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	z80 Deny, Investigational-Member Responsibility	10/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0211T	Speech audiometry threshold, automated; with speech recognition	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

Providence Health Plan Non-covered and Limited Services List

*This is not a complete list of all non-covered services. Other exclusions may apply based on benefit and contract terms.

Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		microsatellite instability, with therapy association					
Medicare	0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	z80 Deny, Investigational-Member Responsibility	10/01/2020		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	z80 Deny, Investigational-Member Responsibility	06/01/2019	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	z80 Deny, Investigational-Member Responsibility	10/01/2020		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)					
Medicare	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	06/01/2019	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	z80 Deny, Investigational-Member Responsibility	10/01/2020		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any	z80 Deny, Investigational-Member Responsibility	06/01/2019	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		additional level(s) (List separately in addition to code for primary procedure)					
Commercial/ASO, OHP, PEBB	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	z80 Deny, Investigational-Member Responsibility	10/01/2020		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	z80 Deny, Investigational-Member Responsibility	06/01/2019	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	z80 Deny, Investigational-Member Responsibility	10/01/2020	12/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only) (Archived 1/1/2022)	
Commercial/ASO, OHP, PEBB	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	z80 Deny, Investigational-Member Responsibility	10/01/2020	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	06/01/2019	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	z80 Deny, Investigational-Member Responsibility	10/01/2020	12/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only) (Archived 1/1/2022)	
Commercial/ASO, OHP, PEBB	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	z80 Deny, Investigational-Member Responsibility	10/01/2020	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only), New and	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)				Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	06/01/2019	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	z80 Deny, Investigational-Member Responsibility	10/01/2020	12/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only) (Archived 1/1/2022)	
Commercial/ASO, OHP, PEBB	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	z80 Deny, Investigational-Member Responsibility	10/01/2020	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		placement of bone graft(s) or synthetic device(s), single level; cervical				Non-Covered Services (Medicare)	
Medicare	0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	z80 Deny, Investigational-Member Responsibility	10/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	z80 Deny, Investigational-Member Responsibility	10/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	z80 Deny, Investigational-Member Responsibility	10/01/2020		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							Non-Covered Services (Medicare)
Medicare	0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	z80 Deny, Investigational-Member Responsibility	10/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		segment (List separately in addition to code for primary procedure)					
Medicare	0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0223T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interp	X72 Deny, New Technology - Provider Responsibility	07/01/2015			
Commercial/ASO, OHP, PEBB	0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2020		Respiratory Viral Panels (Company), Respiratory Viral Panels (Medicare)	
Medicare	0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021	06/30/2022	Respiratory Viral Panels (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022	09/30/2022	Respiratory Viral Panels (Medicare)	
Medicare	0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Respiratory Viral Panels (Medicare)	This code may pay if billed with specific diagnosis and/or location code(s). Please refer to the associated medical policy.
Commercial/ASO, Medicare, OHP, PEBB	0224T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, AV or W del	X72 Deny, New Technology - Provider Responsibility	07/01/2010			
Commercial/ASO, Medicare, PEBB	0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19), includes titer(s), when performed; Mt Sinai, Mount Sinai Laboratory	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, OHP, PEBB	0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020		Respiratory Viral Panels (Company)	
Medicare	0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022	09/30/2022	Respiratory Viral Panels (Medicare)	
Medicare	0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Respiratory Viral Panels (Medicare)	This code may pay if billed with specific diagnosis and/or location code(s). Please refer to the associated medical policy.
Commercial/ASO, PEBB	0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	02/01/2022	Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, OHP, PEBB	0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	X72 Deny, New Technology - Provider Responsibility	10/01/2016	12/31/2020	Back: Epidural Steroid Injections (Company)	
Commercial/ASO, OHP, PEBB	0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	z80 Deny, Investigational-Member Responsibility	01/01/2021	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional	X72 Deny, New Technology - Provider Responsibility	10/01/2016	12/31/2020	Back: Epidural Steroid Injections (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		level (List separately in addition to code for primary procedure)					
Medicare	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	z80 Deny, Investigational-Member Responsibility	01/01/2021	05/31/2021	Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Commercial/ASO, OHP, PEBB	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Commercial/ASO, OHP, PEBB	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Commercial/ASO, OHP, PEBB	0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	X72 Deny, New Technology - Provider Responsibility	10/01/2016	12/31/2020	Back: Epidural Steroid Injections (Company)	
Medicare	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	X72 Deny, New Technology - Provider Responsibility	10/01/2016	12/31/2020	Back: Epidural Steroid Injections (Company)	
Medicare	0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Company), Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Medicare)	
Commercial/ASO, OHP, PEBB	0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	z80 Deny, Investigational-Member Responsibility	10/01/2020		Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Hereditary Breast and Ovarian Cancer (Medicare)	
Commercial/ASO, OHP, PEBB	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	z80 Deny, Investigational-Member Responsibility	01/01/2021	07/31/2022	Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Commercial/ASO, OHP, PEBB	0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	09/30/2021	Respiratory Viral Panels (Company)	This code may pay based on billed diagnosis code

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		respiratory specimen, each pathogen reported as detected or not detected					
Medicare	0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	This code may pay based on billed diagnosis code
Medicare	0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Respiratory Viral Panels (Medicare)	This code may pay based on billed diagnosis code
Commercial/ASO, OHP, PEBB	0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Respiratory Viral Panels (Company)	This code may pay based on billed diagnosis code
Commercial/ASO, OHP, PEBB	0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	09/30/2021	Respiratory Viral Panels (Company), Respiratory Viral Panels (Medicare)	This code may pay based on billed diagnosis code
Medicare	0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Respiratory Viral Panels (Medicare)	This code may pay based on billed diagnosis code
Medicare	0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	This code may pay based on billed diagnosis code

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Commercial/ASO, OHP, PEBB	0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Respiratory Viral Panels (Company)	This code may pay based on billed diagnosis code
Commercial/ASO, OHP, PEBB	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	z80 Deny, Investigational-Member Responsibility	04/01/2021	07/31/2022	Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Commercial/ASO, OHP, PEBB	0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	z80 Deny, Investigational-Member Responsibility	04/01/2021		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	z80 Deny, Investigational-Member Responsibility	04/01/2021	12/31/2021	Genetic and Molecular Testing (Medicare), Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	z80 Deny, Investigational-Member Responsibility	04/01/2021	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions,	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue					
Commercial/ASO, OHP, PEBB	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	z80 Deny, Investigational-Member Responsibility	04/01/2021		Genetic Testing: Thyroid Nodules (Company)	
Medicare	0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	z80 Deny, Investigational-Member Responsibility	04/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	z80 Deny, Investigational-Member Responsibility	04/01/2021	12/31/2021	Genetic and Molecular Testing (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	z80 Deny, Investigational-Member Responsibility	12/01/2021		Chemosensitivity and Chemosensitivity Assays (Company)	
Medicare	0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Chemosensitivity and Chemosensitivity Assays (CSRAs) (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	z80 Deny, Investigational-Member Responsibility	12/01/2021	06/30/2022	Chemosensitivity and Chemoresistance Assays (CSRAs) (Medicare)	
Commercial/ASO, OHP, PEBB	0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	z80 Deny, Investigational-Member Responsibility	12/01/2021		Genetic Testing: Gene Expression Profile Testing for Breast Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Genetic Testing: Gene Expression Profile Testing for Breast Cancer (Medicare)	
Commercial/ASO, OHP, PEBB	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	z80 Deny, Investigational-Member Responsibility	12/01/2021	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare), Non-Small Cell Lung Cancer: Molecular Testing for Targeted Therapy (Medicare)	
Commercial/ASO, OHP, PEBB	0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0252U	Fetal aneuploidy short (tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial	z80 Deny, Investigational-Member Responsibility	07/01/2021	08/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company), Genetic Testing:	

Providence Health Plan Non-covered and Limited Services List

*This is not a complete list of all non-covered services. Other exclusions may apply based on benefit and contract terms.

Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		deletion/duplications, mosaicism, and segmental aneuploidy				Reproductive Planning and Prenatal Testing (Company)	
Medicare	0252U	Fetal aneuploidy short (tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0252U	Fetal aneuploidy short (tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0252U	Fetal aneuploidy short (tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company), Genetic Testing: Reproductive Planning and Prenatal Testing (Company)	
Medicare	0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	Genetic and Molecular Testing (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	z80 Deny, Investigational-Member Responsibility	07/01/2021	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	

Providence Health Plan Non-covered and Limited Services List

*This is not a complete list of all non-covered services. Other exclusions may apply based on benefit and contract terms.

Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	08/31/2018	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested	z80 Deny, Investigational-Member Responsibility	07/01/2021	08/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company), Genetic Testing: Reproductive Planning and Prenatal Testing (Company)	
Medicare	0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company), Genetic Testing: Reproductive Planning and Prenatal Testing (Company)	
Medicare	0255T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		into both the external and internal iliac artery, unilateral; radiological supervision and interpretation					
Commercial/ASO, OHP, PEBB	0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	z80 Deny, Investigational-Member Responsibility	10/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	z80 Deny, Investigational-Member Responsibility	10/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative	z80 Deny, Investigational-Member Responsibility	10/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	z80 Deny, Investigational-Member Responsibility	10/01/2021		Genetic Testing: Non-Covered Genetic Panel Tests (Company), Investigational and Non Covered Medical Technologies (Company)	
Medicare	0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score	z80 Deny, Investigational-Member Responsibility	10/01/2021		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	z80 Deny, Investigational-Member Responsibility	10/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, \pm -ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	z80 Deny, Investigational-Member Responsibility	10/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare), Stem Cell Transplantation (Medicare)	
Medicare	0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	z80 Deny, Investigational-Member Responsibility	10/01/2021		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	

See the "Notes" column for specific limitations which may apply.

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare), Stem Cell Transplantation (Medicare)	
Medicare	0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare), Stem Cell Transplantation (Medicare)	
Commercial/ASO, OHP, PEBB	0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	z80 Deny, Investigational-Member Responsibility	10/01/2021		Genetic Testing: Non-Covered Genetic Panel Tests (Company), Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	z80 Deny, Investigational-Member Responsibility	10/01/2021		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	z80 Deny, Investigational-Member Responsibility	10/01/2021		Genetic Testing: Non-Covered Genetic Panel Tests (Company), Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation,	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		programming, and repositioning, when performed)				Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	z80 Deny, Investigational-Member Responsibility	10/01/2021	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	z80 Deny, Investigational-Member Responsibility	10/01/2021	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	z80 Deny, Investigational-Member Responsibility	10/01/2021		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	z80 Deny, Investigational-Member Responsibility	10/01/2021	10/31/2022		

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	06/30/2020	Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, OHP, PEBB	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or	z80 Deny, Investigational-Member Responsibility	01/01/2019	04/30/2023	Back: Fusion and Decompression Procedures (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		multiple levels, unilateral or bilateral; cervical or thoracic					
Medicare	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2022	Back: Fusion and Decompression Procedures (Company)	
Medicare	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Fusion and Decompression Procedures (Company), Back: Fusion and Decompression Procedures (Medicare)	
Commercial/ASO, OHP, PEBB	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, OHP, PEBB	0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	z80 Deny, Investigational-Member Responsibility	10/01/2021	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Medicare	0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	02/29/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or	z80 Deny, Investigational-Member Responsibility	01/01/2019	04/30/2023	Back: Fusion and Decompression Procedures (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar					
Medicare	0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	z80 Deny, Investigational-Member Responsibility	03/01/2020	12/31/2022	Back: Fusion and Decompression Procedures (Company)	This code may pay based on billed diagnosis code.
Medicare	0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Fusion and Decompression Procedures (Company), Back: Fusion and Decompression Procedures (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO, OHP, PEBB	0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, OHP, PEBB	0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	z80 Deny, Investigational-Member Responsibility	10/01/2021	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	z80 Deny, Investigational-Member Responsibility	10/01/2021	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	z80 Deny, Investigational-Member Responsibility	07/01/2017	08/31/2018	Transcutaneous Electrical Nerve Stimulators (TENS) and Related Supplies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	z80 Deny, Investigational-Member Responsibility	09/01/2018		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2018	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	z80 Deny, Investigational-Member Responsibility	07/01/2020	08/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	z80 Deny, Investigational-Member Responsibility	10/01/2021	10/31/2022		
Medicare	0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0281T	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	z80 Deny, Investigational-Member Responsibility	01/01/2015		Cardiac: Left Atrial Appendage Devices (Company)	
Commercial/ASO, OHP, PEBB	0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Medicare	0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	z80 Deny, Investigational-Member Responsibility	01/01/2022	07/31/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Medicare	0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Commercial/ASO, OHP, PEBB	0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Commercial/ASO, OHP, PEBB	0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic and Molecular Testing (Medicare), Genetic	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		methyltransferase) (eg, drug metabolism) gene analysis, common variants				Testing: Non-Covered Genetic Panel Tests (Company), Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring	
Medicare	0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company), Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring, Inflammatory Bowel Disease: Serologic Testing and Therapeutic Monitoring (Medicare)	
Medicare	0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	z80 Deny, Investigational-Member Responsibility	01/01/2022	04/30/2022	Genetic and Molecular Testing (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company), Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring	
Commercial/ASO, OHP, PEBB	0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Thyroid Nodules (Company)	
Commercial/ASO, OHP, PEBB	0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022	06/30/2022		

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		(FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score					
Commercial/ASO, OHP, PEBB	0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0293T	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transseptal access, radiological supervision and interpretation, and associated injection procedures, when performed	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0294T	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Gene Expression Profile Testing for Breast Cancer (Company)	
Medicare	0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic Testing: Gene Expression Profile Testing for Breast Cancer (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score					
Commercial/ASO, OHP, PEBB	0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	z80 Deny, Investigational-Member Responsibility	01/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0302T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device and electrode)	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0302T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		interrogation and programming when performed; complete system (includes device and electrode)					
Commercial/ASO, OHP, PEBB	0303T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; electrode only	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0303T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; electrode only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0304T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; device only	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0304T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; device only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD	z80 Deny, Investigational-Member Responsibility	04/01/2022		Next Generation Sequencing for Minimal Residual Disease Detection (Company)	
Medicare	0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Next Generation Sequencing for Minimal Residual Disease Detection (Medicare)	
Commercial/ASO, OHP, PEBB	0307T	Removal of intracardiac ischemia monitoring device	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0307T	Removal of intracardiac ischemia monitoring device	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	z80 Deny, Investigational-Member Responsibility	04/01/2022		Next Generation Sequencing for Minimal Residual Disease Detection (Company)	
Medicare	0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Next Generation Sequencing for Minimal Residual Disease Detection (Medicare)	
Commercial/ASO, OHP, PEBB	0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD	z80 Deny, Investigational-Member Responsibility	04/01/2022		Cardiac: Disease Risk Screening (Company)	
Medicare	0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Cardiac: Disease Risk Screening (Medicare)	
Commercial/ASO, OHP, PEBB	0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and	z80 Deny, Investigational-Member Responsibility	04/01/2022		Cardiac: Disease Risk Screening (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event					
Medicare	0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Cardiac: Disease Risk Screening (Medicare)	
Commercial/ASO, OHP, PEBB	0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	z80 Deny, Investigational-Member Responsibility	04/01/2022		Cardiac: Disease Risk Screening (Company)	
Medicare	0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Cardiac: Disease Risk Screening (Medicare)	
Commercial/ASO, OHP, PEBB	0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified	z80 Deny, Investigational-Member Responsibility	04/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	z80 Deny, Investigational-Member Responsibility	01/01/2019	07/31/2021	Bariatric Surgery (Company)	
Medicare	0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2018	06/30/2020	Bariatric Surgery (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	z80 Deny, Investigational-Member Responsibility	07/01/2020	01/01/2023	Bariatric Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2021	01/01/2023	Bariatric Surgery (Company)	
Commercial/ASO, OHP, PEBB	0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	z80 Deny, Investigational-Member Responsibility	04/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	z80 Deny, Investigational-Member Responsibility	01/01/2019	07/31/2021	Bariatric Surgery (Company)	
Medicare	0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2018	06/30/2020	Bariatric Surgery (Medicare)	
Medicare	0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	z80 Deny, Investigational-Member Responsibility	07/01/2020	01/01/2023	Bariatric Surgery (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2021	01/01/2023	Bariatric Surgery (Company)	
Commercial/ASO, OHP, PEBB	0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	z80 Deny, Investigational-Member Responsibility	04/01/2022	10/31/2022	Genetic Testing: Gene Expression Profile Testing for Melanoma (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Genetic Testing: Gene Expression Profile Testing for Melanoma (Company), Genetic Testing: Gene Expression Profile Testing for Melanoma (Medicare)	
Commercial/ASO, OHP, PEBB	0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	z80 Deny, Investigational-Member Responsibility	04/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	z80 Deny, Investigational-Member Responsibility	01/01/2018	07/31/2021	Bariatric Surgery (Company)	
Medicare	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2018	06/30/2020	Bariatric Surgery (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	z80 Deny, Investigational-Member Responsibility	07/01/2020	07/31/2021	Bariatric Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2021	01/01/2023	Bariatric Surgery (Company)	
Medicare	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2021	01/01/2023	Bariatric Surgery (Medicare)	
Medicare	0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	z80 Deny, Investigational-Member Responsibility	01/01/2019	07/31/2021	Bariatric Surgery (Company)	
Medicare	0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2018	06/30/2020	Bariatric Surgery (Medicare)	
Medicare	0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	01/01/2023	Bariatric Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2021	01/01/2023	Bariatric Surgery (Company)	
Commercial/ASO, OHP, PEBB	0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	z80 Deny, Investigational-Member Responsibility	04/01/2022	10/31/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Medicare	0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Commercial/ASO, OHP, PEBB	0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		reported as decreased or increased risk for lung cancer					
Commercial/ASO, OHP, PEBB	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	z80 Deny, Investigational-Member Responsibility	04/01/2022		Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	z80 Deny, Investigational-Member Responsibility	04/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	z80 Deny, Investigational-Member Responsibility	04/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	z80 Deny, Investigational-Member Responsibility	04/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid	z80 Deny, Investigational-Member Responsibility	04/01/2022		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD					
Commercial/ASO, OHP, PEBB	0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	z80 Deny, Investigational-Member Responsibility	07/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022	03/31/2023	Chemosensitivity and Chemoresistance Assays (CSRAs) (Medicare)	
Commercial/ASO, OHP, PEBB	0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	z80 Deny, Investigational-Member Responsibility	07/01/2022	03/31/2023	Chemosensitivity and Chemoresistance Assays (Company)	
Medicare	0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022	03/31/2023	Chemosensitivity and Chemoresistance Assays (CSRAs) (Medicare)	
Commercial/ASO, OHP, PEBB	0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	
Commercial/ASO, OHP, PEBB	0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	z80 Deny, Investigational-Member Responsibility	10/01/2017			
Medicare	0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022		
Medicare	0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene	z80 Deny, Investigational-Member Responsibility	07/01/2022		Genetic Testing: Whole Exome, Whole Genome and	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations				Proteogenomic Testing (Company)	
Medicare	0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	Eye: Automated Evacuation of Meibomian Glands (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	Eye: Automated Evacuation of Meibomian Glands (Company)	
Medicare	0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2020	01/31/2023	Eye: Automated Evacuation of Meibomian Glands (Company)	This code will deny if billed with 0207T
Medicare	0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Eye: Automated Evacuation of the Meibomian Glands (Medicare)	This code will deny if billed with 0207T
Medicare	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	z80 Deny, Investigational-Member Responsibility	07/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0333T	Visual evoked potential, screening of visual acuity, automated, with report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0333T	Visual evoked potential, screening of visual acuity, automated, with report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0333T	Visual evoked potential, screening of visual acuity, automated, with report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company), Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Medicare	0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, PEBB	0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company), Wireless Capsule Endoscopy (Company)	
Medicare	0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare), Wireless Capsule Endoscopy (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare), Wireless Capsule Endoscopy (Company)	
Medicare	0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral	X72 Deny, New Technology - Provider Responsibility	01/01/2016	09/30/2017		
Medicare	0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	12/31/2018	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		ultrasound, peripheral artery tonometry), unilateral or bilateral				Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2018	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company), Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Commercial/ASO, OHP, PEBB	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other	

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		artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral				Non-Covered Services (Medicare)	
Medicare	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company), Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Commercial/ASO, OHP, PEBB	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral				Non-Covered Services (Medicare)	
Medicare	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	z80 Deny, Investigational-Member Responsibility	10/01/2022	05/31/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Medicare	0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	z80 Deny, Investigational-Member Responsibility	10/01/2022		Next Generation Sequencing for Minimal Residual Disease Detection (Company)	
Medicare	0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	12/31/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2019	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Genetic and Molecular Testing (Medicare), Genetic Testing: Reproductive Planning and Prenatal Testing (Company)	
Commercial/ASO, OHP, PEBB	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	z80 Deny, Investigational-Member Responsibility	09/01/2018		Apheresis (Therapeutic Pheresis) (Company)	
Medicare	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Apheresis (Therapeutic Pheresis) (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company), Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Commercial/ASO, OHP, PEBB	0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	z80 Deny, Investigational-Member Responsibility	10/01/2022	05/31/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Medicare	0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	z80 Deny, Investigational-Member Responsibility	10/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	z80 Deny, Investigational-Member Responsibility	10/01/2022		Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0346U	Beta amyloid, Aβ40 and Aβ42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	z80 Deny, Investigational-Member Responsibility	10/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0346U	Beta amyloid, Aβ40 and Aβ42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	z80 Deny, Investigational-Member Responsibility	10/01/2022		Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company), Genetic Testing: MTHFR (Company)	
Medicare	0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	z80 Deny, Investigational-Member Responsibility	10/01/2022		Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company), Genetic Testing: MTHFR (Company)	
Medicare	0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Genetic and Molecular Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	z80 Deny, Investigational-Member Responsibility	10/01/2022		Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company), Genetic Testing: MTHFR (Company)	
Medicare	0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	z80 Deny, Investigational-Member Responsibility	10/01/2022		Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company), Genetic Testing: MTHFR (Company)	
Medicare	0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Non-Covered Services (Medicare)							
Medicare	0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection	z80 Deny, Investigational-Member Responsibility	10/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphaera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected	z80 Deny, Investigational-Member Responsibility	10/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphaera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2016	12/31/2021	Wireless Capsule Endoscopy (Company)	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Medicare	0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Medicare	0357T	Cryopreservation; immature oocyte(s)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	12/31/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0358U	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0358U	Neurology (mild cognitive impairment), analysis of I ² -amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare), Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Commercial/ASO, OHP, PEBB	0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic Testing: Thyroid Nodules (Medicare)	
Commercial/ASO, OHP, PEBB	0363U	Oncology (urothelial), mRNA, geneexpression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, andCXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	z80 Deny, Investigational-Member Responsibility	01/01/2023		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0363U	Oncology (urothelial), mRNA, geneexpression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, andCXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Genetic and Molecular Testing (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Next Generation Sequencing for Minimal Residual Disease Detection (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2017	12/31/2018	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Circulating Tumor Cell and DNA Assays for Cancer Management (Company), Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Non-Covered Services (Medicare)							
Commercial/ASO, Medicare, OHP, PEBB	0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0373T	Adaptive Exposure adaptive behavior treatment with protocol modification , each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians ; for a severe patient maladaptive who exhibits destructive behavior ; (s); completion first in 60 an minutes environment of that technicians' is time, customized face- to -face the with patient 's behavior.	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression)	X72 Deny, New Technology - Provider Responsibility	12/01/2012	08/31/2019	Back: Artificial Intervertebral Discs (Company)	
Commercial/ASO, OHP, PEBB	0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression)	z80 Deny, Investigational-Member Responsibility	09/01/2019	12/31/2019	Back: Artificial Intervertebral Discs (Company)	
Medicare	0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	12/31/2019	Back: Artificial Intervertebral Discs (Company)	
Medicare	0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	z80 Deny, Investigational-Member Responsibility	04/01/2023	05/31/2023	Ovarian Cancer: Multimarker Serum Testing (Company)	
Commercial/ASO, OHP, PEBB	0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Ovarian Cancer: Multimarker Serum Testing (Company)	
Medicare	0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2019	Fecal Incontinence Treatments (Company), Investigational and Non Covered Medical Technologies (Company)	
Medicare	0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	z80 Deny, Investigational-Member Responsibility	05/01/2019	12/31/2019	Fecal Incontinence Treatments (Medicare)	
Commercial/ASO, OHP, PEBB	0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	z80 Deny, Investigational-Member Responsibility	04/01/2023		Cardiac: Disease Risk Screening (Company)	
Medicare	0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Cardiac: Disease Risk Screening (Medicare)	
Commercial/ASO, OHP	0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	z80 Deny, Investigational-Member Responsibility	10/01/2017	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	z80 Deny, Investigational-Member Responsibility	10/01/2017	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	12/31/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Genetic and Molecular Testing (Medicare), Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company)	
Commercial/ASO, OHP, PEBB	0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	This code is no longer valid effective 1/1/2021
Medicare	0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		physician or other qualified health care professional					
Medicare	0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	This code is no longer valid effective 1/1/2021
Commercial/ASO, OHP, PEBB	0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	This code is no longer valid effective 1/1/2021
Medicare	0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	This code is no longer valid effective 1/1/2021
Commercial/ASO, OHP, PEBB	0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	This code is no longer valid effective 1/1/2021
Medicare	0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report,	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		scanning analysis with report, review and interpretation by a physician or other qualified health care professional					
Medicare	0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	This code is no longer valid effective 1/1/2021
Commercial/ASO, OHP, PEBB	0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	This code is no longer valid effective 1/1/2021
Medicare	0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	This code is no longer valid effective 1/1/2021

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	This code is no longer valid effective 1/1/2021
Medicare	0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	This code is no longer valid effective 1/1/2021
Commercial/ASO, Medicare, OHP, PEBB	0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company),	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease				New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	This code is no longer valid effective 1/1/2021
Medicare	0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	This code is no longer valid effective 1/1/2021
Commercial/ASO, Medicare, OHP, PEBB	0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band)	z80 Deny, Investigational-Member Responsibility	06/01/2016		Gastroesophageal Reflux: Magnetic Esophageal Ring	service name: LINX reflux management system
Commercial/ASO, Medicare, OHP, PEBB	0393T	Removal of esophageal sphincter augmentation device	z80 Deny, Investigational-Member Responsibility	06/01/2016		Gastroesophageal Reflux: Magnetic Esophageal Ring	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, PEBB	0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0396T	Intra-operative use of kinetic balance sensor for joint implant stability during knee replacement surgery	z80 Deny, Investigational-Member Responsibility	01/01/2019	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	This code is no longer valid effective 1/1/2021
Medicare	0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	This code is no longer valid effective 1/1/2021
Medicare	0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2019	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	06/30/2018	Magnetic Resonance-Guided Focused Ultrasound Surgery (MRgFUS) (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	z80 Deny, Investigational-Member Responsibility	01/01/2019	08/31/2022		
Medicare	0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	12/31/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0400T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions	z80 Deny, Investigational-Member Responsibility	02/01/2018	12/31/2020	Multi-spectral Digital Skin Lesion Analysis Archived 3/1/2021	service name: Melafind This code is no longer valid effective 1/1/2021
Commercial/ASO, Medicare, OHP, PEBB	0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions	z80 Deny, Investigational-Member Responsibility	02/01/2018	12/31/2020	Multi-spectral Digital Skin Lesion Analysis Archived 3/1/2021	service name: Melafind This code is no longer valid effective 1/1/2021
Commercial/ASO, OHP, PEBB	0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	z80 Deny, Investigational-Member Responsibility	10/01/2017	10/31/2018	Eye: Corneal Collagen Cross-Linking (Company) , Investigational and Non Covered Medical Technologies (Company)	
Medicare	0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2018		Eye: Corneal Collagen Cross-Linking (Medicare) , New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day	z80 Deny, Investigational-Member Responsibility	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, PEBB	0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	z80 Deny, Investigational-Member Responsibility	09/01/2018	03/31/2023		

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	X72 Deny, New Technology - Provider Responsibility	09/01/2018	03/31/2023	Radiofrequency Ablation of Tumors Outside the Liver (Medicare)	
Commercial/ASO, Medicare, PEBB	0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Radiofrequency Ablation for Tumors Outside the Liver (Company)	
Medicare	0405T	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time	z80 Deny, Investigational-Member Responsibility	10/01/2017	12/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	This code is no longer valid effective 1/1/2021
Commercial/ASO, OHP, PEBB	0405T	Supervision of patient with extracorporeal liver assist system	z80 Deny, Investigational-Member Responsibility	01/01/2019	12/31/2020	Investigational and Non Covered Medical Technologies (Company)	This code is no longer valid effective 1/1/2021
Medicare	0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0406T	Examination of nasal passage and sinus using an endoscope with placement of implant	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0407T	Examination of nasal passage and sinus using an endoscope with placement of implant, biopsy and removal of polyps	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, PEBB	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only				Non-Covered Services (Medicare)	
Medicare	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other	

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		optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system				Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	z80 Deny, Investigational-Member Responsibility	09/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	z80 Deny, Investigational-Member Responsibility	10/01/2017	10/31/2022	Prostate: Benign Prostatic Hyperplasia Treatments (Company)	
Medicare	0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						Non-Covered Services (Medicare)	
Medicare	0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	Cardiac: Disease Risk Screening (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	Cardiac: Disease Risk Screening (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	z80 Deny, Investigational-Member Responsibility	05/01/2020	12/31/2021	Cardiac: Disease Risk Screening (Company)	Code no longer valid effective 1/1/2022
Medicare	0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	Cardiac: Disease Risk Screening (Company)	Code no longer valid effective 1/1/2022
Medicare	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	z80 Deny, Investigational-Member Responsibility	10/01/2017	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	04/01/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	01/01/2018	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2018	06/30/2020	Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain, New and Emerging Technologies and Other Non-Covered Services (Medicare), Radiofrequency Lesioning or Cryoablation for Plantar Fasciitis (Medicare)	
Commercial/ASO, OHP, PEBB	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	z80 Deny, Investigational-Member Responsibility	04/01/2019		Investigational and Non Covered Medical Technologies (Company), Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain, Knee: Genicular Nerve Blocks and Nerve Ablation for Knee Pain (Company), Radiofrequency Ablation or Cryoablation for Plantar Fasciitis (Company)	This service may deny when billed with specific diagnosis codes. Please see applicable Medical Policy for more information.
Medicare	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain, Knee: Genicular Nerve Blocks and Nerve Ablation for Knee Pain (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare), Radiofrequency	This service may deny when billed with specific diagnosis codes. Please see applicable Medical Policy for more information.

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						Lesioning or Cryoablation for Plantar Fasciitis (Medicare)	
Medicare	0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	z80 Deny, Investigational-Member Responsibility	01/01/2017		Advanced Diabetes Management Technology (Company)	
Commercial/ASO, OHP, PEBB	0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	z80 Deny, Investigational-Member Responsibility	01/01/2017		Advanced Diabetes Management Technology (Company)	
Commercial/ASO, OHP, PEBB	0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	z80 Deny, Investigational-Member Responsibility	01/01/2017		Advanced Diabetes Management Technology (Company)	
Commercial/ASO, OHP, PEBB	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	06/30/2018	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2017		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0451T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0452T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0455T	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2020	12/31/2021	Cardiac: Ventricular Assist Devices (VAD/LVAD) and Artificial Heart (BIVAD) ARCHIVED 3/1/2022	This code is no longer valid effective 1/1/2022
Medicare	0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	11/01/2018	11/30/2019	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	11/30/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2019	02/29/2020	Sleep Disorder Treatment: Surgical (Medicare), Vagus Nerve Stimulation (Medicare Only) ARCHIVED 9/1/22	
Medicare	0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	11/30/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2019	02/29/2020	Sleep Disorder Treatment: Surgical (Medicare), Vagus Nerve Stimulation (Medicare Only) ARCHIVED 9/1/22	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0468T	Removal of chest wall respiratory sensor electrode or electrode array	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	11/30/2019	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0468T	Removal of chest wall respiratory sensor electrode or electrode array	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2019	02/29/2020	Sleep Disorder Treatment: Surgical (Medicare), Vagus Nerve Stimulation (Medicare Only) ARCHIVED 9/1/22	
Medicare	0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2018	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	z80 Deny, Investigational-Member Responsibility	03/01/2018	01/01/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	01/01/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	03/01/2018	01/01/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	01/01/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	z80 Deny, Investigational-Member Responsibility	03/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	z80 Deny, Investigational-Member Responsibility	03/01/2018	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	z80 Deny, Investigational-Member Responsibility	03/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	z80 Deny, Investigational-Member Responsibility	03/01/2018	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0487T	Biomechanical mapping, transvaginal, with report	z80 Deny, Investigational-Member Responsibility	01/01/2018	01/01/2023		
Medicare	0487T	Biomechanical mapping, transvaginal, with report	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0487T	Biomechanical mapping, transvaginal, with report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	01/01/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		cells and debris, determination of concentration and dilution of regenerative cells					
Commercial/ASO, OHP, PEBB	0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	z80 Deny, Investigational-Member Responsibility	01/01/2018	01/01/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	01/01/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20	z80 Deny, Investigational-Member Responsibility	01/01/2018	01/01/2023	Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		sq cm, or part thereof (List separately in addition to code for primary procedure)					
Medicare	0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	01/01/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	z80 Deny, Investigational-Member Responsibility	01/01/2018	01/01/2023		
Medicare	0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	01/01/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	z80 Deny, Investigational-Member Responsibility	04/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	z80 Deny, Investigational-Member Responsibility	11/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	z80 Deny, Investigational-Member Responsibility	11/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans- illuminated light) of	z80 Deny, Investigational-Member Responsibility	11/01/2018		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		meibomian glands, unilateral or bilateral, with interpretation and report					
Medicare	0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans- illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	z80 Deny, Investigational-Member Responsibility	11/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans- illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	z80 Deny, Investigational-Member Responsibility	11/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	z80 Deny, Investigational-Member Responsibility	11/01/2018	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0510T	Removal of sinus tarsi implant	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0510T	Removal of sinus tarsi implant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0510T	Removal of sinus tarsi implant	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0510T	Removal of sinus tarsi implant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0511T	Removal and reinsertion of sinus tarsi implant	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0511T	Removal and reinsertion of sinus tarsi implant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						Non-Covered Services (Medicare)	
Medicare	0511T	Removal and reinsertion of sinus tarsi implant	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0511T	Removal and reinsertion of sinus tarsi implant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	z80 Deny, Investigational-Member Responsibility	01/01/2019	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	z80 Deny, Investigational-Member Responsibility	01/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	z80 Deny, Investigational-Member Responsibility	01/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	z80 Deny, Investigational-Member Responsibility	01/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	z80 Deny, Investigational-Member Responsibility	01/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	z80 Deny, Investigational-Member Responsibility	01/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	z80 Deny, Investigational-Member Responsibility	01/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		transmitter), including placement of a new electrode					
Commercial/ASO, OHP, PEBB	0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	z80 Deny, Investigational-Member Responsibility	01/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	z80 Deny, Investigational-Member Responsibility	01/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	z80 Deny, Investigational-Member Responsibility	01/01/2019		Varicose Veins (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	z80 Deny, Investigational-Member Responsibility	04/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	z80 Deny, Investigational-Member Responsibility	04/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	z80 Deny, Investigational-Member Responsibility	04/01/2019		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	z80 Deny, Investigational-Member Responsibility	04/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	z80 Deny, Investigational-Member Responsibility	04/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	z80 Deny, Investigational-Member Responsibility	04/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	z80 Deny, Investigational-Member Responsibility	04/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	z80 Deny, Investigational-Member Responsibility	04/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	z80 Deny, Investigational-Member Responsibility	04/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	z80 Deny, Investigational-Member Responsibility	04/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	z80 Deny, Investigational-Member Responsibility	04/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	z80 Deny, Investigational-Member Responsibility	04/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	z80 Deny, Investigational-Member Responsibility	04/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	z80 Deny, Investigational-Member Responsibility	04/01/2019	12/31/2021	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	z80 Deny, Investigational-Member Responsibility	04/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	z80 Deny, Investigational-Member Responsibility	04/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	z80 Deny, Investigational-Member Responsibility	01/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	z80 Deny, Investigational-Member Responsibility	01/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company),	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		annulus reconstruction device, percutaneous approach				New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	z80 Deny, Investigational-Member Responsibility	07/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	z80 Deny, Investigational-Member Responsibility	07/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019	12/31/2021	Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019	12/31/2021	Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	This code is no longer valid effective 1/1/2022

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	0550T	Transperineal periurethral balloon continence device; removal, each balloon	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019	12/31/2021	Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019	12/31/2021	Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	This code is no longer valid effective 1/1/2022
Commercial/ASO, Medicare, OHP, PEBB	0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	07/01/2019	09/30/2021	Low-Level and High-Power Laser Therapy	
Commercial/ASO, OHP, PEBB	0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	10/01/2021		Low-Level and High-Power Laser Therapy	This code will pay if billed with one of the diagnosis codes listed below: C00.0-C17.9 C22.0-C96.9 K12.30-K12.39
Medicare	0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	10/01/2021	08/31/2022	Low-Level and High-Power Laser Therapy	This code will pay if billed with one of the diagnosis codes listed below: C00.0-C17.9 C22.0-C96.9 K12.30-K12.39
Medicare	0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Low-Level and High-Power Laser Therapy	This code will pay if billed with one of the diagnosis codes listed below: C00.0-C17.9 C22.0-C96.9 K12.30-K12.39
Commercial/ASO, OHP, PEBB	0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	z80 Deny, Investigational-Member Responsibility	07/01/2019	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						Non-Covered Services (Medicare)	
Medicare	0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2020		Eye: Automated Evacuation of Meibomian Glands (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2020	01/31/2023	Eye: Automated Evacuation of the Meibomian Glands (Medicare)	
Medicare	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Eye: Automated Evacuation of the Meibomian Glands (Medicare)	
Commercial/ASO, OHP, PEBB	0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	z80 Deny, Investigational-Member Responsibility	01/01/2020		Chemoresistance and Chemosensitivity Assays (Company)	
Medicare	0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Chemosensitivity and Chemoresistance Assays (CSRAs) (Medicare)	
Medicare	0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	z80 Deny, Investigational-Member Responsibility	01/01/2020		Stem Cell Therapy for Orthopedic Applications (Company)	
Medicare	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	z80 Deny, Investigational-Member Responsibility	01/01/2020	02/28/2023	Stem Cell Therapy for Orthopedic Applications (Medicare)	
Medicare	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Stem Cell Therapy for Orthopedic Applications (Medicare)	
Commercial/ASO, OHP, PEBB	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into	z80 Deny, Investigational-Member Responsibility	01/01/2020		Stem Cell Therapy for Orthopedic Applications (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		knee joint including ultrasound guidance, unilateral					
Medicare	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	z80 Deny, Investigational-Member Responsibility	01/01/2020	02/28/2023	Stem Cell Therapy for Orthopedic Applications (Medicare)	
Medicare	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Stem Cell Therapy for Orthopedic Applications (Medicare)	
Medicare	0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	z80 Deny, Investigational-Member Responsibility	01/01/2020	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	z80 Deny, Investigational-Member Responsibility	01/01/2020	03/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022	03/31/2023	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Non-Covered Services (Medicare)							
Commercial/ASO, OHP, PEBB	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed				Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0572T	Insertion of substernal implantable defibrillator electrode	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0572T	Insertion of substernal implantable defibrillator electrode	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0572T	Insertion of substernal implantable defibrillator electrode	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0573T	Removal of substernal implantable defibrillator electrode	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0573T	Removal of substernal implantable defibrillator electrode	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0573T	Removal of substernal implantable defibrillator electrode	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional					
Medicare	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0580T	Removal of substernal implantable defibrillator pulse generator only	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0580T	Removal of substernal implantable defibrillator pulse generator only	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Fecal Incontinence Treatments (Medicare), Urinary Incontinence Treatments (Medicare)	
Medicare	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Fecal Incontinence Treatments (Medicare), Urinary Incontinence Treatments (Medicare)	
Medicare	0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Fecal Incontinence Treatments (Medicare), Urinary Incontinence Treatments (Medicare)	
Medicare	0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Fecal Incontinence Treatments (Medicare), Urinary Incontinence Treatments (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		other qualified health care professional, posterior tibial nerve, 4 or more parameters					
Commercial/ASO, OHP, PEBB	0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020		Urinary Incontinence Treatments (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020		Urinary Incontinence Treatments (Company)	
Commercial/ASO, OHP, PEBB	0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Commercial/ASO, OHP, PEBB	0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	z80 Deny, Investigational-Member Responsibility	07/01/2020		NanoKnife System: Irreversible Electroporation (IRE)	
Medicare	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		NanoKnife System: Irreversible Electroporation (IRE)	
Medicare	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	z80 Deny, Investigational-Member Responsibility	07/01/2020	03/31/2023	NanoKnife System: Irreversible Electroporation (IRE)	
Commercial/ASO, OHP, PEBB	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	z80 Deny, Investigational-Member Responsibility	07/01/2020		NanoKnife System: Irreversible Electroporation (IRE)	
Medicare	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		NanoKnife System: Irreversible Electroporation (IRE)	
Medicare	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	z80 Deny, Investigational-Member Responsibility	07/01/2020	03/31/2023	NanoKnife System: Irreversible Electroporation (IRE)	
Commercial/ASO, OHP, PEBB	0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		data received and transmission of reports to the physician or other qualified health care professional					
Commercial/ASO, OHP, PEBB	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	11/01/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0615T	Eye-movement analysis without spatial calibration, with interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0615T	Eye-movement analysis without spatial calibration, with interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0615T	Eye-movement analysis without spatial calibration, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0621T	Trabeculostomy ab interno by laser	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0621T	Trabeculostomy ab interno by laser	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0621T	Trabeculostomy ab interno by laser	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography;	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report					
Medicare	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	z80 Deny, Investigational-Member Responsibility	01/01/2021		Back: Intradiscal Procedures for Low Back Pain (Company), Back: Intradiscal Procedures for Low Back Pain (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List	z80 Deny, Investigational-Member Responsibility	01/01/2021		Back: Intradiscal Procedures for Low Back Pain (Company), Back: Intradiscal Procedures for Low Back Pain (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		separately in addition to code for primary procedure)					
Commercial/ASO, Medicare, OHP, PEBB	0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	z80 Deny, Investigational-Member Responsibility	01/01/2021		Back: Intradiscal Procedures for Low Back Pain (Company), Back: Intradiscal Procedures for Low Back Pain (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2021		Back: Intradiscal Procedures for Low Back Pain (Company), Back: Intradiscal Procedures for Low Back Pain (Medicare)	
Commercial/ASO, OHP, PEBB	0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition, interpretation and report, each flap or wound	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition, interpretation and report, each flap or wound	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition, interpretation and report, each flap or wound	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition only, each flap or wound	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition only, each flap or wound	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		tissue oxygenation [StO2]); image acquisition only, each flap or wound				Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	z80 Deny, Investigational-Member Responsibility	07/01/2021	03/12/2022		
Medicare	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022	03/12/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2021	03/12/2022		
Medicare	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022	03/12/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2021		Wireless Capsule Endoscopy (Company)	
Medicare	0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	z80 Deny, Investigational-Member Responsibility	07/01/2021	07/31/2022	Wireless Capsule Endoscopy (Medicare)	
Medicare	0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Wireless Capsule Endoscopy (Medicare)	
Commercial/ASO, OHP, PEBB	0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation				Non-Covered Services (Medicare)	
Medicare	0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	z80 Deny, Investigational-Member Responsibility	07/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021	12/31/2021	Cold Therapy and Cooling Devices in the Home Setting (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021	02/01/2023	Cold Therapy and Cooling Devices in the Home Setting (Company)	
Medicare	0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021	12/31/2021	Cold Therapy and Cooling Devices in the Home Setting (Medicare), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021	02/01/2023	Cold Therapy and Cooling Devices in the Home Setting (Company)	
Commercial/ASO, Medicare, OHP, PEBB	0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	
Commercial/ASO, OHP, PEBB	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		additional lead (List separately in addition to code for primary procedure)					
Commercial/ASO, OHP, PEBB	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0683T	diaphragmatic stimulation system for augmentation of cardiac function Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	z80 Deny, Investigational-Member Responsibility	01/01/2022			
Medicare	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Liver Tumor Treatment (Medicare)	
Commercial/ASO, OHP, PEBB	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		connection, recording, disconnection, review, and report; at time of implant or replacement					
Medicare	0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	z80 Deny, Investigational-Member Responsibility	01/01/2022	11/01/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise,	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization				Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	z80 Deny, Investigational-Member Responsibility	07/01/2022		Prostate: Benign Prostatic Hyperplasia Treatments (Company)	
Commercial/ASO, OHP, PEBB	0715T	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2022	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	0715T	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0715T	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	z80 Deny, Investigational-Member Responsibility	07/01/2022		Stem Cell Therapy for Orthopedic Applications (Company)	
Medicare	0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing, and concentration of ADRCs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Stem Cell Therapy for Orthopedic Applications (Medicare)	
Commercial/ASO, OHP, PEBB	0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	z80 Deny, Investigational-Member Responsibility	07/01/2022		Stem Cell Therapy for Orthopedic Applications (Company)	
Medicare	0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Stem Cell Therapy for Orthopedic Applications (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		tear; injection into supraspinatus tendon including ultrasound guidance, unilateral					
Commercial/ASO, OHP, PEBB	0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	z80 Deny, Investigational-Member Responsibility	07/01/2022	04/30/2023		
Medicare	0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Back: Fusion and Decompression Procedures (Medicare), Back: Fusion and Decompression Procedures (Medicare)	
Commercial/ASO, OHP, PEBB	0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, OHP, PEBB	0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	z80 Deny, Investigational-Member Responsibility	07/01/2022		Electrical Stimulation: Non-Covered Therapies (Company), Investigational and Non Covered Medical Technologies (Company)	
Medicare	0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	0725T	Vestibular device implantation, unilateral	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0725T	Vestibular device implantation, unilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0727T	Removal and replacement of implanted vestibular device, unilateral	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0727T	Removal and replacement of implanted vestibular device, unilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0731T	Augmentative AI-based facial phenotype analysis with report	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0731T	Augmentative AI-based facial phenotype analysis with report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0732T	Immunotherapy administration with electroporation, intramuscular	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0732T	Immunotherapy administration with electroporation, intramuscular	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0734T	Remote real-time, motion capture -based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0734T	Remote real-time, motion capture -based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		a physician or other qualified health care professional, per calendar month					
Commercial/ASO, OHP, PEBB	0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (list separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (list separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0737T	Xenograft implantation into the articular surface	z80 Deny, Investigational-Member Responsibility	07/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0737T	Xenograft implantation into the articular surface	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring,	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation					
Commercial/ASO, OHP, PEBB	0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0748T	Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0748T	Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension,	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)					
Medicare	0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	z80 Deny, Investigational-Member Responsibility	01/01/2023		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2023		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Electrical Stimulation and Electromagnetic Therapies (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)					
Commercial/ASO, OHP, PEBB	0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	z80 Deny, Investigational-Member Responsibility	01/01/2023		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2023		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older					
Medicare	0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older					
Medicare	0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	z80 Deny, Investigational-Member Responsibility	01/01/2023	04/30/2023	Back: Sacroiliac Joint Fusion or Stabilization (Company)	
Medicare	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	z80 Deny, Investigational-Member Responsibility	01/01/2023	04/30/2023	Back: Sacroiliac Joint Fusion or Stabilization (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Sacroiliac Joint Fusion or Stabilization (Company), Back: Sacroiliac Joint Fusion or Stabilization (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		guidance when performed; bilateral mainstem bronchi					
Commercial/ASO, OHP, PEBB	0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	z80 Deny, Investigational-Member Responsibility	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	z80 Deny, Investigational-Member Responsibility	01/01/2023		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company)	
Medicare	10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2018		Foot Care Guidelines (Company), Foot Care Guidelines (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable Medical Policies for more information.
Commercial/ASO, Medicare, OHP, PEBB	11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2018		Foot Care Guidelines (Company), Foot Care Guidelines (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable Medical Policies for more information.
Commercial/ASO, Medicare, OHP, PEBB	11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2018		Foot Care Guidelines (Company), Foot Care Guidelines (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable Medical Policies for more information.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2020	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	11719	Trimming of nondystrophic nails, any number	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2018		Foot Care Guidelines (Company), Foot Care Guidelines (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable Medical Policies for more information.
Commercial/ASO, Medicare, OHP, PEBB	11720	Debridement of nail(s) by any method(s); 1 to 5	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2018		Foot Care Guidelines (Company), Foot Care Guidelines (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable Medical Policies for more information.
Commercial/ASO, Medicare, OHP, PEBB	11721	Debridement of nail(s) by any method(s); 6 or more	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2018		Foot Care Guidelines (Company), Foot Care Guidelines (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							Medical Policies for more information.
Commercial/ASO, OHP, PEBB	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019	07/31/2021	Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare), Gender Affirming Surgical Interventions	
Commercial/ASO, OHP, PEBB	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes: F64.0, F64.1, F64.8, or F64.9
Medicare	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	This code may be paid if billed with one of the following diagnosis codes: F64.0 F64.1 F64.8 F64.9
Commercial/ASO, OHP, PEBB	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019	07/31/2021	Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	
Commercial/ASO, OHP, PEBB	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.9
Medicare	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	This code may be paid if billed with one of the following diagnosis codes: F64.0 F64.1 F64.8 F64.9
Commercial/ASO, OHP, PEBB	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019	07/31/2021	Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	
Commercial/ASO, OHP, PEBB	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.9

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	This code may be paid if billed with one of the following diagnosis codes: F64.0 F64.1 F64.8 F64.9
Commercial/ASO, OHP, PEBB	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019	07/31/2021	Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	
Commercial/ASO, OHP, PEBB	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.9
Medicare	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	This code may be paid if billed with one of the following diagnosis codes: F64.0 F64.1 F64.8 F64.9
Commercial/ASO, OHP, PEBB	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	z80 Deny, Investigational- Member Responsibility	09/01/2018		Subcutaneous Hormone Pellet Implant (Company)	This service is non-covered for female members unless billed with one of the following diagnosis codes: F649, F648, F640, F641
Medicare	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	z80 Deny, Investigational- Member Responsibility	09/01/2018	07/31/2022	Subcutaneous Hormone Pellet Implant (Company)	This service is non-covered for female members unless billed with one of the following diagnosis codes: F649, F648, F640, F641
Medicare	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Subcutaneous Hormone Pellet Implant (Medicare)	This service is non-covered for female members unless billed with one of the following diagnosis codes: F649, F648, F640, F641
Commercial/ASO, Medicare, OHP, PEBB	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2020	07/31/2021		
Commercial/ASO, Medicare, OHP, PEBB	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Gender Affirming Surgical Interventions	this code will pay if billed with one of the diagnosis codes below: F64.0 F64.1 F64.8 F64.9

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2020	07/31/2021		
Commercial/ASO, Medicare, OHP, PEBB	15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Gender Affirming Surgical Interventions	this code will pay if billed with one of the diagnosis codes below: F64.0 F64.1 F64.8 F64.9
Commercial/ASO, Medicare, OHP, PEBB	15775	Punch graft for hair transplant; 1 to 15 punch grafts	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	15776	Punch graft for hair transplant; more than 15 punch grafts	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2020	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	This code may pay based on the billed diagnosis code
Medicare	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	This code may pay based on the billed diagnosis code
Commercial/ASO, OHP, PEBB	15781	Dermabrasion; segmental, face	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15781	Dermabrasion; segmental, face	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2020	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	This code may pay based on billed diagnosis code
Medicare	15781	Dermabrasion; segmental, face	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	This code may pay based on billed diagnosis code

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	15782	Dermabrasion; regional, other than face	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15782	Dermabrasion; regional, other than face	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2020	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	This code may be paid based on billed diagnosis code
Medicare	15782	Dermabrasion; regional, other than face	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	This code may be paid based on billed diagnosis code
Commercial/ASO, OHP, PEBB	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2020	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	this code may pay based on billed diagnosis code
Medicare	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	this code may pay based on billed diagnosis code
Commercial/ASO, OHP, PEBB	15786	Abrasion; single lesion (eg, keratosis, scar)	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15786	Abrasion; single lesion (eg, keratosis, scar)	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	15788	Chemical peel, facial; epidermal	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	15788	Chemical peel, facial; epidermal	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	15789	Chemical peel, facial; dermal	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	15789	Chemical peel, facial; dermal	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	15792	Chemical peel, nonfacial; epidermal	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15792	Chemical peel, nonfacial; epidermal	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	15793	Chemical peel, nonfacial; dermal	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15793	Chemical peel, nonfacial; dermal	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2020	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	15820	Blepharoplasty Lower Eyelids	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2019		Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare)	This code may be paid if billed with one of the following diagnosis codes: F64.0 F64.1 F64.8 F64.9
Medicare	15821	Blepharoplasty W Extensive Fat Pads	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2019		Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare)	This code may be paid if billed with one of the following diagnosis codes: F64.0 F64.1 F64.8 F64.9
Commercial/ASO, OHP, PEBB	15824	Rhytidectomy; forehead	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Commercial/ASO, OHP, PEBB	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Commercial/ASO, OHP, PEBB	15826	Rhytidectomy; glabellar frown lines	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Commercial/ASO, OHP, PEBB	15828	Rhytidectomy; cheek, chin, and neck	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Medicare	15828	Rhytidectomy; cheek, chin, and neck	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2020	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010		Cosmetic and Reconstructive Surgery (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	04/30/2022	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Medicare	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2010	08/31/2020	Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	17340	Cryotherapy (CO2 slush, liquid N2) for acne	z79 Deny, Cosmetic Procedure - Member Responsibility	02/01/2023		Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare)	Prior to 2/1/2023 this code was still considered cosmetic per the Cosmetic Procedures List
Commercial/ASO, Medicare, OHP, PEBB	17360	Chemical exfoliation for acne (eg, acne paste, acid)	z79 Deny, Cosmetic Procedure - Member Responsibility	02/01/2023		Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare)	Prior to 2/1/2023 this code was still considered cosmetic per the Cosmetic Procedures List.
Medicare	17380	Electrolysis epilation, each 30 minutes	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.9
Commercial/ASO, OHP, PEBB	17380	Electrolysis epilation, each 30 minutes	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.9
Commercial/ASO, OHP, PEBB	20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	This code will deny if billed with one of the codes below: J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328
Commercial/ASO, OHP, PEBB	20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Viscosupplementation (Company)	This code will deny when billed with one of the codes below: J7320 J7321

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							J7322 J7323 J7324 J7325 J7326 J7327 J7328
Commercial/ASO, OHP, PEBB	20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	This code will deny when billed with: J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328
Commercial/ASO, OHP, PEBB	20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	This code will deny if billed with one of the codes below: J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328
Commercial/ASO, OHP, PEBB	20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Viscosupplementation (Company)	this code will deny if billed with one of the codes below: J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328
Commercial/ASO, OHP, PEBB	20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Viscosupplementation (Company)	This code will deny if billed with one of the codes below: J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328
Commercial/ASO, Medicare, PEBB	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Computer Assisted Navigation for Musculoskeletal Procedures (Company), Computer Assisted Navigation for Musculoskeletal Procedures (Medicare)	
Commercial/ASO, OHP, PEBB	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019	07/31/2021	Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	
Commercial/ASO, OHP, PEBB	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Cosmetic and Reconstructive Surgery (Company), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.9

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Medicare	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	This code may be paid if billed with one of the following diagnosis codes: F64.0 F64.1 F64.8 F64.9
Commercial/ASO, Medicare, OHP, PEBB	21137	Reduction forehead; contouring only	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2018	07/31/2021	Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare), Gender Affirming Surgical Interventions	
Commercial/ASO, Medicare, OHP, PEBB	21137	Reduction forehead; contouring only	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.10
Commercial/ASO, Medicare, OHP, PEBB	21270	Malar augmentation, prosthetic material	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2018	07/31/2021	Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	21270	Malar augmentation, prosthetic material	z79 Deny, Cosmetic Procedure - Member Responsibility	08/01/2021		Cosmetic and Reconstructive Surgery (Company), Cosmetic and Reconstructive Surgery (Medicare), Gender Affirming Surgical Interventions	This code is covered when billed with one of the following diagnosis codes F64.0, F64.1, F64.8, or F64.10
Commercial/ASO, Medicare, PEBB	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2020	08/31/2020	Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	This code may pay if billed with specific diagnosis codes. Please see the medical policy.
Commercial/ASO, Medicare, PEBB	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Back: Percutaneous Vertebroplasty and Sacroplasty (Company), Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	This code will pay if billed with one of the diagnosis codes listed below: M80.08XA M80.08XS M80.88XA M80.88XS M84.58XA M84.58XS
Commercial/ASO, Medicare, PEBB	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body,	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2020	08/31/2020	Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	This code may pay if billed with specific diagnosis

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		unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral					codes. Please see the medical policy.
Commercial/ASO, Medicare, PEBB	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Back: Percutaneous Vertebroplasty and Sacroplasty (Company), Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	This code will pay if billed with one of the diagnosis codes listed below: M80.08XA M80.08XS M80.88XA M80.88XS M84.58XA M84.58XS
Commercial/ASO, Medicare, PEBB	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2020	08/31/2020	Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	This code may pay if billed with specific diagnosis codes. Please see the medical policy.
Commercial/ASO, Medicare, PEBB	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Back: Percutaneous Vertebroplasty and Sacroplasty (Company), Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	This code will pay if billed with one of the diagnosis codes listed below: M80.08XA M80.08XS M80.88XA M80.88XS M84.58XA M84.58XS
Commercial/ASO, Medicare, PEBB	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2020	08/31/2020	Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	This code may pay if billed with specific diagnosis codes. Please see the medical policy.
Commercial/ASO, Medicare, PEBB	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Back: Percutaneous Vertebroplasty and Sacroplasty (Company), Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	This code will pay if billed with one of the diagnosis codes listed below: M80.08XA M80.08XS M80.88XA M80.88XS M84.58XA M84.58XS
Commercial/ASO, Medicare, PEBB	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2020	08/31/2020	Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	This code may pay if billed with specific diagnosis codes. Please see the medical policy.
Commercial/ASO, Medicare, PEBB	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Back: Percutaneous Vertebroplasty and Sacroplasty (Company), Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	This code will pay if billed with one of the diagnosis codes listed below: M80.08XA M80.08XS M80.88XA M80.88XS M84.58XA M84.58XS
Commercial/ASO, Medicare, PEBB	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2020	08/31/2020	Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	This code may pay if billed with specific diagnosis codes. Please see the medical policy.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, PEBB	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Back: Percutaneous Vertebroplasty and Sacroplasty (Company), Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	This code will pay if billed with one of the diagnosis codes listed below: M80.08XA M80.08XS M80.88XA M80.88XS M84.58XA M84.58XS
Medicare	22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral including Fluoroscopic Guidance; Sgl Level	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2019		Back: Intradiscal Procedures for Low Back Pain (Company), Back: Intradiscal Procedures for Low Back Pain (Medicare)	
Commercial/ASO, OHP, PEBB	22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral including Fluoroscopic Guidance; Sgl Level	z80 Deny, Investigational-Member Responsibility	07/01/2016		Back: Intradiscal Procedures for Low Back Pain (Company)	
Medicare	22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral; One or More Additional Levels	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2019		Back: Intradiscal Procedures for Low Back Pain (Company), Back: Intradiscal Procedures for Low Back Pain (Medicare)	
Commercial/ASO, OHP, PEBB	22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral; One or More Additional Levels	z80 Deny, Investigational-Member Responsibility	07/01/2016		Back: Intradiscal Procedures for Low Back Pain (Company)	
Medicare	22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Back: Artificial Intervertebral Discs (Medicare)	
Commercial/ASO, OHP, PEBB	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2023	04/30/2023	Back: Artificial Intervertebral Discs (Company)	
Medicare	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Artificial Intervertebral Discs (Medicare)	
Commercial/ASO, OHP, PEBB	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Artificial Intervertebral Discs (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Back: Artificial Intervertebral Discs (Medicare)	
Commercial/ASO, OHP, PEBB	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	z80 Deny, Investigational-Member Responsibility	01/01/2017	05/31/2023	Back: Stabilization Devices and Interspinous Spacers	
Medicare	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Back: Stabilization Devices and Interspinous Spacers	
Medicare	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	z80 Deny, Investigational-Member Responsibility	01/01/2017	08/31/2022	Back: Stabilization Devices and Interspinous Spacers	
Commercial/ASO, OHP, PEBB	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Back: Stabilization Devices and Interspinous Spacers	
Commercial/ASO, OHP, PEBB	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2017	05/31/2023	Back: Stabilization Devices and Interspinous Spacers	
Medicare	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Back: Stabilization Devices and Interspinous Spacers	
Medicare	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2017	08/31/2022	Back: Stabilization Devices and Interspinous Spacers	
Commercial/ASO, OHP, PEBB	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Back: Stabilization Devices and Interspinous Spacers	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		separately in addition to code for primary procedure)					
Commercial/ASO, OHP, PEBB	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	z80 Deny, Investigational-Member Responsibility	01/01/2017	05/31/2023	Back: Stabilization Devices and Interspinous Spacers	
Medicare	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	z80 Deny, Investigational-Member Responsibility	01/01/2017	08/31/2022	Back: Stabilization Devices and Interspinous Spacers	
Medicare	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Back: Stabilization Devices and Interspinous Spacers	
Commercial/ASO, OHP, PEBB	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Back: Stabilization Devices and Interspinous Spacers	
Commercial/ASO, OHP, PEBB	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2017	05/31/2023	Back: Stabilization Devices and Interspinous Spacers	
Medicare	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2017	08/31/2022	Back: Stabilization Devices and Interspinous Spacers	
Medicare	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Back: Stabilization Devices and Interspinous Spacers	
Commercial/ASO, OHP, PEBB	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Back: Stabilization Devices and Interspinous Spacers	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	z80 Deny, Investigational-Member Responsibility	01/01/2017	11/30/2019	Back: Sacroiliac Joint Fusion or Stabilization (Company)	
Medicare	28446	Open osteochondral autograft, talus (includes obtaining graft[s])	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare), Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)	
Medicare	28446	Open osteochondral autograft, talus (includes obtaining graft[s])	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	28446	Open osteochondral autograft, talus (includes obtaining graft[s])	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Osteochondral Allografts and Autografts for Cartilaginous Defects (Company)	
Commercial/ASO, OHP, PEBB	30140	Submucous resection inferior turbinate, partial or complete, any method	z80 Deny, Investigational-Member Responsibility	12/01/2019		Sleep Disorder Treatment: Surgical (Company)	This code is not covered when billed with OSA diagnosis codes G4733 and G4739, based on the Sleep Disorder Treatment: Surgical (All LOB except CMS) medical policy
Medicare	30400	Rhinoplasty Primary Partial	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Rhinoplasty and Other Nasal Surgeries (Medicare)	
Medicare	30410	Rhinoplas,Prim;complet,Extern.Parts	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Rhinoplasty and Other Nasal Surgeries (Medicare)	
Medicare	30420	Rhinoplasty Primary Maj Septal Rep	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Rhinoplasty and Other Nasal Surgeries (Medicare)	
Medicare	30430	Rhinoplasty,2ndary;minor Revision	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Rhinoplasty and Other Nasal Surgeries (Medicare)	
Medicare	30435	Rhinoplasty,Intermed Revis-Bony Work W O	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Rhinoplasty and Other Nasal Surgeries (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	06/30/2020	Rhinoplasty and Other Nasal Surgeries (Medicare)	
Commercial/ASO, OHP, PEBB	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	z80 Deny, Investigational-Member Responsibility	01/01/2021	05/31/2023	Rhinoplasty and Other Nasal Surgeries (Company)	
Medicare	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022			
Commercial/ASO, OHP, PEBB	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Rhinoplasty and Other Nasal Surgeries (Company)	
Commercial/ASO, OHP, PEBB	30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	z80 Deny, Investigational-Member Responsibility	01/01/2023	05/31/2023	Rhinoplasty and Other Nasal Surgeries (Company)	
Medicare	30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Rhinoplasty and Other Nasal Surgeries (Medicare)	
Commercial/ASO, OHP, PEBB	30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Rhinoplasty and Other Nasal Surgeries (Company)	
Commercial/ASO, OHP, PEBB	30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	z80 Deny, Investigational-Member Responsibility	12/01/2019		Sleep Disorder Treatment: Surgical (Company)	This code will deny if billed with G47.33 or G47.39
Medicare	30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Sleep Disorder Treatment: Surgical (Medicare)	
Commercial/ASO, OHP, PEBB	30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	z80 Deny, Investigational-Member Responsibility	12/01/2019		Sleep Disorder Treatment: Surgical (Company)	This code will deny if billed with G47.33 or G47.39
Medicare	30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Sleep Disorder Treatment: Surgical (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Bronchial Thermoplasty (Company), Bronchial Thermoplasty (Medicare)	service name: bronchial thermoplasty
Commercial/ASO, Medicare, OHP, PEBB	31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Bronchial Thermoplasty (Company), Bronchial Thermoplasty (Medicare)	service name: bronchial thermoplasty
Commercial/ASO, OHP, PEBB	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	z80 Deny, Investigational-Member Responsibility	01/01/2022	05/31/2023	Cardiac: Left Atrial Appendage Devices (Company)	
Medicare	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	z80 Deny, Investigational-Member Responsibility	01/01/2022	07/31/2022	Cardiac: Left Atrial Appendage Devices (Medicare)	
Medicare	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Cardiac: Left Atrial Appendage Devices (Medicare)	
Commercial/ASO, OHP, PEBB	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Cardiac: Left Atrial Appendage Devices (Company)	
Commercial/ASO, OHP, PEBB	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022	05/31/2023	Cardiac: Left Atrial Appendage Devices (Company)	
Medicare	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Cardiac: Left Atrial Appendage Devices (Medicare)	
Medicare	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022	07/31/2022	Cardiac: Left Atrial Appendage Devices (Medicare)	
Commercial/ASO, OHP, PEBB	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Cardiac: Left Atrial Appendage Devices (Company)	

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Commercial/ASO, OHP, PEBB	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	z80 Deny, Investigational-Member Responsibility	01/01/2022	05/31/2023	Cardiac: Left Atrial Appendage Devices (Company)	
Medicare	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Cardiac: Left Atrial Appendage Devices (Medicare)	
Medicare	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	z80 Deny, Investigational-Member Responsibility	01/01/2022	07/31/2022	Cardiac: Left Atrial Appendage Devices (Medicare)	
Commercial/ASO, OHP, PEBB	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Cardiac: Left Atrial Appendage Devices (Company)	
Commercial/ASO, OHP, PEBB	33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	z80 Deny, Investigational-Member Responsibility	01/01/2017	07/31/2018	Cardiac: Left Atrial Appendage Devices (Company)	
Medicare	34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2018		Varicose Veins (Company)	
Medicare	36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2019		Varicose Veins (Medicare)	
Commercial/ASO, OHP, PEBB	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	z80 Deny, Investigational-Member Responsibility	01/01/2018		Varicose Veins (Company)	
Commercial/ASO, OHP, PEBB	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2018		Varicose Veins (Company)	

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Commercial/ASO, PEBB	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	z80 Deny, Investigational-Member Responsibility	01/01/2018	12/31/2021	Varicose Veins (Company)	
Commercial/ASO, OHP, PEBB	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Varicose Veins (Company)	
Commercial/ASO, PEBB	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2018	12/31/2021	Varicose Veins (Company)	
Commercial/ASO, OHP, PEBB	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Varicose Veins (Company)	
Commercial/ASO, OHP, PEBB	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	z80 Deny, Investigational-Member Responsibility	07/01/2021		Pelvic Congestion Syndrome Treatment	This code will deny if billed with one of the diagnosis codes listed below: I86 I86.2 N94.89 R10.2
Medicare	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Pelvic Congestion Syndrome Treatment	This code will deny if billed with one of the diagnosis codes listed below: I86 I86.2 N94.89 R10.2

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		(eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)					
Medicare	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	z80 Deny, Investigational-Member Responsibility	07/01/2021	08/31/2022	Pelvic Congestion Syndrome Treatment	This code will deny if billed with one of the diagnosis codes listed below: I86 I86.2 N94.89 R10.2
Commercial/ASO, OHP, PEBB	41512	Tongue base suspension, permanent suture technique	z80 Deny, Investigational-Member Responsibility	12/01/2019		Sleep Disorder Treatment: Surgical (Company)	
Medicare	41512	Tongue base suspension, permanent suture technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2019		Sleep Disorder Treatment: Surgical (Medicare)	
Medicare	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2019	11/30/2022	Sleep Disorder Treatment: Surgical (Medicare)	
Commercial/ASO, OHP, PEBB	41530	Submucosal Ablation of the Tongue Base, Radiofrequency, One or More Sites, Per Session	z80 Deny, Investigational-Member Responsibility	12/01/2019		Sleep Disorder Treatment: Surgical (Company)	This code may pay based on billed diagnosis code. Please see the medical policy.
Medicare	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Sleep Apnea: Surgical Treatments, Sleep Disorder Treatment: Surgical (Medicare)	This code will deny if billed with G4733 or G4739
Commercial/ASO, OHP, PEBB	42160	Destruct Lesion Palate/Uvula	z80 Deny, Investigational-Member Responsibility	12/01/2019		Sleep Disorder Treatment: Surgical (Company)	This code may pay based on diagnosis codes billed. Please see the medical policy
Commercial/ASO, OHP, PEBB	42225	Palatoplasty for cleft palate; attachment pharyngeal flap	z80 Deny, Investigational-Member Responsibility	12/01/2020		Sleep Disorder Treatment: Surgical (Company)	This code may pay based on billed diagnosis code
Medicare	42225	Palatoplasty for cleft palate; attachment pharyngeal flap	z80 Deny, Investigational-Member Responsibility	12/01/2020	11/30/2022	Sleep Disorder Treatment: Surgical (Medicare)	This code may pay based on billed diagnosis code
Medicare	42225	Palatoplasty for cleft palate; attachment pharyngeal flap	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Sleep Disorder Treatment: Surgical (Medicare)	This code may pay based on billed diagnosis code
Commercial/ASO, OHP, PEBB	42226	Lengthening of Palate, and Pharyngeal FI	z80 Deny, Investigational-Member Responsibility	12/01/2020		Sleep Disorder Treatment: Surgical (Company)	this code may pay based on billed diagnosis code(s)
Medicare	42226	Lengthening of Palate, and Pharyngeal FI	z80 Deny, Investigational-Member Responsibility	12/01/2020	11/30/2022	Sleep Disorder Treatment: Surgical (Medicare)	this code may pay based on billed diagnosis code(s)

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	42226	Lengthening of Palate, and Pharyngeal Fl	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Sleep Disorder Treatment: Surgical (Medicare)	this code may pay based on billed diagnosis code(s)
Medicare	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	z80 Deny, Investigational-Member Responsibility	05/01/2018	11/30/2019	Gastroesophageal Reflux Disease: Endoscopic Treatments (Medicare)	
Commercial/ASO, OHP, PEBB	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	z80 Deny, Investigational-Member Responsibility	05/01/2018		Gastroesophageal Reflux Disease: Endoscopic Treatments (Company)	
Medicare	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2019		Gastroesophageal Reflux Disease: Endoscopic Treatments (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2017		Gastroesophageal Reflux: Magnetic Esophageal Ring	service name: LINX reflux management system
Commercial/ASO, Medicare, OHP, PEBB	43285	Removal of esophageal sphincter augmentation device	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2017		Gastroesophageal Reflux: Magnetic Esophageal Ring	service name: LINX reflux management system
Commercial/ASO, OHP, PEBB	43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	z80 Deny, Investigational-Member Responsibility	01/01/2023	05/31/2023	Bariatric Surgery (Company)	
Medicare	43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Bariatric Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Bariatric Surgery (Company)	
Commercial/ASO, OHP, PEBB	43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	z80 Deny, Investigational-Member Responsibility	01/01/2023	05/31/2023	Bariatric Surgery (Company)	
Medicare	43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Bariatric Surgery (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Bariatric Surgery (Company)	
Commercial/ASO, Medicare, PEBB	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Bariatric Surgery (Company)	
Commercial/ASO, Medicare, PEBB	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Bariatric Surgery (Company)	
Commercial/ASO, OHP, PEBB	43842	Gastroplasty Vertical-Banded Obesity	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Bariatric Surgery (Company), Bariatric Surgery (PEBB Members Only) ARCHIVED 1/1/19, Bariatric Surgery (Providence Health & Services Only) ARCHIVED 1/1/19, Bariatric Surgery (SAIF Members Only) ARCHIVED 1/1/19, Bariatric: Revision or Repeat Surgery	
Medicare	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2018		Bariatric Surgery (Medicare)	
Medicare	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	z80 Deny, Investigational-Member Responsibility	01/01/2019	09/30/2019	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare), Prostate: Benign Prostatic Hyperplasia Treatments (Company)	
Commercial/ASO, OHP, PEBB	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	z80 Deny, Investigational-Member Responsibility	11/01/2019	03/31/2021	Prostate: Benign Prostatic Hyperplasia Treatments (Company)	
Commercial/ASO, OHP, PEBB	53860	Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019		Urinary Incontinence Treatments (Company)	
Medicare	53860	Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019		Urinary Incontinence Treatments (Medicare)	Service name: Renessa
Commercial/ASO, OHP, PEBB	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	z80 Deny, Investigational-Member Responsibility	01/01/2021	09/30/2022	Investigational and Non Covered Medical Technologies (Company), Prostate: High Intensity Focused Ultrasound (HIFU) (Company)	
Commercial/ASO, OHP, PEBB	57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2021	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	z80 Deny, Investigational- Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	z80 Deny, Investigational- Member Responsibility	09/01/2022	03/31/2023		
Commercial/ASO, OHP, PEBB	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	08/31/2022	Definition: Experimental/Investigational	
Commercial/ASO, OHP, PEBB	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Radiofrequency Ablation for Tumors Outside the Liver (Company)	
Medicare	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	03/31/2023	Radiofrequency Ablation for Tumors Outside the Liver (Company)	
Commercial/ASO, Medicare, OHP, PEBB	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2018	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	
Commercial/ASO, Medicare, OHP, PEBB	62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	z80 Deny, Investigational- Member Responsibility	01/01/2016	02/29/2020	Back: Lysis of Epidural Adhesions Archived 3/1/2021	
Commercial/ASO, Medicare, OHP, PEBB	62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2020		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		administered), multiple adhesiolysis sessions; 2 or more days					
Commercial/ASO, Medicare, OHP, PEBB	62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	z80 Deny, Investigational-Member Responsibility	01/01/2016	02/29/2020	Back: Lysis of Epidural Adhesions Archived 3/1/2021	
Commercial/ASO, Medicare, OHP, PEBB	62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	62287	Asp Percutaneous Diskectomy One/Mult Lev	z80 Deny, Investigational-Member Responsibility	12/01/2019	04/30/2023	Back: Fusion and Decompression Procedures (Company)	
Medicare	62287	Asp Percutaneous Diskectomy One/Mult Lev	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Fusion and Decompression Procedures (Company), Back: Fusion and Decompression Procedures (Medicare)	
Commercial/ASO, OHP, PEBB	62287	Asp Percutaneous Diskectomy One/Mult Lev	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, Medicare, OHP, PEBB	62290	Inj Proc Diskography Ea Level; Lumb	z80 Deny, Investigational-Member Responsibility	03/01/2017	06/30/2021	Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	62290	Inj Proc Diskography Ea Level; Lumb	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	62291	Inject For Diskography Cervical	z80 Deny, Investigational-Member Responsibility	03/01/2017	06/30/2021	Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	62291	Inject For Diskography Cervical	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	z80 Deny, Investigational-Member Responsibility	10/01/2016	06/30/2021	Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Back: Discography	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Back: Epidural Steroid Injections (Medicare)	
Medicare	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	08/01/2017	08/31/2022	Back: Epidural Steroid Injections (Medicare)	There are limits to the number of units allowed. Please see the applicable Medical Policy for details.
Commercial/ASO, OHP, PEBB	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Epidural Steroid Injections (Company)	
Medicare	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Back: Epidural Steroid Injections (Medicare)	There are limits to the number of units allowed. Please see the applicable Medical Policy for details.
Commercial/ASO, Medicare, OHP, PEBB	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	06/30/2020	Back: Fusion and Decompression Procedures (Company)	
Medicare	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	z80 Deny, Investigational- Member Responsibility	07/01/2020	12/31/2021	Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, OHP, PEBB	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	z80 Deny, Investigational- Member Responsibility	07/01/2020	04/30/2023	Back: Fusion and Decompression Procedures (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Fusion and Decompression Procedures (Company), Back: Fusion and Decompression Procedures (Medicare)	
Commercial/ASO, OHP, PEBB	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, OHP, PEBB	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2020		Knee: Genicular Nerve Blocks and Nerve Ablation for Knee Pain (Company)	
Medicare	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/25/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Medicare	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/25/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	z80 Deny, Investigational-Member Responsibility	02/01/2020		Electrical Stimulation: Non-Covered Therapies (Company), Vagus Nerve Stimulation (Company)	
Medicare	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	z80 Deny, Investigational-Member Responsibility	02/01/2020	08/31/2022	Electrical Stimulation: Non-Covered Therapies (Company), Vagus Nerve Stimulation (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	z80 Deny, Investigational-Member Responsibility	05/01/2019		Fecal Incontinence Treatments (Company), Urinary Incontinence Treatments (Company)	This service will deny when billed with the following diagnosis codes: F981, R151, R152, R150, R159
Medicare	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Fecal Incontinence Treatments (Medicare), Urinary Incontinence Treatments (Medicare)	
Medicare	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	z80 Deny, Investigational-Member Responsibility	05/01/2019	06/30/2022	Fecal Incontinence Treatments (Company), Urinary Incontinence Treatments (Company)	
Commercial/ASO, OHP, PEBB	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	z80 Deny, Investigational-Member Responsibility	01/01/2020		Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain, Knee: Genicular Nerve Blocks and Nerve Ablation for Knee Pain (Company)	
Medicare	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	08/31/2020	Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain	
Medicare	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	z80 Deny, Investigational-Member Responsibility	09/01/2020	01/31/2023	Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain	
Commercial/ASO, OHP, PEBB	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	z80 Deny, Investigational-Member Responsibility	01/01/2020	01/31/2023	Back: Ablative Procedures to Treat Back and Neck Pain (Company)	
Medicare	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Medicare	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	z80 Deny, Investigational-Member Responsibility	01/01/2020	03/31/2022	Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Back: Ablative Procedures to Treat Back and Neck Pain (Company)	
Commercial/ASO, OHP, PEBB	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	z80 Deny, Investigational-Member Responsibility	01/01/2022	01/31/2023	Back: Ablative Procedures to Treat Back and Neck Pain (Company)	
Medicare	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		guidance; first 2 vertebral bodies, lumbar or sacral				Non-Covered Services (Medicare)	
Medicare	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Back: Ablative Procedures to Treat Back and Neck Pain (Company)	
Commercial/ASO, OHP, PEBB	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022	01/31/2023	Back: Ablative Procedures to Treat Back and Neck Pain (Company)	
Medicare	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Back: Ablative Procedures to Treat Back and Neck Pain (Company)	
Commercial/ASO, OHP, PEBB	64640	Destruction by neurolytic agent; other peripheral nerve or branch	z80 Deny, Investigational-Member Responsibility	06/01/2019	05/31/2023	Back: Ablative Procedures to Treat Back and Neck Pain (Company), Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain, Knee: Genicular Nerve Blocks and Nerve Ablation for Knee Pain (Company), Radiofrequency Ablation or Cryoablation for Plantar Fasciitis (Company)	This service will deny if billed with specific diagnosis codes

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	64640	Destruction by neurolytic agent; other peripheral nerve or branch	z80 Deny, Investigational-Member Responsibility	06/01/2019	01/31/2023	Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only), Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain, Radiofrequency Lesioning or Cryoablation for Plantar Fasciitis (Medicare)	
Medicare	64640	Destruction by neurolytic agent; other peripheral nerve or branch	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only), Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain, Knee: Genicular Nerve Blocks and Nerve Ablation for Knee Pain (Medicare), Radiofrequency Lesioning or Cryoablation for Plantar Fasciitis (Medicare)	This service will pay if billed with specific diagnosis codes
Commercial/ASO, OHP, PEBB	64640	Destruction by neurolytic agent; other peripheral nerve or branch	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Knee: Ablative Procedures of Peripheral Nerves to Treat Knee Pain, Knee: Genicular Nerve Blocks and Nerve Ablation for Knee Pain (Company), Radiofrequency Ablation or Cryoablation for Plantar Fasciitis (Company)	This service will deny if billed with specific diagnosis codes
Commercial/ASO, OHP, PEBB	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	z80 Deny, Investigational-Member Responsibility	03/01/2018	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2018	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	z80 Deny, Investigational-Member Responsibility	01/01/2022	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	69090	Ear piercing	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Medicare	69090	Ear piercing	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, OHP, PEBB	69300	Otoplasty, protruding ear, with or without size reduction	z79 Deny, Cosmetic Procedure - Member Responsibility	09/01/2019		Cosmetic and Reconstructive Surgery (Company)	
Medicare	69300	Otoplasty, protruding ear, with or without size reduction	z79 Deny, Cosmetic Procedure - Member Responsibility	05/01/2022		Cosmetic and Reconstructive Surgery (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	z80 Deny, Investigational-Member Responsibility	01/01/2021	11/30/2022	Balloon Dilation of the Sinuses or Eustachian Tubes	
Commercial/ASO, Medicare, OHP, PEBB	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2021	11/30/2022	Balloon Dilation of the Sinuses or Eustachian Tubes	
Commercial/ASO, Medicare, OHP, PEBB	72285	Diskography Cervical Rad S&I	z80 Deny, Investigational-Member Responsibility	03/01/2017	06/30/2021	Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	72285	Diskography Cervical Rad S&I	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	72295	Diskography Lumbar Rad S&I	z80 Deny, Investigational-Member Responsibility	03/01/2017	06/30/2021	Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	72295	Discography, lumbar, radiological supervision and interpretation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Back: Discography	
Commercial/ASO, Medicare, OHP, PEBB	77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company),	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		gray-scale variogram, calculation, with interpretation and report on fracture-risk				New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	
Medicare	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Medicare Only) Archived 1/1/2022	
Commercial/ASO, OHP, PEBB	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Company)	This code may pay based on billed diagnosis code(s)
Commercial/ASO, OHP, PEBB	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Medicare Only) Archived 1/1/2022	
Commercial/ASO, OHP, PEBB	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Company)	This code may pay based on billed diagnosis code(s)
Commercial/ASO, OHP, PEBB	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	
Medicare	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Medicare Only) Archived 1/1/2022	
Commercial/ASO, OHP, PEBB	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Company)	This code may pay based on billed diagnosis code(s)
Commercial/ASO, OHP, PEBB	77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	z80 Deny, Investigational-Member Responsibility	01/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	z80 Deny, Investigational-Member Responsibility	01/01/2018	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	z80 Deny, Investigational-Member Responsibility	01/01/2018	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	z80 Deny, Investigational-Member Responsibility	01/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	
Medicare	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Medicare Only) Archived 1/1/2022	
Commercial/ASO, OHP, PEBB	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	This code may pay based on billed diagnosis code(s)
Commercial/ASO, OHP, PEBB	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	
Medicare	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Medicare Only) Archived 1/1/2022	
Commercial/ASO, OHP, PEBB	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Company)	This code may pay based on billed diagnosis code(s)
Medicare	78267	Urea breath test, C-14 (isotopic); acquisition for analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020	01/31/2021	Exhaled Breath Tests (Medicare)	This code may pay based on the diagnosis code billed.
Medicare	78268	Urea breath test, C-14 (isotopic); analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020	01/31/2021	Exhaled Breath Tests (Medicare)	This code may pay based on the diagnosis code billed
Commercial/ASO	80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Cardiac: Disease Risk Screening (Company), Lipid Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Lipid Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		cholesterol (HDL cholesterol) (83718) Triglycerides (84478)					
Commercial/ASO, PEBB	80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Hepatitis Panel and Acute Hepatitis Panel Testing (Company)	This code may pay based on billed diagnosis codes. Excludes all OHP and all ASO groups
Medicare	80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Hepatitis Panel and Acute Hepatitis Panel Testing (Medicare)	This code may pay based on billed diagnosis codes. Excludes all OHP and all ASO groups
Commercial/ASO, OHP, PEBB	80145	Adalimumab	z80 Deny, Investigational-Member Responsibility	10/01/2020	05/31/2023	Inflammatory Bowel Disease Measurement of Antibodies to Immunosuppressive Therapies (Company)	
Medicare	80145	Adalimumab	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	Inflammatory Bowel Disease: Measurement of Antibodies to Immunosuppressive Therapies (Medicare)	
Medicare	80145	Adalimumab	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Inflammatory Bowel Disease: Measurement of Antibodies to Immunosuppressive Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	80145	Adalimumab	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Inflammatory Bowel Disease Measurement of Antibodies to Immunosuppressive Therapies (Company)	
Commercial/ASO, OHP, PEBB	80230	Infliximab	z80 Deny, Investigational-Member Responsibility	10/01/2020	05/31/2023	Inflammatory Bowel Disease Measurement of Antibodies to Immunosuppressive Therapies (Company)	
Medicare	80230	Infliximab	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	Inflammatory Bowel Disease: Measurement of Antibodies to Immunosuppressive Therapies (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	80230	Infliximab	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Inflammatory Bowel Disease Measurement of Antibodies to Immunosuppressive Therapies (Company)	
Medicare	80230	Infliximab	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Inflammatory Bowel Disease: Measurement of Antibodies to Immunosuppressive Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	80280	Vedolizumab	z80 Deny, Investigational-Member Responsibility	10/01/2020	05/31/2023	Inflammatory Bowel Disease Measurement of Antibodies to Immunosuppressive Therapies (Company)	
Medicare	80280	Vedolizumab	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	Inflammatory Bowel Disease: Measurement of Antibodies to Immunosuppressive Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	80280	Vedolizumab	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Inflammatory Bowel Disease Measurement of Antibodies to Immunosuppressive Therapies (Company)	
Medicare	80280	Vedolizumab	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Inflammatory Bowel Disease: Measurement of Antibodies to Immunosuppressive Therapies (Medicare)	
Medicare	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81201	APC (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81203	APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81212	Brca1, Brca2 Gene Analysis; 185Delag, 5385Insc, 6174Delt Variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81216	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company)	
Medicare	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	z80 Deny, Investigational-Member Responsibility	02/01/2018	12/31/2021	Genetic and Molecular Testing (Medicare)	
Medicare	81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	z80 Deny, Investigational-Member Responsibility	02/01/2018	12/31/2021	Genetic and Molecular Testing (Medicare)	
Medicare	81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company), Genetic	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	81251	Gierke disease) gene analysis, common variants (eg, R83C, Q347X) GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		and Molecular Testing (Medicare) Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	z80 Deny, Investigational-Member Responsibility	02/01/2018	03/31/2018	Genetic and Molecular Testing (Medicare)	
Medicare	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	

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Commercial/ASO, OHP, PEBB	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	z80 Deny, Investigational-Member Responsibility	02/01/2018		Cardiac: Disease Risk Screening (Company), Genetic Testing: Inherited Thrombophilias (Company), Genetic Testing: MTHFR (Company)	
Medicare	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81292	MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81294	MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Duplication/Deletion Variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81298	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Full Sequence Analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81300	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	

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Commercial/ASO, OHP, PEBB	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	z80 Deny, Investigational-Member Responsibility	01/01/2019	11/30/2021	Genetic and Molecular Testing (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company), Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	
Medicare	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	z80 Deny, Investigational-Member Responsibility	01/01/2019	08/31/2021	Genetic and Molecular Testing (Company), Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	
Medicare	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	z80 Deny, Investigational-Member Responsibility	04/01/2018	04/30/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	prostate genetic test
Commercial/ASO, OHP, PEBB	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	prostate genetic test
Medicare	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	z80 Deny, Investigational-Member Responsibility	01/01/2019	12/31/2021	Genetic and Molecular Testing (Company), Genetic Testing: Reproductive Planning and Prenatal Testing (Company)	
Commercial/ASO, OHP, PEBB	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	81321	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	

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Medicare	81323	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2018	08/31/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Medicare Only) (Archived 1/1/2022)	
Medicare	81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2018	06/30/2018		
Medicare	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	81401	Molecular Pathology Procedure Level 2	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	Cardiac: Disease Risk Screening (Company), Cardiac: Disease Risk Screening (Medicare),	This code will deny if billed with the following codes: 83520 88346 88350 81401

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						Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare), Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company), Genetic Testing: Gene Expression Profile Testing for Melanoma (Company), Genetic Testing: Gene Expression Profile Testing for Melanoma (Medicare), Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company), Genetic Testing: Reproductive Planning and Prenatal Testing (Company), Genetic Testing: Thyroid Nodules (Company), Genetic Testing: Thyroid Nodules (Medicare), Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company), Inflammatory Bowel Disease: Serologic Testing and Therapeutic Monitoring (Medicare), Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Medicare	81401	Molecular Pathology Procedure Level 2	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Cardiac: Disease Risk Screening (Medicare), Genetic and Molecular Testing (Medicare), Genetic Testing: Gene Expression Profile Testing for Melanoma (Medicare), Genetic Testing: Thyroid Nodules (Medicare),	This code will deny if billed with the following codes: 83520 88346 88350 81401

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						Inflammatory Bowel Disease: Serologic Testing and Therapeutic Monitoring (Medicare)	
Medicare	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Medicare	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Medicare	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Medicare	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19,	z80 Deny, Investigational-Member Responsibility	01/01/2023		Genetic Testing: Cytochrome P450 and VKORC1 Polymorphisms (Company)	

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		CYP2D6, and CYP2D6 duplication/deletion analysis					
Medicare	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Commercial/ASO, PEBB	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	z80 Deny, Investigational-Member Responsibility	07/01/2018	08/31/2022	Genetic Testing: Reproductive Planning and Prenatal Testing (Company)	
Commercial/ASO, OHP, PEBB	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic Testing: Reproductive Planning and Prenatal Testing (Company)	
Medicare	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	z80 Deny, Investigational-Member Responsibility	06/01/2019	12/31/2021		
Commercial/ASO, OHP, PEBB	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	z80 Deny, Investigational-Member Responsibility	06/01/2019	08/31/2022	Genetic Testing: Reproductive Planning and Prenatal Testing (Company), Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Commercial/ASO, OHP, PEBB	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic Testing: Reproductive Planning and Prenatal Testing (Company), Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	06/01/2019	12/31/2021	Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Commercial/ASO, OHP, PEBB	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	06/01/2019	08/31/2022	Genetic Testing: Reproductive Planning and Prenatal Testing (Company), Genetic Testing: Whole Exome, Whole Genome and	

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Commercial/ASO, OHP, PEBB	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Proteogenomic Testing (Company) Genetic Testing: Reproductive Planning and Prenatal Testing (Company), Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	z80 Deny, Investigational-Member Responsibility	06/01/2019	12/31/2021	Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	z80 Deny, Investigational-Member Responsibility	06/01/2019	08/31/2022	Genetic Testing: Reproductive Planning and Prenatal Testing (Company), Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Commercial/ASO, OHP, PEBB	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Genetic Testing: Reproductive Planning and Prenatal Testing (Company), Genetic Testing: Whole Exome, Whole Genome and Proteogenomic Testing (Company)	
Medicare	81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company), Genetic	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A				and Molecular Testing (Medicare)	
Medicare	81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Cardiac: Disease Risk Screening (Medicare), Genetic and Molecular Testing (Medicare)	
Medicare	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Medicare	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Company), Genetic and Molecular Testing (Medicare)	
Medicare	81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Medicare	81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing	z80 Deny, Investigational-Member Responsibility	01/01/2016		Vectra DA Test for Rheumatoid Arthritis (Company)	Proprietary test: Vectra DA Test for Rheumatoid Arthritis

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		serum, prognostic algorithm reported as a disease activity score					
Medicare	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	05/31/2021		This code may pay based on billed diagnosis code.
Medicare	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Genetic and Molecular Testing (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO, OHP, PEBB	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	z80 Deny, Investigational- Member Responsibility	10/01/2018		Cardiac: Disease Risk Screening (Company)	
Medicare	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Cardiac: Disease Risk Screening (Medicare)	
Commercial/ASO, OHP, PEBB	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	z80 Deny, Investigational- Member Responsibility	04/01/2021	05/31/2023	Ovarian Cancer: Multimarker Serum Testing (Company)	
Medicare	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2013	03/31/2021	Ovarian Cancer: Multimarker Serum Testing (Company)	
Commercial/ASO, OHP, PEBB	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Ovarian Cancer: Multimarker Serum Testing (Company)	
Commercial/ASO, OHP, PEBB	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	z80 Deny, Investigational- Member Responsibility	04/01/2021	05/31/2023	Ovarian Cancer: Multimarker Serum Testing (Company)	
Medicare	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2013	03/31/2021	Ovarian Cancer: Multimarker Serum Testing (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Ovarian Cancer: Multimarker Serum Testing (Company)	
Medicare	81504	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2018	12/31/2021	Genetic and Molecular Testing (Company)	This code may pay if billed with specific diagnosis codes. Please see the medical policy.
Commercial/ASO, OHP, PEBB	81504	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	z80 Deny, Investigational-Member Responsibility	07/01/2019		Breast Cancer: Prognostic Genetic Testing of Tumor Tissue (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	z80 Deny, Investigational-Member Responsibility	09/01/2018	05/31/2023	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	z80 Deny, Investigational-Member Responsibility	09/01/2018	12/31/2021	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	z80 Deny, Investigational-Member Responsibility	02/01/2018	06/30/2018	Genetic and Molecular Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	z80 Deny, Investigational-Member Responsibility	01/01/2018		Genetic Testing: Gene Expression Profile Testing for Breast Cancer (Company)	
Commercial/ASO, OHP, PEBB	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	z80 Deny, Investigational-Member Responsibility	07/01/2018		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	z80 Deny, Investigational-Member Responsibility	01/01/2021	11/30/2022	Genetic Testing: Gene Expression Profile Testing for Melanoma (Company)	
Commercial/ASO, OHP, PEBB	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2022		Genetic Testing: Gene Expression Profile Testing for Melanoma (Company)	
Commercial/ASO, OHP, PEBB	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	z80 Deny, Investigational-Member Responsibility	02/01/2017		Chemosensitivity and Chemosensitivity Assays (Company), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	z80 Deny, Investigational-Member Responsibility	02/01/2017	06/30/2022	Chemosensitivity and Chemosensitivity Assays (CSRAs) (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Chemosensitivity and Chemosensitivity Assays (CSRAs) (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single	z80 Deny, Investigational-Member Responsibility	02/01/2017		Chemosensitivity and Chemosensitivity Assays (Company), Genetic Testing:	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		drug or drug combination (List separately in addition to code for primary procedure)				Non-Covered Genetic Panel Tests (Company)	
Medicare	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Chemosensitivity and Chemoresistance Assays (CSRAs) (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	02/01/2017	06/30/2022	Chemosensitivity and Chemoresistance Assays (CSRAs) (Medicare), Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Commercial/ASO, OHP, PEBB	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	z80 Deny, Investigational-Member Responsibility	07/01/2018	10/31/2022	Genetic Testing: Non-Covered Genetic Panel Tests (Company), Non-Small Cell Lung Cancer: Molecular Testing for Targeted Therapy (Medicare), Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Commercial/ASO, OHP, PEBB	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Genetic Testing: Non-Covered Genetic Panel Tests (Company), Non-Small Cell Lung Cancer: Molecular Testing for Targeted Therapy (Medicare), Non-Small Cell Lung Cancer: Tumor Testing for Targeted Therapy (Company)	
Commercial/ASO, OHP, PEBB	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2017	01/31/2018	Prostate Cancer: Biomarkers and Genetic Testing Commercial	
Medicare	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2017	04/30/2022	Prostate Cancer: Biomarkers and Genetic Testing Medicare	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	z80 Deny, Investigational-Member Responsibility	02/01/2018	04/30/2023	Prostate Cancer: Biomarkers and Genetic Testing Commercial	
Commercial/ASO, OHP, PEBB	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	z80 Deny, Investigational-Member Responsibility	07/01/2018		Genetic Testing: Non-Covered Genetic Panel Tests (Company)	
Medicare	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/09/2019		Genetic and Molecular Testing (Medicare)	
Medicare	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	z80 Deny, Investigational-Member Responsibility	07/01/2018	05/08/2019	Genetic and Molecular Testing (Medicare)	This code may pay based on billed diagnosis code
Commercial/ASO, PEBB	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	z80 Deny, Investigational-Member Responsibility	01/01/2018	05/31/2022	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	05/31/2022	Prostate: Protein Biomarkers and Genetic Testing (Company)	

See the "Notes" column for specific limitations which may apply.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, PEBB	81551	formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	z80 Deny, Investigational-Member Responsibility	01/01/2018	04/30/2023	Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Prostate: Protein Biomarkers and Genetic Testing (Company)	
Commercial/ASO, OHP, PEBB	81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	z80 Deny, Investigational-Member Responsibility	01/01/2021		Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Commercial/ASO, Medicare, OHP, PEBB	82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2018		Cardiac: Disease Risk Screening (Company), Vitamin D Assay Testing (Company), Vitamin D Assay Testing (Medicare)	This code may pay based on billed diagnosis codes
Commercial/ASO, Medicare, OHP, PEBB	82397	Chemiluminescent assay	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	Cardiac: Disease Risk Screening (Company), Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	This code will deny if billed in addition to the following codes: 83520 82397 86140 88346 88350 81479
Commercial/ASO	82465	Cholesterol, serum or whole blood, total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Lipid Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	82465	Cholesterol, serum or whole blood, total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Lipid Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO, Medicare, OHP, PEBB	82542	Column chromatography/mass spectrometry (eg GC/MS or HPLC/MC), non-drug analyte not elsewhere specified; quantitative, single stationary and mobile phase	u31 Deny, Not covered per Medical Policy - Provider Responsibility	03/01/2018	06/30/2019	Cardiac: Disease Risk Screening (Company), Fecal Analysis of Gastrointestinal Microbiome, Inflammatory Bowel Disease: Serologic	

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						Markers and Therapeutic Monitoring (Company), Organic Acid Testing (Company)	
Commercial/ASO, Medicare, OHP, PEBB	82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2018		Vitamin D Assay Testing (Company), Vitamin D Assay Testing (Medicare)	This code may pay based on billed diagnosis code
Commercial/ASO	82728	Ferritin	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Company)	This code may pay based on billed diagnosis code. ASO groups are excluded from this set up.
Medicare	82728	Ferritin	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO, Medicare, OHP, PEBB	82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2018		Fecal Analysis of Gastrointestinal Microbiome, Organ Transplantation (Company), Organic Acid Testing (Company)	
Medicare	82985	Glycated protein	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Glycated Hemoglobin and Glycated Protein Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO	82985	Glycated protein	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	12/31/2021	Glycated Hemoglobin and Glycated Protein Testing (Company)	Code may pay based on billed diagnosis code.
Commercial/ASO	82985	Glycated protein	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Glycated Hemoglobin and Glycated Protein Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	82985	Glycated protein	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Glycated Hemoglobin and Glycated Protein Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Medicare	83014	Helicobacter pylori; drug administration	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020	01/31/2021	Exhaled Breath Tests (Medicare)	This code may pay based on the billed diagnosis code
Medicare	83036	Hemoglobin; glycosylated (A1C)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Glycated Hemoglobin and Glycated Protein Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO	83036	Hemoglobin; glycosylated (A1C)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	12/31/2021	Glycated Hemoglobin and Glycated Protein Testing (Company)	Code may pay based on billed diagnosis code.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	83036	Hemoglobin; glycosylated (A1C)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Cardiac: Disease Risk Screening (Company), Glycated Hemoglobin and Glycated Protein Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	83036	Hemoglobin; glycosylated (A1C)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Glycated Hemoglobin and Glycated Protein Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO, Medicare, OHP, PEBB	83520	immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified.	z80 Deny, Investigational- Member Responsibility	03/01/2018	10/31/2022	Cardiac: Disease Risk Screening (Company), Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company), Salivary Hormone Testing (Company), Salivary Hormone Testing (Medicare)	This code will deny if billed in addition to the following codes: 83520 82397 86140 88346 88350 81479 or if billed with 82784 and 88346
Medicare	83540	Iron	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO	83540	ASSAY OF IRON	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Company)	This code may pay based on billed diagnosis code. ASO groups are excluded from this set up.
Medicare	83540	Iron	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Medicare)	This code may pay based on billed diagnosis code.
Medicare	83550	Iron binding capacity	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO	83550	Iron binding capacity	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Company)	This code may pay based on billed diagnosis code. ASO groups are excluded from this set up.
Medicare	83550	Iron binding capacity	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO	83700	Lipoprotein, blood; electrophoretic separation and quantitation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Cardiac: Disease Risk Screening (Company), Lipid Testing (Company)	Code may pay based on billed diagnosis code.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	83700	Lipoprotein, blood; electrophoretic separation and quantitation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Lipid Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO	83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Cardiac: Disease Risk Screening (Company), Lipid Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Lipid Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO	83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Cardiac: Disease Risk Screening (Company), Lipid Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Lipid Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO	83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Lipid Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Lipid Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO	83721	Lipoprotein, direct measurement; LDL cholesterol	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Cardiac: Disease Risk Screening (Company), Lipid Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	83721	Lipoprotein, direct measurement; LDL cholesterol	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Lipid Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO, OHP, PEBB	83876	Myeloperoxidase (MPO)	z80 Deny, Investigational-Member Responsibility	05/01/2020		Cardiac: Disease Risk Screening (Company)	
Commercial/ASO, Medicare, OHP, PEBB	83918	Organic acids; total, quantitative, each specimen	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Organic Acid Testing (Company) , Organic Acid Testing (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable Medical Policies for more information.
Commercial/ASO, Medicare, OHP, PEBB	83919	Organic acids; qualitative, each specimen	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Organic Acid Testing (Company) , Organic Acid Testing (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							Medical Policies for more information.
Commercial/ASO, Medicare, OHP, PEBB	83921	Organic acid, single, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Cardiac: Disease Risk Screening (Company), Organic Acid Testing (Company) , Organic Acid Testing (Medicare)	This code may pay based on billed diagnosis codes. Please see applicable Medical Policies for more information.
Commercial/ASO, OHP, PEBB	83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	z80 Deny, Investigational-Member Responsibility	10/01/2017	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	83987	pH; exhaled breath condensate	z80 Deny, Investigational-Member Responsibility	08/01/2018	03/31/2022	Exhaled Breath Tests (Company)	service name: exhaled breath test
Medicare	83987	pH; exhaled breath condensate	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2018	06/30/2020	Exhaled Breath Tests (Medicare)	service name: exhaled breath test
Medicare	83987	pH; exhaled breath condensate	z80 Deny, Investigational-Member Responsibility	07/01/2020	03/31/2022	Exhaled Breath Tests (Medicare)	service name: exhaled breath test
Commercial/ASO, OHP, PEBB	83987	pH; exhaled breath condensate	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Exhaled Breath Tests (Company)	service name: exhaled breath test
Medicare	83987	pH; exhaled breath condensate	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Exhaled Breath Tests (Medicare)	service name: exhaled breath test
Commercial/ASO, Medicare, OHP, PEBB	83993	Calprotectin, fecal	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2019	12/31/2020	Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring	This code is not covered unless billed with one of the following diagnosis codes: IBS Diagnosis Codes: K58.0, K58.1, K58.2, K58.8, K58.9 IBD Diagnosis Codes: K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919,

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							Ulcerative Colitis Diagnosis Codes: K51.90, K51.91, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919
Commercial/ASO, OHP, PEBB	84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen	z80 Deny, Investigational-Member Responsibility	09/01/2017	02/28/2023	Premature Rupture of Membranes (PROM) Testing (Company)	
Commercial/ASO, Medicare, OHP, PEBB	84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Premature Rupture of Membranes (PROM) Testing (Company), Premature Rupture of Membranes (PROM) Testing (Medicare)	
Medicare	84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen	z80 Deny, Investigational-Member Responsibility	09/01/2017	02/28/2023	Premature Rupture of Membranes (PROM) Testing (Medicare)	
Medicare	84145	Procalcitonin (PCT)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	06/30/2018	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO	84153	Prostate specific antigen (PSA); total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Prostate Specific Antigen (Company)	This code may pay based on billed diagnosis code. ASO groups are excluded from this set up.
Medicare	84153	Prostate specific antigen (PSA); total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Prostate Specific Antigen (Medicare)	This code may pay based on billed diagnosis code.
Medicare	84431	Thromboxane metabolite(s), including thromboxane if performed, urine	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	84431	Thromboxane metabolite(s), including thromboxane if performed, urine	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	84436	Thyroxine; total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	09/30/2021	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	84436	Thyroxine; total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021	04/30/2022	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Commercial/ASO	84436	Thyroxine; total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	04/30/2022	Thyroid Testing (Company)	Code may pay based on billed diagnosis code. Excludes ASO groups
Medicare	84436	Thyroxine; total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022	09/30/2022	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Medicare	84436	Thyroxine; total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Commercial/ASO	84436	Thyroxine; total	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Thyroid Testing (Company)	Code may pay based on billed diagnosis code. Excludes ASO groups
Commercial/ASO	84439	Thyroxine; free	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	04/30/2022	Thyroid Testing (Company)	Code may pay based on billed diagnosis code. Excludes ASO groups
Medicare	84439	Thyroxine; free	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	04/30/2022	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Medicare	84439	Thyroxine; free	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022	09/30/2022	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Medicare	84439	Thyroxine; free	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Commercial/ASO	84439	Thyroxine; free	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Thyroid Testing (Company)	Code may pay based on billed diagnosis code. Excludes ASO groups
Medicare	84443	Thyroid stimulating hormone (TSH)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	09/30/2021	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Commercial/ASO	84443	Thyroid stimulating hormone (TSH)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	04/30/2022	Thyroid Testing (Company)	Code may pay based on billed diagnosis code. Excludes ASO groups
Medicare	84443	Thyroid stimulating hormone (TSH)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021	04/30/2022	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Medicare	84443	Thyroid stimulating hormone (TSH)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022	09/30/2022	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	84443	Thyroid stimulating hormone (TSH)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Thyroid Testing (Company)	Code may pay based on billed diagnosis code. Excludes ASO groups
Medicare	84443	Thyroid stimulating hormone (TSH)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Commercial/ASO	84466	Transferrin	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Company)	This code may pay based on billed diagnosis code. ASO groups are excluded from this set up.
Medicare	84466	Transferrin	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Serum Iron Studies (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO	84478	Triglycerides	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021		Lipid Testing (Company)	Code may pay based on billed diagnosis code.
Medicare	84478	Triglycerides	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Lipid Testing (Medicare)	This code may pay if billed with specific diagnosis code(s)
Medicare	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	09/30/2021	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Commercial/ASO	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	04/30/2022	Thyroid Testing (Company)	Code may pay based on billed diagnosis code. Excludes ASO groups
Medicare	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021	04/30/2022	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Medicare	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022	09/30/2022	Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Commercial/ASO	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Thyroid Testing (Company)	Code may pay based on billed diagnosis code. Excludes ASO groups
Medicare	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Thyroid Testing (Medicare)	This code may pay based on members age and billed diagnosis code(s)
Medicare	85004	Blood count; automated differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	85004	Blood count; automated differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	with location code 21 (Inpatient) This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85004	Blood count; automated differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85004	Blood count; automated differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85007	Blood count; blood smear, microscopic examination with manual differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85007	Blood count; blood smear, microscopic examination with manual differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	85007	Blood count; blood smear, microscopic examination with manual differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85007	Blood count; blood smear, microscopic examination with manual differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85008	Blood count; blood smear, microscopic examination without manual differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85008	Blood count; blood smear, microscopic examination without manual differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85008	Blood count; blood smear, microscopic examination without manual differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	85008	Blood count; blood smear, microscopic examination without manual differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85013	Blood count; spun microhematocrit	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85013	Blood count; spun microhematocrit	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85013	Blood count; spun microhematocrit	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85013	Blood count; spun microhematocrit	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85014	Blood count; hematocrit (Hct)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	85014	Blood count; hematocrit (Hct)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	with location code 21 (Inpatient) This code will pay for members 18 years and younger. For members 19 years and older, this code may pay based on billed diagnosis code This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85014	Blood count; hematocrit (Hct)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code will pay for members 18 years and younger. For members 19 years and older, this code may pay based on billed diagnosis code This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85014	Blood count; hematocrit (Hct)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85018	Blood count; hemoglobin (Hgb)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	85018	Blood count; hemoglobin (Hgb)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	with location code 21 (Inpatient) This code will pay for members 18 years and younger. For members 19 years ad older, This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85018	Blood count; hemoglobin (Hgb)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code will pay for members 18 years and younger. For members 19 years ad older, This code may pay if billed with specific diagnosis code(s) This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85018	Blood count; hemoglobin (Hgb)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s)
Commercial/ASO	85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code will pay if billed with Location code 21 and may pay if billed with specific diagnosis code(s)

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Blood Counts (Medicare)	This code will pay if billed with Location code 21 and may pay if billed with specific diagnosis code(s)
Medicare	85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85048	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	12/31/2021	Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85048	Blood count; leukocyte (WBC), automated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85048	Blood count; leukocyte (WBC), automated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85048	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85049	Blood count; platelet, automated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO	85049	Blood count; platelet, automated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2021	09/30/2021	Blood Counts (Company)	with location code 21 (Inpatient) This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Commercial/ASO	85049	Blood count; platelet, automated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Blood Counts (Company)	This code may pay if billed with specific diagnosis code(s) Commercial and Individual plans only. Does not apply to ASO groups Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient) and 24 (Ambulatory Surgical Center)
Medicare	85049	Blood count; platelet, automated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Blood Counts (Medicare)	This code may pay if billed with specific diagnosis code(s) Starting 1/1/2022 this code will pay if billed with location code 21 (Inpatient)
Medicare	85730	Thromboplastin time, partial (PTT); plasma or whole blood	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Partial Thromboplastin Time (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO	85730	Thromboplastin time, partial (PTT); plasma or whole blood	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Partial Thromboplastin Time (Company)	This code may pay based on billed diagnosis code. ASO groups are excluded from this set up.
Medicare	85730	Thromboplastin time, partial (PTT); plasma or whole blood	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Partial Thromboplastin Time (Medicare)	This code may pay based on billed diagnosis code.
Commercial/ASO, OHP, PEBB	86001	Allergen Specific IgG Quantitative or Semiquantitative, Each Allergen	z80 Deny, Investigational-Member Responsibility	11/01/2017		Allergy Testing (Company)	
Medicare	86001	Allergen Specific IgG Quantitative or Semiquantitative, Each Allergen	z80 Deny, Investigational-Member Responsibility	11/01/2017	07/31/2022	Allergy Testing (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	86001	Allergen Specific Igg Quantitative or Semiquantitative, Each Allergen	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Allergy Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	86005	Allergen Specific IGE Multiallergen Screen	u31 Deny, Not covered per Medical Policy - Provider Responsibility	11/01/2017		Allergy Testing (Company), Allergy Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	86140	C-reactive protein	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	This code will deny if billed in addition to the following codes: 83520 82397 86140 88346 88350 81479 or if billed with 82784 and 88346
Commercial/ASO, OHP, PEBB	86152	Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen	z80 Deny, Investigational-Member Responsibility	03/01/2017	10/31/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	service name: circulating tumor cell test
Commercial/ASO, OHP, PEBB	86152	Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	service name: circulating tumor cell test
Commercial/ASO, OHP, PEBB	86153	Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen; Physician Interp And Report	z80 Deny, Investigational-Member Responsibility	03/01/2017	10/31/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Commercial/ASO, OHP, PEBB	86153	Cell Enumeration Using Immunologic Selection And Identification In Fluid Specimen; Physician Interp And Report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		Circulating Tumor Cell and DNA Assays for Cancer Management (Company)	
Medicare	86305	Human epididymis protein 4 (HE4)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	86305	Human epididymis protein 4 (HE4)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, PEBB	86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, OHP, PEBB	86343	Leukocyte histamine release test (LHR)	z80 Deny, Investigational-Member Responsibility	11/01/2017		Allergy Testing (Company)	
Commercial/ASO, Medicare, PEBB	86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, PEBB	86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	86413	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease COVID-19) antibody, quantitative	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, OHP, PEBB	86677	Antibody; Helicobacter pylori	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Helicobacter Pylori Serological Testing (Company), Helicobacter Pylori Serological Testing (Medicare)	
Commercial/ASO, Medicare, PEBB	86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19) Multi-step method	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay - EIA, enzyme-linked immunosorbent assay - ELISA, fluorescence immunoassay (FIA), immunochemiluminometric assay - IMCA) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 COVID-19)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay - EIA, enzyme-linked immunosorbent assay - ELISA, fluorescence immunoassay (FIA), immunochemiluminometric assay - IMCA), qualitative or semiquantitative; multiple-step method, not otherwise specified, each organism	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022	02/01/2023	COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Medicare	87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	This code will pay if billed with specific diagnosis codes.
Medicare	87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus,	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Respiratory Viral Panels (Medicare)	This code will pay if billed with specific diagnosis codes.

See the "Notes" column for specific limitations which may apply.

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Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets					
Commercial/ASO, OHP, PEBB	87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Respiratory Viral Panels (Company)	This code will pay if billed with specific diagnosis codes.
Commercial/ASO, OHP, PEBB	87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	09/30/2021	Respiratory Viral Panels (Company)	This code will pay if billed with specific diagnosis codes.
Commercial/ASO, OHP, PEBB	87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020		Respiratory Viral Panels (Company)	
Medicare	87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022	09/30/2022	Respiratory Viral Panels (Medicare)	
Medicare	87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	87632	amplified probe technique, multiple types or subtypes, 6-11 targets Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Respiratory Viral Panels (Medicare)	This code may pay if billed with specific diagnosis and/or location code(s). Please refer to the associated medical policy.
Commercial/ASO, OHP, PEBB	87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020		Respiratory Viral Panels (Company)	
Medicare	87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022	09/30/2022	Respiratory Viral Panels (Medicare)	
Medicare	87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	
Medicare	87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Respiratory Viral Panels (Medicare)	This code may pay if billed with specific diagnosis and/or location code(s). Please refer to the associated medical policy.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, PEBB	87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19), amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code may deny based on billed diagnosis codes.
Commercial/ASO, OHP, PEBB	87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	09/30/2021	Respiratory Viral Panels (Company)	This code may pay when billed with specific diagnosis codes
Medicare	87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	This code may pay when billed with specific diagnosis codes
Medicare	87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Respiratory Viral Panels (Medicare)	This code may pay when billed with specific diagnosis codes
Commercial/ASO, OHP, PEBB	87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Respiratory Viral Panels (Company)	This code may pay when billed with specific diagnosis codes
Commercial/ASO, OHP, PEBB	87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	09/30/2021	Respiratory Viral Panels (Company)	This code may pay based on billed diagnosis code
Medicare	87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020	06/30/2022	Respiratory Viral Panels (Medicare)	This code may pay based on billed diagnosis code
Medicare	87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Respiratory Viral Panels (Medicare)	This code may pay based on billed diagnosis code

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Respiratory Viral Panels (Company)	This code may pay based on billed diagnosis code
Commercial/ASO, Medicare, PEBB	87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	87913	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease COVID-19) mutation identification in targeted region(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	
Commercial/ASO, Medicare, OHP, PEBB	88346	Immunofluorescence, per specimen; initial single antibody stain procedure	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2018		Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	
Commercial/ASO, Medicare, OHP, PEBB	88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	z80 Deny, Investigational- Member Responsibility	03/01/2018	10/31/2022	Inflammatory Bowel Disease: Serologic Markers and Therapeutic Monitoring (Company)	This code will deny if billed in addition to the following codes: 83520 82397 86140 88346 88350 81479 or if billed with 82784 and 88346
Commercial/ASO, Medicare, PEBB	90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	u69 Deny, Not Medically Necessary per Medical Policy MED438 - Prov Resp	01/01/2021	06/30/2022	Biofeedback and Neurofeedback (Company), Biofeedback and Neurofeedback (Medicare)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, Medicare, PEBB	90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	u69 Deny, Not Medically Necessary per Medical Policy MED438 - Prov Resp	07/01/2022		Biofeedback and Neurofeedback (Company), Biofeedback and Neurofeedback (Medicare)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, Medicare, PEBB	90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	u69 Deny, Not Medically Necessary per Medical Policy MED438 - Prov Resp	01/01/2021	06/30/2022	Biofeedback and Neurofeedback (Company), Biofeedback and Neurofeedback (Medicare)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, PEBB	90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	u69 Deny, Not Medically Necessary per Medical Policy MED438 - Prov Resp	07/01/2022		Biofeedback and Neurofeedback (Company), Biofeedback and Neurofeedback (Medicare)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, Medicare, PEBB	90901	Biofeedback training by any modality	u69 Deny, Not Medically Necessary per Medical Policy MED438 - Prov Resp	01/01/2021	06/30/2022	Biofeedback and Neurofeedback (Company), Biofeedback and Neurofeedback (Medicare)	This code may pay based on billed diagnosis code(s) excluding Providence St Joseph Health (PSJH)
Commercial/ASO, Medicare, PEBB	90901	Biofeedback training by any modality	u69 Deny, Not Medically Necessary per Medical Policy MED438 - Prov Resp	07/01/2022		Biofeedback and Neurofeedback (Company), Biofeedback and Neurofeedback (Medicare)	This code may pay based on billed diagnosis code(s) in the primary position excluding Providence St Joseph Health (PSJH)
Commercial/ASO, Medicare, OHP, PEBB	90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	z80 Deny, Investigational-Member Responsibility	05/01/2019	12/31/2019	Fecal Incontinence Treatments (Company), Fecal Incontinence Treatments (Medicare)	Service may deny if billed with any of the following diagnosis codes: F981, R151, R152, R150, R159
Commercial/ASO, OHP, PEBB	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	z80 Deny, Investigational-Member Responsibility	01/01/2020		Fecal Incontinence Treatments (Company)	This code may pay based on diagnosis codes billed. Please see the medical policy
Medicare	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	z80 Deny, Investigational-Member Responsibility	01/01/2020	08/31/2022	Fecal Incontinence Treatments (Medicare)	This code may pay based on diagnosis codes billed. Please see the medical policy
Medicare	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Fecal Incontinence Treatments (Medicare)	This code may pay based on diagnosis codes billed. Please see the medical policy
Commercial/ASO, OHP, PEBB	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional	z80 Deny, Investigational-Member Responsibility	01/01/2020		Fecal Incontinence Treatments (Company), Fecal Incontinence Treatments (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		contact with the patient (List separately in addition to code for primary procedure)					
Medicare	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Fecal Incontinence Treatments (Company), Fecal Incontinence Treatments (Medicare)	
Medicare	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	01/01/2020	08/31/2022	Fecal Incontinence Treatments (Company), Fecal Incontinence Treatments (Medicare)	
Commercial/ASO, PEBB	91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	z80 Deny, Investigational-Member Responsibility	07/01/2018	03/31/2022	Exhaled Breath Tests (Company)	service name: exhaled breath test
Commercial/ASO, PEBB	91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Exhaled Breath Tests (Company)	service name: exhaled breath test
Commercial/ASO, OHP, PEBB	91112	Gastrointestinal Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, W Interpretation And Report	z80 Deny, Investigational-Member Responsibility	11/01/2018		Wireless Capsule for Gastrointestinal Motility Monitoring	
Medicare	91112	Gastrointestinal Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, W Interpretation And Report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Wireless Capsule for Gastrointestinal Motility Monitoring	
Medicare	91112	Gastrointestinal Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, W Interpretation And Report	z80 Deny, Investigational-Member Responsibility	11/01/2018	03/31/2023	Wireless Capsule for Gastrointestinal Motility Monitoring	
Commercial/ASO, OHP, PEBB	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	z80 Deny, Investigational-Member Responsibility	01/01/2022		Wireless Capsule Endoscopy (Company)	
Medicare	91132	Electrogastrography, diagnostic, transcutaneous	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	91132	Electrogastrography, diagnostic, transcutaneous	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	12/01/2017	08/31/2022		
Medicare	92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	12/01/2017	05/31/2022		
Commercial/ASO, OHP, PEBB	92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	u31 Deny, Not covered per Medical Policy - Provider Responsibility	12/01/2017	08/31/2022	Eye: Retinopathy Telescreening (Company)	
Medicare	92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	05/31/2022	Eye: Retinopathy Telescreening (Company)	
Commercial/ASO, OHP, PEBB	92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021	08/31/2022		
Commercial/ASO, OHP, PEBB	92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	z80 Deny, Investigational-Member Responsibility	01/01/2021	01/31/2023	Vestibular Function Testing	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Vestibular Function Testing	
Medicare	92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	z80 Deny, Investigational-Member Responsibility	01/01/2021	05/31/2022	Vestibular Function Testing	
Commercial/ASO, OHP, PEBB	92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Vestibular Function Testing	
Commercial/ASO, OHP, PEBB	92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	z80 Deny, Investigational-Member Responsibility	01/01/2021	01/31/2023	Vestibular Function Testing	
Medicare	92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Vestibular Function Testing	
Medicare	92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	z80 Deny, Investigational-Member Responsibility	01/01/2021	05/31/2022	Vestibular Function Testing	
Commercial/ASO, OHP, PEBB	92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Vestibular Function Testing	
Commercial/ASO, OHP, PEBB	92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	z80 Deny, Investigational-Member Responsibility	01/01/2021	01/31/2023	Vestibular Function Testing	
Medicare	92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Vestibular Function Testing	
Medicare	92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	z80 Deny, Investigational-Member Responsibility	01/01/2021	05/31/2022	Vestibular Function Testing	
Commercial/ASO, OHP, PEBB	92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		Vestibular Function Testing	
Commercial/ASO, Medicare, OHP, PEBB	92546	Sinusoidal vertical axis rotational testing	X72 Deny, New Technology - Provider Responsibility	08/01/2016	11/30/2017	Vestibular Function Testing	
Commercial/ASO, Medicare, OHP, PEBB	92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	Other Denial - See "Request Statement" and include EX code if you know what it is	04/18/2016			This service will deny when not billed at an appropriate location code.
Medicare	93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive					
Commercial/ASO, OHP, PEBB	93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	z80 Deny, Investigational-Member Responsibility	03/01/2022	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	z80 Deny, Investigational-Member Responsibility	03/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	z80 Deny, Investigational-Member Responsibility	03/01/2022	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	z80 Deny, Investigational-Member Responsibility	03/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	03/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	z80 Deny, Investigational-Member Responsibility	06/01/2015	11/30/2017	Cardiac: Measurement of Carotid Intima-Media Thickening (IMT) for Detection of Atherosclerosis	
Medicare	93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	09/01/2021		Allergy Testing (Company)	This code will pay up to a total of 70 cumulative units for a combination of the following codes: 95004 95017 95018
Commercial/ASO, OHP, PEBB	95012	Nitric oxide expired gas determination	z80 Deny, Investigational-Member Responsibility	08/01/2018	03/31/2022	Exhaled Breath Tests (Company)	service name: exhaled breath test
Medicare	95012	Nitric oxide expired gas determination	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Exhaled Breath Tests (Medicare)	service name: exhaled breath test
Medicare	95012	Nitric oxide expired gas determination	z80 Deny, Investigational-Member Responsibility	08/01/2018	06/30/2021	Exhaled Breath Tests (Medicare)	service name: exhaled breath test
Commercial/ASO, OHP, PEBB	95012	Nitric oxide expired gas determination	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Exhaled Breath Tests (Company)	service name: exhaled breath test
Commercial/ASO, OHP, PEBB	95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	09/01/2021		Allergy Testing (Company)	This code will pay up to a total of 70 cumulative units for a combination of the following codes: 95004 95017 95018
Commercial/ASO, OHP, PEBB	95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals,	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	09/01/2021		Allergy Testing (Company)	This code will pay up to a total of 70 cumulative units for a combination of

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		immediate type reaction, including test interpretation and report, specify number of tests					the following codes: 95004 95017 95018
Commercial/ASO, OHP, PEBB	95024	Intracutaneous (intra dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	09/01/2021		Allergy Testing (Company)	This code will pay up to a total of 40 cumulative units for a combination of the following codes: 95024 95027 95028
Commercial/ASO, OHP, PEBB	95027	Intracutaneous (intra dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	09/01/2021		Allergy Testing (Company)	This code will pay up to a total of 40 cumulative units for a combination of the following codes: 95024 95027 95028
Commercial/ASO, OHP, PEBB	95028	Intracutaneous (intra dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	09/01/2021		Allergy Testing (Company)	This code will pay up to a total of 40 cumulative units for a combination of the following codes: 95024 95027 95028
Commercial/ASO, Medicare, OHP, PEBB	95044	Patch or application test(s) (specify number of tests)	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	11/01/2017		Allergy Testing (Company)	This service will deny when a maximum frequency is reached, please see medical policy for further details
Commercial/ASO, OHP, PEBB	95060	Ophthalmic mucous membrane tests	z80 Deny, Investigational-Member Responsibility	11/01/2017		Allergy Testing (Company)	
Commercial/ASO, OHP, PEBB	95065	Ophthalmic mucous membrane tests	z80 Deny, Investigational-Member Responsibility	11/01/2017		Allergy Testing (Company)	
Commercial/ASO, OHP, PEBB	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	04/01/2018		Sleep Disorder Testing (Company)	The first date of service may be covered, but this code will deny if billed again within 3 days of the initial service or if any of the codes listed below are billed within 3 days of the initial service: G0398 G0399 G0400 95800 95801 95806
Medicare	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 1 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							Medicare guidance: G47.10 Hypersomnia, unspecified G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.33 Obstructive sleep apnea (adult) (pediatric)
Commercial/ASO, OHP, PEBB	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	04/01/2018		Sleep Disorder Testing (Company)	The first date of service may be covered, but this code will deny if billed again within 3 days of the initial service or if any of the codes listed below are billed within 3 days of the initial service: G0398 G0399 G0400 95800 95801 95806
Medicare	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 1 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the Medicare guidance: G47.10 Hypersomnia, unspecified G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.33 Obstructive sleep apnea (adult) (pediatric)
Commercial/ASO, Medicare, OHP, PEBB	95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	04/01/2018		Sleep Disorder Testing (Company), Sleep Disorder Testing (Medicare)	
Medicare	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 1 per calendar year and will pay if billed with one of

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		interpretation of physiological measurements of sleep during multiple trials to assess sleepiness					the following diagnosis codes, as outlined in the Medicare guidance: G47.10 Hypersomnia, unspecified G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.411 Narcolepsy with cataplexy G47.419 Narcolepsy without cataplexy G47.421 Narcolepsy in conditions classified elsewhere with cataplexy G47.429 Narcolepsy in conditions classified elsewhere without cataplexy
Commercial/ASO, OHP, PEBB	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	04/01/2018		Sleep Disorder Testing (Company)	The first date of service may be covered, but this code will deny if billed again within 3 days of the initial service or if any of the codes listed below are billed within 3 days of the initial service: G0398 G0399 G0400 95800 95801 95806
Medicare	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 1 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the Medicare guidance: G47.10 Hypersomnia, unspecified G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							hypersomnia G47.30 Sleep apnea, unspecified G47.33 Obstructive sleep apnea (adult) (pediatric)
Medicare	95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 3 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the Medicare guidance: F51.3 Sleepwalking [somnambulism] F51.4 Sleep terrors [night terrors] G47.10 Hypersomnia, unspecified G47.11 Idiopathic hypersomnia with long sleep time G47.12 Idiopathic hypersomnia without long sleep time G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.31 Primary central sleep apnea G47.33 Obstructive sleep apnea (adult) (pediatric) G47.34 Idiopathic sleep related nonobstructive alveolar hypoventilation G47.35 Congenital central alveolar hypoventilation syndrome G47.36 Sleep related hypoventilation in conditions classified elsewhere G47.37 Central sleep apnea in conditions classified elsewhere G47.411 Narcolepsy with cataplexy

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							G47.419 Narcolepsy without cataplexy G47.421 Narcolepsy in conditions classified elsewhere with cataplexy G47.429 Narcolepsy in conditions classified elsewhere without cataplexy G47.50 Parasomnia, unspecified G47.51 Confusional arousals G47.52 REM sleep behavior disorder G47.53 Recurrent isolated sleep paralysis G47.54 Parasomnia in conditions classified elsewhere G47.61 Periodic limb movement disorder G47.9 Sleep disorder, unspecified
Medicare	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 3 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the Medicare guidance: F51.3 Sleepwalking [somnambulism] F51.4 Sleep terrors [night terrors] G47.10 Hypersomnia, unspecified G47.11 Idiopathic hypersomnia with long sleep time G47.12 Idiopathic hypersomnia without long sleep time G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.31 Primary central

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							<p>sleep apnea G47.33 Obstructive sleep apnea (adult) (pediatric) G47.34 Idiopathic sleep related nonobstructive alveolar hypoventilation G47.35 Congenital central alveolar hypoventilation syndrome G47.36 Sleep related hypoventilation in conditions classified elsewhere G47.37 Central sleep apnea in conditions classified elsewhere G47.411 Narcolepsy with cataplexy G47.419 Narcolepsy without cataplexy G47.421 Narcolepsy in conditions classified elsewhere with cataplexy G47.429 Narcolepsy in conditions classified elsewhere without cataplexy G47.50 Parasomnia, unspecified G47.51 Confusional arousals G47.52 REM sleep behavior disorder G47.53 Recurrent isolated sleep paralysis G47.54 Parasomnia in conditions classified elsewhere G47.61 Periodic limb movement disorder G47.9 Sleep disorder, unspecified</p>
Medicare	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 3 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the Medicare guidance: F51.3 Sleepwalking

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							[somnambulism] F51.4 Sleep terrors [night terrors] G47.10 Hypersomnia, unspecified G47.11 Idiopathic hypersomnia with long sleep time G47.12 Idiopathic hypersomnia without long sleep time G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.31 Primary central sleep apnea G47.33 Obstructive sleep apnea (adult) (pediatric) G47.34 Idiopathic sleep related nonobstructive alveolar hypoventilation G47.35 Congenital central alveolar hypoventilation syndrome G47.36 Sleep related hypoventilation in conditions classified elsewhere G47.37 Central sleep apnea in conditions classified elsewhere G47.411 Narcolepsy with cataplexy G47.419 Narcolepsy without cataplexy G47.421 Narcolepsy in conditions classified elsewhere with cataplexy G47.429 Narcolepsy in conditions classified elsewhere without cataplexy G47.50 Parasomnia, unspecified G47.51 Confusional arousals G47.52 REM

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							<p>sleep behavior disorder G47.53 Recurrent isolated sleep paralysis G47.54 Parasomnia in conditions classified elsewhere G47.61 Periodic limb movement disorder G47.9 Sleep disorder, unspecified If one of the codes above are not billed, please deny u21 - Not medically necessary - provider responsibility. Also, please set up a frequency limit of 3 per calendar year. If more than 3 are billed per calendar year, please deny u21 also</p>
Medicare	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	<p>This code will PAY if billed with one of the following diagnosis codes: G47.30 Sleep apnea, unspecified G47.31 Primary central sleep apnea G47.33 Obstructive sleep apnea (adult) (pediatric) If one of the codes above are not billed, please deny u21 - Not medically necessary - provider responsibility. Also, please set up a frequency limit of 3 per calendar year. If more than 3 are billed per calendar year, please deny u21 also. Thanks. DB UPDATE 6/14/18 Please changed 95811 to not require a prior authorization for ages 17 and under for all lines of business effective 8/1/16. Medicare lines of</p>

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
							business. All providers. Thanks. DB
Medicare	95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	z80 Deny, Investigational-Member Responsibility	10/01/2016	11/30/2021	Nerve Conduction Studies (Medicare)	Service may be covered if billed with G56.00, G56.01 or G56.02 for Medicare and Premera Medicare
Commercial/ASO, OHP, PEBB	95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	z80 Deny, Investigational-Member Responsibility	10/01/2016		Nerve Conduction Studies (Medicare)	
Medicare	95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2021		Nerve Conduction Studies (Medicare)	Service may be covered if billed with G56.00, G56.01, G56.02 or G56.03 for Medicare and Premera Medicare
Commercial/ASO, OHP, PEBB	95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2023	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Medicare	95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Intraoperative Monitoring (Company)	this code may deny based on billed diagnosis code
Medicare	95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Intraoperative Monitoring (Medicare)	This code may deny based on billed diagnosis code
Commercial/ASO, Medicare, OHP, PEBB	95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	X72 Deny, New Technology - Provider Responsibility	01/01/2002	12/31/2021		
Commercial/ASO, Medicare, OHP, PEBB	95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single	X72 Deny, New Technology - Provider Responsibility	01/01/2002	12/31/2021		

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		modality (eg, sensory, motor, language, or visual cortex localization)					
Commercial/ASO, OHP, PEBB	96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	z80 Deny, Investigational-Member Responsibility	12/01/2018		Surface Electromyography (sEMG) Testing (Company)	
Medicare	96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	z80 Deny, Investigational-Member Responsibility	12/01/2018	07/31/2022	Surface Electromyography (sEMG) Testing (Company)	
Medicare	96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Surface Electromyography (sEMG) Testing (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	z80 Deny, Investigational-Member Responsibility	12/01/2018	04/30/2020	Surface Electromyography (sEMG) Testing (Company)	
Commercial/ASO, Medicare, OHP, PEBB	96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	z80 Deny, Investigational-Member Responsibility	11/01/2017	09/30/2018	Neuropsychological Testing	
Commercial/ASO, Medicare, PEBB	96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	z80 Deny, Investigational-Member Responsibility	10/01/2018	12/31/2018	Neuropsychological Testing	
Commercial/ASO, PEBB	96116	Neurobehavioral status exam, per hr psychologist/physician time, patient time and interpretation/report time	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Psychological and Neuropsychological Testing (Company)	This code may pay based on billed diagnosis. Excludes Providence St Joseph Health
Commercial/ASO, PEBB	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Psychological and Neuropsychological Testing (Company)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)					
Commercial/ASO, PEBB	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Psychological and Neuropsychological Testing (Company)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, PEBB	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Psychological and Neuropsychological Testing (Company)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, PEBB	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Psychological and Neuropsychological Testing (Company)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, PEBB	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Psychological and Neuropsychological Testing (Company)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, PEBB	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Neuropsychological Testing (All Lines of Business Except Medicare) Archived 1/1/2021, Psychological and	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, PEBB	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Neuropsychological Testing (Company) Psychological and Neuropsychological Testing (Company)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, PEBB	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Psychological and Neuropsychological Testing (Company)	This code may pay based on billed diagnosis code(s). Excludes Providence St Joseph Health
Commercial/ASO, OHP, PEBB	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	z80 Deny, Investigational-Member Responsibility	01/01/2019	12/31/2020	Investigational and Non Covered Medical Technologies (Company), Neuropsychological Testing (All Lines of Business Except Medicare) Archived 1/1/2021	
Commercial/ASO, PEBB	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	u68 Deny, Not Medically Necessary per Medical Policy BH008 - Prov Resp	01/01/2021		Psychological and Neuropsychological Testing (Company)	Excludes Providence St Joseph Health
Commercial/ASO, OHP, PEBB	96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	z80 Deny, Investigational-Member Responsibility	10/01/2017	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	z80 Deny, Investigational-Member Responsibility	10/01/2017	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	z80 Deny, Investigational-Member Responsibility	10/01/2017	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2017	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2017	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2017	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	97026	Application of a modality to 1 or more areas; infrared	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	97026	Application of a modality to 1 or more areas; infrared	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	u31 Deny, Not covered per Medical Policy - Provider Responsibility	10/01/2017	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	97545	Work hardening/conditioning; initial 2 hours	z80 Deny, Investigational-Member Responsibility	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	97545	Work hardening/conditioning; initial 2 hours	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2017	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management colle	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Negative Pressure Wound Therapy (Company)	
Medicare	97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management colle	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019	09/30/2022	Negative Pressure Wound Therapy (Medicare)	
Commercial/ASO, OHP, PEBB	97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management colle	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Negative Pressure Wound Therapy (Company)	
Medicare	97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management colle	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019	09/30/2022	Negative Pressure Wound Therapy (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	z80 Deny, Investigational-Member Responsibility	01/01/2018	05/31/2023	Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service
Commercial/ASO, OHP, PEBB	99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service
Commercial/ASO, OHP, PEBB	99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service
Commercial/ASO, OHP, PEBB	99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Back: Ablative Procedures to Treat Back and Neck Pain (Company), Back: Epidural Steroid Injections (Company)	This code may pay based on other codes billed for the same date of service

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	99195	Phlebotomy, therapeutic (separate procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Complementary and Alternative Medicine (CAM) Treatments (Company), Complementary and Alternative Medicine (CAM) Treatments (Medicare)	
Medicare	99605	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual; Initial 15 Minutes, New Patient	u31 Deny, Not covered per Medical Policy - Provider Responsibility	01/01/2018	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	99605	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual; Initial 15 Minutes, New Patient	z80 Deny, Investigational-Member Responsibility	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	99606	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual; Initial 15 Minutes, Established Patient	u31 Deny, Not covered per Medical Policy - Provider Responsibility	01/01/2018	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	99606	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual; Initial 15 Minutes, Established Patient	z80 Deny, Investigational-Member Responsibility	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	99607	Medication Therapy Management Service(s) Provided by a Pharmacist, Individual; each Additional 15 Minutes (List Sep)	z80 Deny, Investigational-Member Responsibility	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2001	Innovamatrix ac, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2001	Innovamatrix ac, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2002	Mirrugen advanced wound matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2002	Mirrugen advanced wound matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2004	Xcellitem, 1 mg	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	A2004	Xcellistem, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2005	Microlyte matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2005	Microlyte matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2006	Novosorb synpath dermal matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2006	Novosorb synpath dermal matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2007	Restrata, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2007	Restrata, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2008	Theragenesis, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2008	Theragenesis, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2009	Symphony, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2009	Symphony, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2010	Apis, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	A2010	Apis, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2011	Supra sdrn, per square centimeter	z80 Deny, Investigational-Member Responsibility	04/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	A2011	Supra sdrm, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2012	Suprathel, per square centimeter	z80 Deny, Investigational-Member Responsibility	04/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2012	Suprathel, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2013	Innovamatrix fs, per square centimeter	z80 Deny, Investigational-Member Responsibility	04/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2013	Innovamatrix fs, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2014	Omeza collagen matrix, per 100 mg	z80 Deny, Investigational-Member Responsibility	10/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2014	Omeza collagen matrix, per 100 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2015	Phoenix wound matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2015	Phoenix wound matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2016	Permeaderm b, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2016	Permeaderm b, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2017	Permeaderm glove, each	z80 Deny, Investigational-Member Responsibility	10/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2017	Permeaderm glove, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2018	Permeaderm c, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	A2018	Permeaderm c, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2019	Kerecis omega3 marigen shield, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2020	Ac5 advanced wound system (ac5)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A2021	Neomatrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	A4224	Supplies for maintenance of insulin infusion catheter, per week	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	09/01/2017		Advanced Diabetes Management Technology (Company), Advanced Diabetes Management Technology (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4230	Infusion set for external insulin pump, non needle cannula type	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Advanced Diabetes Management Technology (Company), Advanced Diabetes Management Technology (Medicare)	Note: This service (A4230) will deny if billed with A4224
Commercial/ASO, Medicare, OHP, PEBB	A4231	Infusion set for external insulin pump, needle type	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Advanced Diabetes Management Technology (Company), Advanced Diabetes Management Technology (Medicare)	
Medicare	A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	t07 Deny, per MP code does not warrant a	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
			separate reimburse - Provider Resp				
Commercial/ASO, Medicare, OHP, PEBB	A4244	Alcohol or peroxide, per pint	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2015	08/31/2020	Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4244	Alcohol or peroxide, per pint	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4245	Alcohol wipes, per box	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2015	08/31/2020	Diabetes: Blood Glucose Monitors and Supplies (Company)	
Commercial/ASO, Medicare, PEBB	A4245	Alcohol wipes, per box	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, PEBB	A4246	Betadine or pHisoHex solution, per pint	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2015	08/31/2020	Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, PEBB	A4246	Betadine or pHisoHex solution, per pint	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, PEBB	A4247	Betadine or iodine swabs/wipes, per box	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2015	08/31/2020	Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, PEBB	A4247	Betadine or iodine swabs/wipes, per box	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, PEBB	A4250	Urine test or reagent strips or tablets (100 tablets or strips)	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2015	08/31/2020	Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, PEBB	A4250	Urine test or reagent strips or tablets (100 tablets or strips)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Advanced Diabetes Management Technology (Company)	This code does not warrant separate reimbursement when billed with K0553
Medicare	A4255	Platforms for home blood glucose monitor, 50 per box	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	A4256	Normal, low and high calibrator solution / chips	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Advanced Diabetes Management Technology (Company)	
Commercial/ASO, Medicare, OHP, PEBB	A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	X07 Deny, Not a Covered Benefit - Member Responsibility	07/01/2017	08/31/2020	Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	A4258	Spring-powered device for lancet, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	A4259	Lancets, per box of 100	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Urinary Incontinence Treatments (Company)	
Commercial/ASO, OHP, PEBB	A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Urinary Incontinence Treatments (Company)	
Commercial/ASO, OHP, PEBB	A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	z80 Deny, Investigational-Member Responsibility	10/01/2021		Fecal Incontinence Treatments (Company)	
Medicare	A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Fecal Incontinence Treatments (Medicare)	
Medicare	A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	z80 Deny, Investigational-Member Responsibility	09/01/2020	12/31/2020	Fecal Incontinence Treatments (Medicare)	
Medicare	A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Fecal Incontinence Treatments (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4465	Non-elastic binder for extremity	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4467	Belt, strap, sleeve, garment, or covering, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2019		Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare), Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4490	Surgical stockings above knee length, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4495	Surgical stockings thigh length, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4500	Surgical stockings below knee length, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	A4510	Surgical stockings full length, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4553	Non-disposable underpads, all sizes	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017			
Commercial/ASO, OHP, PEBB	A4560	Pessary	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	z80 Deny, Investigational- Member Responsibility	01/01/2019		Fecal Incontinence Treatments (Company)	
Medicare	A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Fecal Incontinence Treatments (Medicare)	
Medicare	A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	z80 Deny, Investigational- Member Responsibility	01/01/2019	06/30/2022	Fecal Incontinence Treatments (Company), Fecal Incontinence Treatments (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4575	Topical hyperbaric oxygen chamber, disposable	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2019		Home Oxygen Equipment and Supplies (Company), Home Oxygen Equipment and Supplies (Medicare), Hyperbaric Oxygen Therapy (Company), Hyperbaric Oxygen Therapy (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	01/01/2016		Functional Electrical Stimulation (All Lines of Business Except Medicare), Transcutaneous Electrical Nerve Stimulators (TENS) and Related Supplies (Company)	This code may billed up to 2 units per month, otherwise will deny as not covered per medical policy
Commercial/ASO, Medicare, OHP, PEBB	A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare), Electrical Stimulation: Non-Covered Therapies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	A4636	Replacement, handgrip, cane, crutch, or walker, each	t07 Deny, per MP code does not warrant a	06/05/2017		Walkers (Company), Walkers (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	A4637	Replacement, tip, cane, crutch, walker, each	separate reimburse - Provider Resp t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Walkers (Company), Walkers (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A4639	Replacement pad for infrared heating pad system, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, Medicare, OHP, PEBB	A4653	Peritoneal dialysis catheter anchoring device, belt, each	z80 Deny, Investigational-Member Responsibility	05/01/2019	08/31/2020	Fecal Incontinence Treatments (Company), Fecal Incontinence Treatments (Medicare)	
Commercial/ASO, Medicare, PEBB	A4927	Gloves, non-sterile, per 100	X07 Deny, Not a Covered Benefit - Member Responsibility	11/01/2017		Gloves, Sterile and Non-Sterile	
Commercial/ASO, Medicare, OHP, PEBB	A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2018		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2018		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	This code will deny if billed on the same day as one of the codes listed below: L3215 L3216 L3217 L3219 L3221 L3222 L3224 L3225 L3230 L3250 L3251 L3252 L3253
Commercial/ASO, Medicare, OHP, PEBB	A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare), Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	This code will deny if billed on the same day as one of the codes listed below: L3215 L3216 L3217 L3219 L3221 L3222 L3224 L3225 L3230 L3250 L3251 L3252 L3253
Commercial/ASO, OHP, PEBB	A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	z80 Deny, Investigational-Member Responsibility	06/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP	A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression	PEBB Statewide and Choice cover compression hose, do not deny.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP	A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Bandages, Stockings, and Wraps (Medicare) Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP	A6541	Gradient compression stocking, waist length, 40-50 mmhg, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6544	Gradient compression stocking, garter belt	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP	A6549	Gradient compression stocking/sleeve, not otherwise specified	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression Bandages, Stockings, and Wraps (Company), Compression Bandages, Stockings, and Wraps (Medicare)	PEBB Statewide and Choice cover compression hose, do not deny.
Commercial/ASO, Medicare, OHP, PEBB	A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A6591	External urinary catheter; non-disposable, for use with suction pump, per month	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Urinary Incontinence Treatments (Company), Urinary Incontinence Treatments (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A7049	Expiratory positive airway pressure intranasal resistance valve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Sleep Disorder Treatment: Positive Airway Pressure (Company), Sleep Disorder Treatment: Positive Airway Pressure (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A9270	Non-covered item or service	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2015		Advanced Diabetes Management Technology (Medicare), Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare), Electrical Stimulation and Electromagnetic Therapies (Medicare), Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare), Negative Pressure Wound Therapy	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						(Medicare), Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare), Speech Generating Devices (Company), Speech Generating Devices (Medicare)	
Commercial/ASO, OHP, PEBB	A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Negative Pressure Wound Therapy (Medicare)	
Medicare	A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2021		Negative Pressure Wound Therapy (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Cold Therapy and Cooling Devices in the Home Setting (Company), Cold Therapy and Cooling Devices in the Home Setting (Medicare), Heating Pads and Heat Lamps	
Commercial/ASO, OHP, PEBB	A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Cold Therapy and Cooling Devices in the Home Setting (Company)	
Medicare	A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Cold Therapy and Cooling Devices in the Home Setting (Medicare)	
Medicare	A9274	external ambulatory insulin delivery system, disposable	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2018	04/30/2020	Diabetes: Integrated Insulin Infusion and Glucose Monitoring Systems (Medicare Only) Archived 2/1/2021	
Commercial/ASO, Medicare, OHP, PEBB	A9275	Home glucose disposable monitor, includes test strips	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2015	08/31/2020	Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	A9275	Home glucose disposable monitor, includes test strips	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	A9283	Foot pressure off loading/supportive device, any type, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2018		Glucose Monitors and Supplies (Medicare) Ankle-Foot/Knee-Ankle-Foot Orthoses (Company), Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare), Orthotic Foot Devices and Therapeutic Shoes (Company), Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	A9285	Inversion/eversion correction device	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare)	
Medicare	A9900	Miscellaneous dme supply, accessory, and/or service component of another hcpcs code	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare), Home Oxygen Equipment and Supplies (Medicare), Walkers (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	z80 Deny, Investigational-Member Responsibility	01/01/2019		Medical Nutrition (Commercial) - Pharmacy Policy, Medical Nutrition (Medicaid) - Pharmacy Policy, Medical Nutrition (Medicare Part B) - Pharmacy Policy	RELIZORB ®
Commercial/ASO, OHP, PEBB	C1761	Catheter, transluminal intravascular lithotripsy, coronary	z80 Deny, Investigational-Member Responsibility	07/01/2021	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	C1761	Catheter, transluminal intravascular lithotripsy, coronary	z80 Deny, Investigational-Member Responsibility	07/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C1761	Catheter, transluminal intravascular lithotripsy, coronary	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C1761	Catheter, transluminal intravascular lithotripsy, coronary	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	C1776	Joint device (implantable)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2017	03/31/2018	Joint Resurfacing (Company)	
Commercial/ASO, OHP, PEBB	C1821	Interspinous implant	z80 Deny, Investigational-Member Responsibility	12/01/2015	05/31/2023	Back: Stabilization Devices and Interspinous Spacers	
Medicare	C1821	Interspinous implant	z80 Deny, Investigational-Member Responsibility	12/01/2015	08/31/2022	Back: Stabilization Devices and Interspinous Spacers	
Medicare	C1821	Interspinous implant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Back: Stabilization Devices and Interspinous Spacers	
Commercial/ASO, OHP, PEBB	C1821	Interspinous implant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Back: Stabilization Devices and Interspinous Spacers	
Commercial/ASO, OHP, PEBB	C1824	Generator, cardiac contractility modulation (implantable)	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	C1824	Generator, cardiac contractility modulation (implantable)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C1824	Generator, cardiac contractility modulation (implantable)	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C1824	Generator, cardiac contractility modulation (implantable)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C1831	Personalized, anterior and lateral interbody cage (implantable)	z80 Deny, Investigational-Member Responsibility	10/01/2021	04/30/2023	Back: Fusion and Decompression Procedures (Company)	
Medicare	C1831	Personalized, anterior and lateral interbody cage (implantable)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Fusion and Decompression Procedures (Company), Back: Fusion and Decompression Procedures (Medicare)	
Commercial/ASO, OHP, PEBB	C1831	Personalized, anterior and lateral interbody cage (implantable)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, Medicare, OHP, PEBB	C1832	Autograft suspension, including cell processing and application, and all system components	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	C1832	Autograft suspension, including cell processing and application, and all system components	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	z80 Deny, Investigational-Member Responsibility	01/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C2596	Probe, image-guided, robotic, waterjet ablation	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2022	Prostate: Benign Prostatic Hyperplasia Treatments (Company)	
Medicare	C2596	Probe, image-guided, robotic, waterjet ablation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C2596	Probe, image-guided, robotic, waterjet ablation	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C2614	Probe, Percutaneous Lumbar Discectomy	z80 Deny, Investigational-Member Responsibility	12/01/2019	04/30/2023	Back: Fusion and Decompression Procedures (Company)	
Medicare	C2614	Probe, Percutaneous Lumbar Discectomy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Fusion and Decompression Procedures (Medicare)	
Commercial/ASO, OHP, PEBB	C2614	Probe, Percutaneous Lumbar Discectomy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, Medicare, OHP, PEBB	C2628	Catheter, occlusion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Cardiac: Left Atrial Appendage Devices (Company), Cardiac: Left Atrial Appendage Devices (Medicare)	
Commercial/ASO, OHP, PEBB	C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	Code pays when billed with specific dx codes. If billed without a specific dx code then code will deny as not medically necessary.
Medicare	C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	Code pays when billed with specific dx codes. If billed without a specific dx code then code will deny as not medically necessary.

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		bilateral injection, inclusive of all imaging guidance					
Commercial/ASO, OHP, PEBB	C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	Code pays when billed with specific dx codes. If billed without a specific dx code then code will deny as not medically necessary.
Medicare	C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	Code pays when billed with specific dx codes. If billed without a specific dx code then code will deny as not medically necessary.
Commercial/ASO, OHP, PEBB	C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	Code pays when billed with specific dx codes. If billed without a specific dx code then code will deny as not medically necessary.
Medicare	C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	Code pays when billed with specific dx codes. If billed without a specific dx code then code will deny as not medically necessary.
Commercial/ASO, OHP, PEBB	C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Percutaneous Vertebroplasty and Sacroplasty (Company)	Code pays when billed with specific dx codes. If billed without a specific dx code then code will deny as not medically necessary.
Medicare	C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Percutaneous Vertebroplasty and Sacroplasty (Medicare)	Code pays when billed with specific dx codes. If billed without a specific dx code then code will deny as not medically necessary.
Commercial/ASO, PEBB	C9352	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length	z80 Deny, Investigational- Member Responsibility	03/01/2018		Investigational and Non Covered Medical Technologies (Company)	

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Medicare	C9352	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9352	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	C9353	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length	z80 Deny, Investigational-Member Responsibility	03/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9353	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9353	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	C9355	Collagen nerve cuff (neuromatrix), per 0.5 centimeter length	z80 Deny, Investigational-Member Responsibility	03/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9355	Collagen nerve cuff (neuromatrix), per 0.5 centimeter length	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9355	Collagen nerve cuff (neuromatrix), per 0.5 centimeter length	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, PEBB	C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	z80 Deny, Investigational-Member Responsibility	03/01/2018		Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	z80 Deny, Investigational-Member Responsibility	03/01/2018	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	C9364	Porcine implant, permacol, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	C9364	Porcine implant, permacol, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, PEBB	C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Rhinoplasty and Other Nasal Surgeries (Company)	
Commercial/ASO, OHP, PEBB	C9727	Insertion of implants into the soft palate:min of three implants	z80 Deny, Investigational-Member Responsibility	12/01/2019		Sleep Disorder Treatment: Surgical (Company)	
Medicare	C9727	Insertion of implants into the soft palate:min of three implants	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2019		Sleep Disorder Treatment: Surgical (Medicare)	
	C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	z80 Deny, Investigational-Member Responsibility	01/01/2018	12/31/2020	Balloon Dilation of the Sinuses or Eustachian Tubes	This code is no longer valid effective 1/1/2021
Commercial/ASO, Medicare, OHP, PEBB	C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (hifu), including imaging guidance	z80 Deny, Investigational-Member Responsibility	06/01/2018	10/31/2018	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (hifu), including imaging guidance	z80 Deny, Investigational-Member Responsibility	11/01/2018	12/31/2020	Prostate: High Intensity Focused Ultrasound (HIFU) (Company)	This code is no longer valid effective 1/1/2021
Medicare	C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	06/30/2020	Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	
Commercial/ASO, OHP, PEBB	C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	z80 Deny, Investigational-Member Responsibility	06/01/2019	12/31/2021	Back: Ablative Procedures to Treat Back and Neck Pain (Company)	Code no longer valid effective 1/1/2022
Medicare	C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	Code no longer valid effective 1/1/2022
Medicare	C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	06/30/2020	Back: Ablative Procedures to Treat Back and Neck Pain (Medicare Only)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	06/01/2019	12/31/2021	Back: Ablative Procedures to Treat Back and Neck Pain (Company)	Code no longer valid effective 1/1/2022
Medicare	C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	Code no longer valid effective 1/1/2022
Medicare	C9758	Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Clinical Trials, Studies, and Registries (Medicare)	
Commercial/ASO, OHP, PEBB	C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9760	Non-randomized, non-blinded procedure for nyha class ii, iii, iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy),	z80 Deny, Investigational-Member Responsibility	07/01/2020	03/31/2022	Clinical Trials (Company) , Clinical Trials, Studies, and Registries (Medicare)	This code will pay if billed with Q0 or Q1 modifiers

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		performed in an approved investigational device exemption (ide) study					
Commercial/ASO, OHP, PEBB	C9760	Non-randomized, non-blinded procedure for nyha class ii, iii, iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	z80 Deny, Investigational-Member Responsibility	04/01/2022		Clinical Trials (Company)	
Medicare	C9760	Non-randomized, non-blinded procedure for nyha class ii, iii, iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	z80 Deny, Investigational-Member Responsibility	07/01/2020		Clinical Trials, Studies, and Registries (Medicare)	This code will pay if billed with Q0 or Q1 modifiers
Commercial/ASO, OHP, PEBB	C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	07/01/2020	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular	z80 Deny, Investigational-Member Responsibility	07/01/2020	10/31/2022	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed				Non-Covered Services (Medicare)	
Medicare	C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	z80 Deny, Investigational-Member Responsibility	11/01/2022		Prostate: Benign Prostatic Hyperplasia Treatments (Company)	
Commercial/ASO, OHP, PEBB	C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed					
Medicare	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy,	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		includes angioplasty within the same vessel (s), when performed				Non-Covered Services (Medicare)	
Medicare	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2021	12/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	z80 Deny, Investigational-Member Responsibility	01/01/2021	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance	z80 Deny, Investigational-Member Responsibility	10/01/2021		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	z80 Deny, Investigational-Member Responsibility	04/01/2022		Investigational and Non Covered Medical Technologies (Company)	
Medicare	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	z80 Deny, Investigational-Member Responsibility	04/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	C9782	Blinded procedure for new york heart association (nyha) class ii or iii heart failure, or canadian cardiovascular society (ccs) class iii or iv chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	z80 Deny, Investigational-Member Responsibility	04/01/2022		Clinical Trials (Company)	
Medicare	C9782	Blinded procedure for new york heart association (nyha) class ii or iii heart failure, or canadian cardiovascular society (ccs) class iii or iv chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Clinical Trials, Studies, and Registries (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study					
Commercial/ASO, OHP, PEBB	C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (ide) study	z80 Deny, Investigational-Member Responsibility	04/01/2022		Clinical Trials (Company)	
Medicare	C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (ide) study	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Clinical Trials, Studies, and Registries (Medicare)	
Commercial/ASO, Medicare, PEBB	C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, OHP, PEBB	E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2018		Walkers (Company), Walkers (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0155	Wheel attachment, rigid pick-up walker, per pair	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Walkers (Company), Walkers (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0156	Seat attachment, walker	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Walkers (Company), Walkers (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0159	Brake attachment for wheeled walker, replacement, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Walkers (Company), Walkers (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	E0167	Pail or pan for use with commode chair, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Seat Lift Mechanism (Company) , Seat Lift Mechanism (Medicare)	This code will deny if billed with E0170 or E0171
Commercial/ASO, Medicare, OHP, PEBB	E0172	Seat lift mechanism placed over or on top of toilet, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Seat Lift Mechanism (Company) , Seat Lift Mechanism (Medicare)	
Commercial/ASO, OHP, PEBB	E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Medicare	E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, Medicare, OHP, PEBB	E0205	Heat lamp, with stand, includes bulb, or infrared element	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, OHP, PEBB	E0210	Electric heat pad, standard	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, Medicare, OHP, PEBB	E0215	Electric heat pad, moist	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, Medicare, OHP, PEBB	E0217	Water circulating heat pad with pump	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, Medicare, OHP, PEBB	E0218	Fluid circulating cold pad with pump, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020		Cold Therapy and Cooling Devices in the Home Setting (Company), Cold Therapy and Cooling Devices in the Home Setting (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0221	Infrared heating pad system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, Medicare, OHP, PEBB	E0225	Hydrocollator unit, includes pads	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, OHP, PEBB	E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	z80 Deny, Investigational- Member Responsibility	06/01/2019		Investigational and Non Covered Medical Technologies (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	z80 Deny, Investigational-Member Responsibility	06/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0236	Pump for water circulating pad	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2020		Cold Therapy and Cooling Devices in the Home Setting (Company), Cold Therapy and Cooling Devices in the Home Setting (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0239	Hydrocollator unit, portable	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, Medicare, OHP, PEBB	E0249	Pad for water circulating heat unit, for replacement only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2018	06/30/2020	Heating Pads and Heat Lamps	
Commercial/ASO, Medicare, OHP, PEBB	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2019		Home Oxygen Equipment and Supplies (Company), Home Oxygen Equipment and Supplies (Medicare), Hyperbaric Oxygen Therapy (Company), Hyperbaric Oxygen Therapy (Medicare)	
Medicare	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment.	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Company), Sleep Disorder Treatment: Oral and Sleep Position Appliances (Medicare)	
Commercial/ASO, OHP, PEBB	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment.	z80 Deny, Investigational-Member Responsibility	05/01/2021		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Company), Sleep Disorder Treatment: Oral and Sleep Position Appliances (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment.	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018	04/30/2021	Sleep Disorder Treatment: Oral and Sleep Position Appliances (Company), Sleep Disorder Treatment: Oral and Sleep Position Appliances (Medicare)	
Medicare	E0607	Home blood glucose monitor	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0620	Skin piercing device for collection of capillary blood, laser, each	X07 Deny, Not a Covered Benefit - Member Responsibility	07/01/2017	08/31/2020	Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0620	Skin piercing device for collection of capillary blood, laser, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2020		Diabetes: Blood Glucose Monitors and Supplies (Company), Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	E0636	Multipositional patient support system, with integrated lift, patient accessible controls	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019	07/31/2022	Standing Systems (Medicare)	
Commercial/ASO, Medicare, PEBB	E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels		11/01/2016		Standing Systems (Company), Standing Systems (Medicare)	
Medicare	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Standing Systems (Medicare)	
Medicare	E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Standing Systems (Medicare)	
Medicare	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Standing Systems (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Compression (Pneumatic) Devices & Compression Garments, Compression: Outpatient Pneumatic Devices (Company), Compression: Outpatient	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Pneumatic Devices (Medicare) Compression: Outpatient Pneumatic Devices (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0677	Non-pneumatic sequential compression garment, trunk	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0705	Transfer device, any type, each	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	07/31/2018	Wheelchair and Power Vehicles (Company)	
Medicare	E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	E0740	Non-implanted pelvic floor electrical stimulator, complete system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019		Urinary Incontinence Treatments (Company)	
Medicare	E0740	Non-implanted pelvic floor electrical stimulator, complete system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019	06/30/2022	Urinary Incontinence Treatments (Company)	
Medicare	E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Advanced Diabetes Management Technology (Company)	
Commercial/ASO, OHP, PEBB	E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Advanced Diabetes Management Technology (Company)	

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Commercial/ASO, OHP, PEBB	E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2023		Advanced Diabetes Management Technology (Company)	
Commercial/ASO, OHP, PEBB	E0935	Continuous passive motion exercise device for use on knee only	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2018		Continuous Passive Motion (CPM) Device in the Home Setting (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E0936	Continuous passive motion exercise device for use other than knee	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2017		Continuous Passive Motion (CPM) Device in the Home Setting (Company), Continuous Passive Motion (CPM) Device in the Home Setting (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0950	Wheelchair accessory, tray, each	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2017	01/01/2017	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, OHP, PEBB	E0968	Commode seat, wheelchair	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	07/31/2018	Wheelchair and Power Vehicles (Company)	
Medicare	E0968	Commode seat, wheelchair	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, OHP, PEBB	E0968	Commode seat, wheelchair	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Wheelchair and Power Vehicles (Company)	
Medicare	E0969	Narrowing device, wheelchair	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, OHP, PEBB	E0969	Narrowing device, wheelchair	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Wheelchair and Power Vehicles (Company)	
Medicare	E0970	No. 2 footplates, except for elevating leg rest	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0971	Manual wheelchair accessory, anti-tipping device, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Medicare	E0980	Safety vest, wheelchair	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, OHP, PEBB	E0980	Safety vest, wheelchair	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E0981	Wheelchair accessory, seat upholstery, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E0982	Wheelchair accessory, back upholstery, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Medicare	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Medicare)	
Medicare	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Medicare	E0994	Arm rest, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E0995	Wheelchair accessory, calf rest/pad, replacement only, each	t07 Deny, per MP code does not warrant a	06/05/2017		Wheelchair and Power Vehicles (Company)	

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			separate reimburse - Provider Resp				
Commercial/ASO, Medicare, OHP, PEBB	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	1 unit of E1028 will be allowed per instance of E0953, E0955, E0956, and/or E0957 reported on the same claim.
Commercial/ASO, Medicare, OHP, PEBB	E1031	Rollabout chair, any and all types with casters 5" or greater	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Medicare	E1227	Special height arms for wheelchair	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Medicare	E1228	Special back height for wheelchair	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Medicare	E1296	Special wheelchair seat height from floor	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Medicare	E1297	Special wheelchair seat depth, by upholstery	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Medicare	E1298	Special wheelchair seat depth and/or width, by construction	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E1801	SPS elbow device w/ or w/o range of motion adjustment, includes all components & accessories	z80 Deny, Investigational- Member Responsibility	07/01/2018	06/30/2022	Mechanical Stretching Devices for Joints of the Extremities (Company), Mechanical Stretching Devices for Joints of the Extremities (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	E1801	SPS elbow device w/ or w/o range of motion adjustment, includes all components & accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Mechanical Stretching Devices for Joints of the Extremities (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E1806	SPS wrist device w/ or w/o range of motion adjustment, includes all components & accessories	z80 Deny, Investigational-Member Responsibility	07/01/2018	06/30/2022	Mechanical Stretching Devices for Joints of the Extremities (Company), Mechanical Stretching Devices for Joints of the Extremities (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E1806	SPS wrist device w/ or w/o range of motion adjustment, includes all components & accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Mechanical Stretching Devices for Joints of the Extremities (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E1811	SPS knee device w/ or w/o range of motion adjustment, includes all components and accessories	z80 Deny, Investigational-Member Responsibility	07/01/2018	06/30/2022	Mechanical Stretching Devices for Joints of the Extremities (Company), Mechanical Stretching Devices for Joints of the Extremities (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E1811	SPS knee device w/ or w/o range of motion adjustment, includes all components and accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Mechanical Stretching Devices for Joints of the Extremities (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	z80 Deny, Investigational-Member Responsibility	04/01/2021	06/30/2022	Mechanical Stretching Devices for Joints of the Extremities (Company), Mechanical Stretching Devices for Joints of the Extremities (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Mechanical Stretching Devices for Joints of the Extremities (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E1818	SPS forearm pronation/supination device w/ or w/o range of motion adjustment, includes all components & accessories	z80 Deny, Investigational-Member Responsibility	07/01/2018	06/30/2022	Mechanical Stretching Devices for Joints of the Extremities (Company), Mechanical Stretching Devices for Joints of the Extremities (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E1818	SPS forearm pronation/supination device w/ or w/o range of motion adjustment, includes all components & accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Mechanical Stretching Devices for Joints of the Extremities (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	z80 Deny, Investigational-Member Responsibility	07/01/2018	06/30/2022	Mechanical Stretching Devices for Joints of the	

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						Extremities (Company), Mechanical Stretching Devices for Joints of the Extremities (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Mechanical Stretching Devices for Joints of the Extremities (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	X07 Deny, Not a Covered Benefit - Member Responsibility	03/01/2010	06/30/2022	Mechanical Stretching Devices for Joints of the Extremities (Company), Mechanical Stretching Devices for Joints of the Extremities (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Mechanical Stretching Devices for Joints of the Extremities (Company)	
Commercial/ASO, Medicare, OHP	E1841	Static str shldr dev rom adj	X07 Deny, Not a Covered Benefit - Member Responsibility	03/01/2010	06/30/2022	Mechanical Stretching Devices for Joints of the Extremities (Company), Mechanical Stretching Devices for Joints of the Extremities (Medicare)	
Commercial/ASO, Medicare, OHP	E1841	Static str shldr dev rom adj	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Mechanical Stretching Devices for Joints of the Extremities (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	E2100	Blood glucose monitor with integrated voice synthesizer	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	
Medicare	E2101	Blood glucose monitor with integrated lancing/blood sample	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2017		Diabetes: Blood Glucose Monitors and Supplies (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2210	Wheelchair accessory, bearings, any type, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2219	Manual wheelchair accessory, foam caster tire, any size, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Medicare	E2230	Manual wheelchair accessory, manual standing system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Standing Systems (Medicare), Wheelchair and Power Vehicles (Company)	
Commercial/ASO, OHP, PEBB	E2230	Manual wheelchair accessory, manual standing system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Standing Systems (Company), Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2300	Wheelchair accessory, power seat elevation system, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Medicare	E2301	Wheelchair accessory, power standing system, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Standing Systems (Medicare), Wheelchair and Power Vehicles (Company)	
Commercial/ASO, OHP, PEBB	E2301	Wheelchair accessory, power standing system, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Standing Systems (Company), Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company), Wheelchair and Power Vehicles (Medicare)	This code may deny if the sole function of the device is for a power seat elevation (E2300) or power standing (E2301) feature
Medicare	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	

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Medicare	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Medicare	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Medicare	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2368	Power wheelchair component, drive wheel motor, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2369	Power wheelchair component, drive wheel gear box, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	t07 Deny, per MP code does not warrant a	06/05/2017		Wheelchair and Power Vehicles (Company)	

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			separate reimburse - Provider Resp				
Commercial/ASO, Medicare, OHP, PEBB	E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2378	Power wheelchair component, actuator, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017			
Commercial/ASO, Medicare, OHP, PEBB	E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	

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Commercial/ASO, Medicare, OHP, PEBB	E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, OHP, PEBB	E2610	Wheelchair seat cushion, powered	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	z80 Deny, Investigational- Member Responsibility	01/01/2019	06/30/2020	Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	z80 Deny, Investigational- Member Responsibility	01/01/2019	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	z80 Deny, Investigational-Member Responsibility	07/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	G0127	Trimming of dystrophic nails, any number	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	10/01/2018			This code may pay based on billed diagnosis codes. Please see applicable Medical Policies for more information.
Commercial/ASO, OHP, PEBB	G0255	Current perception threshold/sensory nerve conduction threshold test (SNCT), per limb, any nerve	z80 Deny, Investigational-Member Responsibility	04/01/2016		Nerve Conduction Studies (Medicare)	
Medicare	G0255	Current perception threshold/sensory nerve conduction threshold test (SNCT), per limb, any nerve	z80 Deny, Investigational-Member Responsibility	04/01/2016	11/30/2021	Nerve Conduction Studies (Medicare)	
Medicare	G0255	Current perception threshold/sensory nerve conduction threshold test (SNCT), per limb, any nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Nerve Conduction Studies (Medicare)	
Commercial/ASO, OHP, PEBB	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (C	z80 Deny, Investigational-Member Responsibility	03/01/2020	04/30/2023	Back: Fusion and Decompression Procedures (Company)	This code may pay based on billed diagnosis code
Medicare	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (C		03/01/2020	12/31/2022	Back: Fusion and Decompression Procedures (Company)	This code may pay based on billed diagnosis code
Medicare	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (C	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Fusion and Decompression Procedures (Medicare)	This code may pay based on billed diagnosis code
Commercial/ASO, OHP, PEBB	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (C	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	This code may pay based on billed diagnosis code
Commercial/ASO, Medicare, OHP, PEBB	G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	08/01/2017		Breast: Tomosynthesis	

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Medicare	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training	z80 Deny, Investigational-Member Responsibility	12/01/2022	01/01/2023	Advanced Diabetes Management Technology (Company)	
Commercial/ASO, OHP, PEBB	G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation	z80 Deny, Investigational-Member Responsibility	12/01/2022	01/01/2023	Advanced Diabetes Management Technology (Company)	
Commercial/ASO, OHP, PEBB	G0327	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	z80 Deny, Investigational-Member Responsibility	12/01/2021		Colorectal Cancer Screening	
Commercial/ASO, OHP, PEBB	G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	
Medicare	G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	
Commercial/ASO, OHP, PEBB	G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Company)	This code may pay based on billed diagnosis code(s)
Commercial/ASO, OHP, PEBB	G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	
Medicare	G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2019	04/30/2020	Stereotactic Computer Assisted Volumetric (Navigational) Procedure ARCHIVED 5/1/2020	

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Commercial/ASO, OHP, PEBB	G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery (Company)	This code may pay based on billed diagnosis code(s)
Commercial/ASO, OHP, PEBB	G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	04/01/2018		Sleep Disorder Testing (Company)	The first date of service may be covered, but this code will deny if billed again within 3 days of the initial service or if any of the codes listed below are billed within 3 days of the initial service: G0398 G0399 G0400 95800 95801 95806
Medicare	G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 1 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the Medicare guidance: G47.10 Hypersomnia, unspecified G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.33 Obstructive sleep apnea (adult) (pediatric)
Commercial/ASO, OHP, PEBB	G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	04/01/2018		Sleep Disorder Testing (Company)	The first date of service may be covered, but this code will deny if billed again within 3 days of the initial service or if any of the codes listed below are billed within 3 days of the initial service: G0398 G0399 G0400 95800 95801 95806

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Medicare	G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 1 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the Medicare guidance: G47.10 Hypersomnia, unspecified G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.33 Obstructive sleep apnea (adult) (pediatric)
Commercial/ASO, OHP, PEBB	G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	u24 Deny, Per Medical Policy - Maximum limit reached for this service - Prov Resp	04/01/2018		Sleep Disorder Testing (Company)	The first date of service may be covered, but this code will deny if billed again within 3 days of the initial service or if any of the codes listed below are billed within 3 days of the initial service: G0398 G0399 G0400 95800 95801 95806
Medicare	G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2018		Sleep Disorder Testing (Medicare)	This code is limited to 1 per calendar year and will pay if billed with one of the following diagnosis codes, as outlined in the Medicare guidance: G47.10 Hypersomnia, unspecified G47.13 Recurrent hypersomnia G47.14 Hypersomnia due to medical condition G47.19 Other hypersomnia G47.30 Sleep apnea, unspecified G47.33 Obstructive sleep apnea (adult) (pediatric)

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Commercial/ASO, OHP, PEBB	G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	z80 Deny, Investigational-Member Responsibility	04/01/2019	10/31/2020	Knee: Meniscal Allograft Transplantation (Company)	
Medicare	G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2019		Knee: Meniscal Allograft Transplantation (Medicare)	
Commercial/ASO, OHP, PEBB	G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2020		Knee: Meniscal Allograft Transplantation (Company)	
Commercial/ASO, OHP, PEBB	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Intraoperative Monitoring (Company)	This code may deny based on billed diagnosis code
Medicare	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		Intraoperative Monitoring (Medicare)	this code may deny based on billed diagnosis code
Commercial/ASO, OHP, PEBB	G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	z80 Deny, Investigational-Member Responsibility	10/01/2020		Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Company)	
Medicare	G0460	Autologous platelet rich plasma for non-diabetic chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019	02/28/2022	Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Company), Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Medicare)	
Commercial/ASO, OHP, PEBB	G0465	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an fda-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)	z80 Deny, Investigational-Member Responsibility	04/13/2021		Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Company)	
Commercial/ASO, PEBB	G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers),	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	

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		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; 8-14 drug class(es), including metabolite(s) if performed					
Commercial/ASO, PEBB	G0482	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; 15-21 drug class(es), including metabolite(s) if performed	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Commercial/ASO, PEBB	G0483	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	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
		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; 22 or more drug class(es), including metabolite(s) if performed					
Commercial/ASO, PEBB	G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gc GC / ms MS (any type, single or tandem) and lc LC / ms MS (any type, single or tandem), excluding immunoassays (e.g., eg, ia IA , eia EIA , elisa ELISA , emit EMIT , fpia FPIA) and enzymatic methods (e.g., eg, alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Commercial/ASO, Medicare, PEBB	G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023	04/01/2023	COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a snf or by a laboratory on behalf of a hha, any specimen source	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2023	04/01/2023	COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, PEBB	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	z80 Deny, Investigational-Member Responsibility	11/01/2018	11/30/2021	Genetic Testing: Non-Covered Genetic Panel Tests (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2018	12/31/2020	Drug Testing for Therapeutic or Substance Use Monitoring (Company), Drug Testing for Therapeutic or Substance Use Monitoring (Medicare), Urine Drug Testing in Substance Abuse Monitoring (Company)	
Commercial/ASO, PEBB	H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	u70 Deny, Not Medically Necessary per Medical Policy LAB361 - Prov Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Company)	Excludes Providence St Joseph Health
Medicare	H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2021		Drug Testing for Therapeutic or Substance Use Monitoring (Medicare)	
Commercial/ASO, OHP, PEBB	J0270	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2023			
Commercial/ASO, OHP, PEBB	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	z80 Deny, Investigational- Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	z80 Deny, Investigational- Member Responsibility	10/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	J2010	Injection, lincomycin hcl, up to 300 mg	u31 Deny, Not covered per Medical Policy - Provider Responsibility	01/01/2018	03/31/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	J2010	Injection, lincomycin hcl, up to 300 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2020	06/30/2020	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Eye: Corneal Collagen Cross-Linking (Medicare)	
Medicare	J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019		Viscosupplementation (Medicare)	Service may be covered if billed with one of the diagnosis codes listed below: M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019		Viscosupplementation (Company)	
Commercial/ASO, OHP, PEBB	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	
Medicare	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Medicare	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Commercial/ASO, OHP, PEBB	J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	
Medicare	J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Medicare	J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Commercial/ASO, OHP, PEBB	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	
Medicare	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Commercial/ASO, OHP, PEBB	J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	
Medicare	J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	Service may be covered if billed with one of the diagnosis codes listed below: M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5
Medicare	J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	Service may be covered if billed with one of the diagnosis codes listed below: M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5
Commercial/ASO, OHP, PEBB	J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	
Medicare	J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, one doe	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Medicare	J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, one doe	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Commercial/ASO, OHP, PEBB	J7325	Synvisc or Synvisc-One	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	For Medicare members: This code may pay if billed with one or more of the following diagnosis codes: M17.0 M17.11 M17.12 M17.2 M17.31 M17.32 M17.4 M17.5

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	J7325	Synvisc or Synvisc-One	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	For Medicare members: This code may pay if billed with one or more of the following diagnosis codes: M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5
Medicare	J7325	Synvisc or Synvisc-One	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	For Medicare members: This code may pay if billed with one or more of the following diagnosis codes: M17.0 M17.11 M17.12 M17.2 M17.31 M17.32 M17.4 M17.5
Commercial/ASO, OHP, PEBB	J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	
Medicare	J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, one dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Medicare	J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, one dose	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Commercial/ASO, OHP, PEBB	J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	
Medicare	J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, one dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Medicare	J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, one dose	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2,

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							M17.31, M17.32, M17.4, M17.5)
Commercial/ASO, OHP, PEBB	J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2018		Viscosupplementation (Company)	
Medicare	J7328	hyaluronan or derivative, for intra-articular injection, 0.1mg (use this code for Gel-Syn)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Medicare	J7328	hyaluronan or derivative, for intra-articular injection, 0.1mg (use this code for Gel-Syn)	z80 Deny, Investigational-Member Responsibility	01/01/2018	03/31/2023	Viscosupplementation (Medicare)	Service may be covered if billed with appropriate diagnosis codes. (M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5)
Commercial/ASO, OHP, PEBB	J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019		Viscosupplementation (Company)	
Medicare	J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2019		Viscosupplementation (Medicare)	Service may be covered if billed with one of the diagnosis codes listed below: M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5
Commercial/ASO, OHP, PEBB	J7331	Hyaluronan or derivative, synojynt, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2019		Viscosupplementation (Company)	
Medicare	J7331	Hyaluronan or derivative, synojynt, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2019		Viscosupplementation (Medicare)	Service may be covered if billed with one of the diagnosis codes listed below: M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5
Commercial/ASO, OHP, PEBB	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2019		Viscosupplementation (Company)	
Medicare	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2019		Viscosupplementation (Medicare)	Service may be covered if billed with one of the diagnosis codes listed below: M17.0, M17.11,

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							M17.12, M17.2, M17.31, M17.32, M17.4, M17.5
Commercial/ASO, OHP, PEBB	J7333	Hyaluronan or derivative, visco-3, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020		Viscosupplementation (Company)	
Medicare	J7333	Hyaluronan or derivative, visco-3, for intra-articular injection, per dose	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020		Viscosupplementation (Medicare)	Service may be covered if billed with one of the diagnosis codes listed below: M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5
Commercial/ASO, OHP, PEBB	J7401	Mometasone furoate sinus implant, 10 micrograms	z80 Deny, Investigational-Member Responsibility	10/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	J7401	Mometasone furoate sinus implant, 10 micrograms	z80 Deny, Investigational-Member Responsibility	10/01/2019	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	z80 Deny, Investigational-Member Responsibility	04/01/2021		Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0015	Detachable, non-adjustable height armrest, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	K0017	Detachable, adjustable height armrest, base, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0019	Arm pad, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0020	Fixed, adjustable height armrest, pair	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	

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Commercial/ASO, Medicare, OHP, PEBB	K0037	High mount flip-up footrest, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0038	Leg strap, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0040	Adjustable angle footplate, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	K0041	Large size footplate, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0042	Standard size footplate, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0042	Standard size footplate, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0043	Footrest, lower extension tube, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0043	Footrest, lower extension tube, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0044	Footrest, upper hanger bracket, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0044	Footrest, upper hanger bracket, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0045	Footrest, complete assembly, replacement only, each	t07 Deny, per MP code does not warrant a	06/05/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	

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Commercial/ASO, Medicare, OHP, PEBB	K0045	Footrest, complete assembly, replacement only, each	separate reimburse - Provider Resp t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0046	Elevating legrest, lower extension tube, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0046	Elevating legrest, lower extension tube, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0047	Elevating legrest, upper hanger bracket, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0047	Elevating legrest, upper hanger bracket, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0050	Ratchet assembly, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0051	Cam release assembly, footrest or legrest, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0052	Swingaway, detachable footrests, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0052	Swingaway, detachable footrests, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0053	Elevating footrests, articulating (telescoping), each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	

Providence Health Plan Non-covered and Limited Services List

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0077	Front caster assembly, complete, with solid tire, replacement only, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0098	Drive belt for power wheelchair, replacement only	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	06/05/2017	06/30/2020	Wheelchair and Power Vehicles (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	This code will deny if billed with E1009, E1010 and/or E1012
Commercial/ASO, Medicare, PEBB	K0806	Power operated vehicle, grp 2 standard,patient weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0807	Power operated vehicle,grp 2 heavy duty,patient weight cap 301-450 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	

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Commercial/ASO, Medicare, PEBB	K0808	Power operated vehicle,grp 2 very heavy duty,patient weight cap 451-600 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Medicare	K0830	Power wheelchair,grp 2 stnd,seat elevator,sling/solid seat/back,patient weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Medicare)	
Medicare	K0831	Power wheelchair,grp 2 stnd,seat elevator,captains chair,patient weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0868	Power wheelchair,grp 4 stnd,sling/solid seat/back,patient weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0869	Power wheelchair,grp 4 stnd,captains chair,patient weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0870	Power wheelchair,grp 4 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0871	Power wheelchair,grp 4 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0877	Power wheelchair,grp 4 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0878	Power wheelchair,grp 4 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0879	Power wheelchair,grp 4 heavy duty,single power option,sling/solid seat/back, patient weight cap 301-450 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0880	Power wheelchair,grp 4 very heavy duty,single power option,sling/solid seat/back,patient weight 451-600 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	

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Commercial/ASO, Medicare, PEBB	K0884	Power wheelchair,grp 4 stnd,mult power potion,sling/solid seat/back,patient weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0885	Power wheelchair,grp 4 stnd,mult power option,captains chair,weight cap up to and incl 300 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, PEBB	K0886	Power wheelchair,grp 4 heavy duty,mult power option,sling/solid seat/back,patent weight cap 301-450 lbs	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	02/01/2022		Wheelchair and Power Vehicles (Company) , Wheelchair and Power Vehicles (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2020		Wheelchair and Power Vehicles (Company)	
Commercial/ASO, OHP, PEBB	K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	z80 Deny, Investigational-Member Responsibility	01/01/2020		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Company), Sleep Disorder Treatment: Oral and Sleep Position Appliances (Medicare)	
Medicare	K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Medicare)	
Medicare	K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	z80 Deny, Investigational-Member Responsibility	01/01/2020	04/30/2022	Sleep Disorder Treatment: Oral and Sleep Position Appliances (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K1002	Cranial electrotherapy stimulation (ces) system, includes all supplies and accessories, any type	z80 Deny, Investigational-Member Responsibility	01/01/2020	08/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	K1002	Cranial electrotherapy stimulation (ces) system, any type	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare), Electrical Stimulation: Non-Covered Therapies (Company)	
Commercial/ASO, OHP, PEBB	K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	z80 Deny, Investigational-Member Responsibility	01/01/2020		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
						Non-Covered Services (Medicare)	
Medicare	K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	z80 Deny, Investigational-Member Responsibility	01/01/2020	12/31/2021	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	z80 Deny, Investigational-Member Responsibility	10/01/2020	03/31/2023	Urinary Incontinence Treatments (Company)	
Medicare	K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020		Urinary Incontinence Treatments (Medicare)	
Commercial/ASO, OHP, PEBB	K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Urinary Incontinence Treatments (Company)	
Commercial/ASO, Medicare, OHP, PEBB	K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	z80 Deny, Investigational-Member Responsibility	10/01/2020		Investigational and Non Covered Medical Technologies (Company), New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	K1009	Speech volume modulation system, any type, including all components and accessories	z80 Deny, Investigational-Member Responsibility	10/01/2020		Investigational and Non Covered Medical Technologies (Company)	
Medicare	K1009	Speech volume modulation system, any type, including all components and accessories	z80 Deny, Investigational-Member Responsibility	10/01/2020	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	K1009	Speech volume modulation system, any type, including all components and accessories	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	z80 Deny, Investigational-Member Responsibility	10/01/2020		Urinary Incontinence Treatments (Company)	
Commercial/ASO, OHP, PEBB	K1011	Activation device for intraurethral drainage device with valve, replacement only, each	z80 Deny, Investigational-Member Responsibility	10/01/2020		Urinary Incontinence Treatments (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	K1012	Charger and base station for intraurethral activation device, replacement only	z80 Deny, Investigational-Member Responsibility	10/01/2020		Urinary Incontinence Treatments (Company)	
Medicare	K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	K1017	Monthly supplies for use of device coded at K1016	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	K1019	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	K1020	Non-invasive vagus nerve stimulator	z80 Deny, Investigational-Member Responsibility	04/01/2021		Electrical Stimulation and Electromagnetic Therapies (Medicare), Vagus Nerve Stimulation (Company)	
Medicare	K1020	Non-invasive vagus nerve stimulator	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	K1020	Non-invasive vagus nerve stimulator	z80 Deny, Investigational-Member Responsibility	04/01/2021	08/31/2022	Electrical Stimulation and Electromagnetic Therapies (Medicare), Vagus Nerve Stimulation (Company)	
Commercial/ASO, OHP, PEBB	K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	z80 Deny, Investigational-Member Responsibility	10/01/2021		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	z80 Deny, Investigational-Member Responsibility	10/01/2021	03/31/2022	Investigational and Non Covered Medical Technologies (Company)	
Medicare	K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	K1025	Non-pneumatic sequential compression garment, full arm	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	z80 Deny, Investigational-Member Responsibility	10/01/2021		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Company)	
Commercial/ASO, OHP, PEBB	K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	z80 Deny, Investigational-Member Responsibility	04/01/2022		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Company)	
Medicare	K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Medicare)	
Commercial/ASO, OHP, PEBB	K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	z80 Deny, Investigational-Member Responsibility	04/01/2022		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Company)	
Medicare	K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		Sleep Disorder Treatment: Oral and Sleep Position Appliances (Medicare)	
Commercial/ASO, OHP, PEBB	K1030	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	z80 Deny, Investigational-Member Responsibility	04/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	K1030	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	z80 Deny, Investigational-Member Responsibility	04/01/2022	10/31/2022	New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	K1030	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	K1031	Non-pneumatic compression controller without calibrated gradient pressure	z80 Deny, Investigational-Member Responsibility	04/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	K1031	Non-pneumatic compression controller without calibrated gradient pressure	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	K1032	Non-pneumatic sequential compression garment, full leg	z80 Deny, Investigational-Member Responsibility	04/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	K1032	Non-pneumatic sequential compression garment, full leg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	K1033	Non-pneumatic sequential compression garment, half leg	z80 Deny, Investigational-Member Responsibility	04/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	K1033	Non-pneumatic sequential compression garment, half leg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2019		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2019		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1840 L1843 L1845 L1844 L1846 L1850 L1851 L1852

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP	L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1831 L1832 L1833 L1843 L1845 L1847 L1848 L1844 L1846 L1851 L1852
Commercial/ASO, Medicare, OHP, PEBB	L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1831 L1832 L1833 L1843 L1845 L1847 L1848 L1844 L1846 L1851 L1852
Commercial/ASO, Medicare, OHP, PEBB	L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1810 L1812 L1820 L1831 L1832 L1833 L1836 L1843 L1845 L1847 L1848 L1850 L1844 L1846 L1840 L1851 L1852
Commercial/ASO, Medicare, OHP, PEBB	L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1810 L1812 L1820 L1831 L1832 L1833 L1836 L1843 L1845 L1847 L1848 L1850 L1844 L1846 L1840 L1851 L1852
Commercial/ASO, Medicare, OHP, PEBB	L2810	Addition to lower extremity orthosis, knee control, condylar pad	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1820 L1831 L1836 L1843 L1845 L1847 L1848 L1850 L1840 L1844 L1846 L1851 L1852
Commercial/ASO, Medicare, OHP, PEBB	L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1831 L1832 L1833 L1836 L1843 L1845 L1847 L1848 L1850 L1834 L1840 L1844 L1846 L1860 L1851 L1852

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1831 L1832 L1833 L1836 L1843 L1845 L1847 L1848 L1850 L1834 L1840 L1844 L1846 L1860 L1851 L1852
Medicare	L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare)	
Medicare	L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare)	
Medicare	L3215	Orthopedic footwear, ladies shoe, oxford, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	L3216	Orthopedic footwear, ladies shoe, depth inlay, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	L3219	Orthopedic footwear, mens shoe, oxford, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	L3221	Orthopedic footwear, mens shoe, depth inlay, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	X07 Deny, Not a Covered Benefit - Member Responsibility	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	L3253	Foot, molded shoe plastazote (or similar) custom fitted, each	X07 Deny, Not a Covered Benefit - Member Responsibility	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Medicare	L3260	Surgical boot/shoe, each	X07 Deny, Not a Covered Benefit - Member Responsibility	06/01/2022		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	L3265	Plastazote Sandal Each	z79 Deny, Cosmetic Procedure - Member Responsibility	01/01/2016		Orthotic Foot Devices and Therapeutic Shoes (Medicare)	
Commercial/ASO, OHP, PEBB	L3265	Plastazote Sandal Each	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2016		Orthotic Foot Devices and Therapeutic Shoes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	L4002	Replacement strap, any orthosis, includes all components, any length, any type	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	05/01/2021		Knee Braces (Functional) (Company), Knee Braces (Functional) (Medicare)	This code will deny as global when billed with one or more of the codes below: L1810 L1812 L1820 L1830 L1831 L1832 L1833 L1836 L1843 L1845 L1847 L1848 L1850 L1834 L1840 L1844 L1846 L1860 L1851 L1852
Commercial/ASO, Medicare, OHP, PEBB	L4392	Replacement, soft interface material, static afo	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Ankle-Foot/Knee-Ankle-Foot Orthoses (Company), Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare)	This code will pay if billed with one or more of the codes below: M24.571 M24.572 M24.574 M24.575 M72.2
Commercial/ASO, Medicare, OHP, PEBB	L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Ankle-Foot/Knee-Ankle-Foot Orthoses (Company), Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare)	This code will pay if billed with one of the diagnosis codes below: M24.571 M24.572 M24.574 M24.575 M72.2
Commercial/ASO, Medicare, OHP, PEBB	L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Ankle-Foot/Knee-Ankle-Foot Orthoses (Company), Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare)	This code will pay if billed with one of the diagnosis codes below: M24.571 M24.572 M24.574 M24.575 M72.2
Commercial/ASO, Medicare, OHP, PEBB	L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2021		Ankle-Foot/Knee-Ankle-Foot Orthoses (Company), Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare)	This code will pay if billed with one of the diagnosis codes below: A52.16 E08.610 E09.610 E10.610 E11.610 M14.671 M14.672
Commercial/ASO, Medicare, OHP, PEBB	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2019		Lower Limb Prosthesis (Company), Lower Limb Prosthesis (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	L5990	Addition to lower extremity prosthesis, user adjustable heel height	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2019		Lower Limb Prosthesis (Company), Lower Limb Prosthesis (Medicare)	
Commercial/ASO, OHP, PEBB	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	z80 Deny, Investigational-Member Responsibility	01/01/2020		Myoelectric Upper Limb Prosthesis (Company)	
Medicare	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Myoelectric Upper Limb Prosthesis (Medicare)	
Medicare	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	z80 Deny, Investigational-Member Responsibility	01/01/2020	02/28/2023	Myoelectric Upper Limb Prosthesis (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	L7600	Prosthetic donning sleeve, any material, each	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2019		Lower Limb Prosthesis (Company), Lower Limb Prosthesis (Medicare)	
Commercial/ASO, OHP, PEBB	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	z80 Deny, Investigational-Member Responsibility	10/01/2017		Fecal Incontinence Treatments (Company), Investigational and Non Covered Medical Technologies (Company)	
Commercial/ASO, OHP, PEBB	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	X72 Deny, New Technology - Provider Responsibility	04/01/2016	02/28/2017	Drug: Solesta (Dextranomer in Stabilized Sodium Hyaluronate) for Fecal Incontinence	
Medicare	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	z80 Deny, Investigational-Member Responsibility	05/01/2019	06/30/2022	Fecal Incontinence Treatments (Medicare)	
Medicare	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	07/01/2022		Fecal Incontinence Treatments (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	z80 Deny, Investigational- Member Responsibility	01/01/2019		Investigational and Non Covered Medical Technologies (Company)	
Medicare	L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	L8642	Hallux implant	X07 Deny, Not a Covered Benefit - Member Responsibility	07/01/2017		Joint Resurfacing (Company)	
Medicare	L8680	Implantable neurostimulator electrode, each	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare), Fecal Incontinence Treatments (Medicare), Gastric Electrical Stimulation, Urinary Incontinence Treatments (Medicare)	
Medicare	L8685	Implt nrostm pls gen sng rec	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare), Fecal Incontinence Treatments (Medicare), Gastric Electrical Stimulation, Urinary Incontinence Treatments (Medicare)	
Medicare	L8686	Implt nrostm pls gen sng non	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare), Fecal Incontinence Treatments (Medicare), Gastric Electrical Stimulation, Urinary Incontinence Treatments (Medicare)	
Medicare	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare), Fecal Incontinence Treatments (Medicare), Gastric Electrical Stimulation, Urinary Incontinence Treatments (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare), Fecal Incontinence Treatments (Medicare), Gastric Electrical Stimulation, Urinary Incontinence Treatments (Medicare)	
Commercial/ASO, OHP, PEBB	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories , custom fabricated	z80 Deny, Investigational-Member Responsibility	04/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories , custom fabricated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	L8702	Powered upper extremity range of motion assist device elbow, wrist, hand, finger single or double upright(s), includes microprocessor, sensors, all components and accessories , custom fabricated	z80 Deny, Investigational-Member Responsibility	04/01/2023		Investigational and Non Covered Medical Technologies (Company)	
Medicare	L8702	Powered upper extremity range of motion assist device elbow, wrist, hand, finger single or double upright(s), includes microprocessor, sensors, all components and accessories , custom fabricated	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Commercial/ASO, OHP, PEBB	M0076	Prolotherapy	z80 Deny, Investigational-Member Responsibility	10/01/2016		Prolotherapy (Company)	
Medicare	M0076	Prolotherapy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Prolotherapy (Medicare)	
Medicare	M0076	Prolotherapy	z80 Deny, Investigational-Member Responsibility	10/01/2016	07/31/2022	Prolotherapy (Medicare)	
Medicare	M0300	Iv chelation therapy (chemical endarterectomy)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2022		New and Emerging Technologies and Other Non-Covered Services (Medicare)	
Medicare	M0300	IV chelation therapy (chemical endarterectomy)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	12/01/2017	03/31/2022	Chelation Therapy for Non-Overload Conditions (Medicare)	This code may pay based on billed diagnosis code
Commercial/ASO, OHP, PEBB	M0300	IV chelation therapy (chemical endarterectomy)	u31 Deny, Not covered per Medical Policy - Provider Responsibility	12/01/2017	01/31/2023	Chelation Therapy for Non-overload Conditions (Company)	This code may pay based on billed diagnosis code

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	P9020	Platelet rich plasma, each unit	z80 Deny, Investigational-Member Responsibility	01/01/2019		Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Company)	
Medicare	P9020	Platelet rich plasma, each unit	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2019		Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Company), Platelet-Rich Plasma for Orthopedic Indications, Wound Care and Other Miscellaneous Conditions (Medicare)	
Commercial/ASO, OHP, PEBB	Q2026	Injection, radiessse, 0.1 ml	z79 Deny, Cosmetic Procedure - Member Responsibility	07/01/2019		Cosmetic and Reconstructive Surgery (Company)	This code will pay if billed with diagnosis code B20 and E88.1 on the same date of service
Commercial/ASO, OHP, PEBB	Q2028	Injection, sculptra, 0.5 mg	z80 Deny, Investigational-Member Responsibility	07/01/2019		Cosmetic and Reconstructive Surgery (Company)	This code will pay if billed with diagnosis code B20 and E88.1 on the same date of service
Commercial/ASO, Medicare, OHP, PEBB	Q4103	Oasis burn matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4103	Oasis burn matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4110	Skin substitute, Primatrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4110	Skin substitute, Primatrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4111	Gammagraft, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4111	Gammagraft, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4113	Graftjacket xpress, injectable, 1 cc	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4113	Graftjacket xpress, injectable, 1 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4114	Integra flowable wound matrix, injectable, 1 cc	z80 Deny, Investigational-Member Responsibility	06/01/2018	09/30/2019	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4115	Alloskin, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4115	Alloskin, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4117	Hyalomatrix	z80 Deny, Investigational-Member Responsibility	06/01/2018		Skin and Tissue Substitutes (Company)	
Medicare	Q4117	Hyalomatrix	z80 Deny, Investigational-Member Responsibility	06/01/2018	03/31/2023	Skin and Tissue Substitutes (Medicare)	
Medicare	Q4117	Hyalomatrix	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4118	Matristem micromatrix	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4118	Matristem micromatrix	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4123	Alloskin rt, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Medicare	Q4123	Alloskin rt, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4123	Alloskin rt, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4125	Arthroflex, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4125	Arthroflex, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4127	Talymed, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4127	Talymed, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4130	Strattice tm, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4130	Strattice tm, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4134	hMatrix	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Medicare	Q4134	hMatrix	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4134	hMatrix	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4135	Mediskin	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Medicare	Q4135	Mediskin	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4135	Mediskin	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4136	EZderm	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Medicare	Q4136	EZderm	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4136	EZderm	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4137	AmnioExcel or BioDExCel, per square centimeter	z80 Deny, Investigational-Member Responsibility	12/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	

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Commercial/ASO, Medicare, OHP, PEBB	Q4137	AmnioExcel or BioDExCel, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4138	Biodfence dryflex, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4138	Biodfence dryflex, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4140	Biodfence, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4140	Biodfence, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4141	Alloskin ac, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4141	Alloskin ac, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4142	Xcm biologic tissue matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4142	Xcm biologic tissue matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4143	Repriza, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4143	Repriza, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4145	Epifix, injectable, 1 mg	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4145	Epifix, injectable, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4146	Tensix, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4146	Tensix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4148	Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4149	Excellagen, 0.1 cc	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4149	Excellagen, 0.1 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4150	Allowrap ds or dry, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4150	Allowrap ds or dry, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4151	Amnioband or guardian, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2022	Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4152	Dermapure, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4152	Dermapure, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4153	Dermavest and plurivest, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4153	Dermavest and plurivest, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4154	Biovance, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4154	Biovance, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4155	Neoxflo or clarixflo, 1 mg	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4155	Neoxflo or clarixflo, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4156	Neox 100 or clarix 100, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4156	Neox 100 or clarix 100, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4157	Revitalon, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4157	Revitalon, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4158	Kerecis omega3, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4158	Kerecis omega3, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4159	Affinity, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4159	Affinity, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4160	Nushield, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4160	Nushield, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4161	Bio-connekt wound matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4161	Bio-connekt wound matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4162	Woundex flow, bioskin flow, 0.5 cc	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4162	Woundex flow, bioskin flow, 0.5 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4163	Woundex, bioskin, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4163	Woundex, bioskin, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4164	Helicoll, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4164	Helicoll, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4165	Keramatrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4165	Keramatrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4166	Cytal, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4166	Cytal, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4167	Truskin, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4167	Truskin, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4168	Amnioband, 1 mg	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4168	Amnioband, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4169	Artacent wound, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4169	Artacent wound, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4170	Cygnus, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4170	Cygnus, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4171	Interfyl, 1 mg	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4171	Interfyl, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4173	Palingen or palingen xplus, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	03/01/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4175	Miroderm, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4175	Miroderm, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4176	Neopatch, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4176	Neopatch, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4177	Floweramnioflo, 0.1 cc	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4177	Floweramnioflo, 0.1 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4178	Floweramniopatch, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4178	Floweramniopatch, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4179	Flowerderm, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4179	Flowerderm, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4180	Revita, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4180	Revita, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4181	Amnio wound, per square centimeter	z80 Deny, Investigational-Member Responsibility	06/01/2018	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4181	Amnio wound, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4183	Surgigraft, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4183	Surgigraft, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	Q4184	Cellesta, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4184	Cellesta, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4187	Epicord, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4187	Epicord, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4188	Amnioarmor, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4188	Amnioarmor, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4189	Artacent ac, 1 mg	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4189	Artacent ac, 1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4190	Artacent ac, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4190	Artacent ac, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4191	Restorigin, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4191	Restorigin, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	Q4192	Restorigin, 1 cc	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4192	Restorigin, 1 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4193	Coll-e-derm, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4193	Coll-e-derm, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4194	Novachor, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4194	Novachor, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4195	Puraply, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4195	Puraply, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4196	Puraply am, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4196	Puraply am, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4197	Puraply xt, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4197	Puraply xt, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4198	Genesis amniotic membrane, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	03/01/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4198	Genesis amniotic membrane, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4199	Cygnus matrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4199	Cygnus matrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4200	Skin te, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4200	Skin te, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4201	Matrion, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4201	Matrion, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4202	Keroxx (2.5g/cc), 1cc	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4202	Keroxx (2.5g/cc), 1cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4203	Derma-gide, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4203	Derma-gide, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4204	Xwrap, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4204	Xwrap, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4206	Fluid flow or fluid GF, 1 cc	z80 Deny, Investigational-Member Responsibility	07/01/2021		Skin and Tissue Substitutes (Company), Stem Cell Therapy for Orthopedic Applications (Company)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	Q4206	Fluid flow or fluid GF, 1 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Medicare), Stem Cell Therapy for Orthopedic Applications (Medicare)	
Medicare	Q4206	Fluid flow or fluid GF, 1 cc	z80 Deny, Investigational-Member Responsibility	07/01/2021	02/28/2023	Skin and Tissue Substitutes (Medicare), Stem Cell Therapy for Orthopedic Applications (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4208	Novafix, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4208	Novafix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4209	Surgraft, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4209	Surgraft, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4211	Amnion bio or Axobiomembrane, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4211	Amnion bio or Axobiomembrane, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4212	Allogen, per cc	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4212	Allogen, per cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4213	Ascent, 0.5 mg	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4213	Ascent, 0.5 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4214	Cellesta cord, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4214	Cellesta cord, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	z80 Deny, Investigational-Member Responsibility	10/01/2019	03/01/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4216	Artacent cord, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4216	Artacent cord, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4218	Surgicord, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4218	Surgicord, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4219	Surgigraft-dual, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4219	Surgigraft-dual, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4220	BellaCell HD or Surederm, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4220	BellaCell HD or Surederm, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4221	Amniowrap2, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4221	Amniowrap2, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4222	Progenamatrix, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4222	Progenamatrix, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	z80 Deny, Investigational-Member Responsibility	04/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4225	Amniobind, per square centimeter	z80 Deny, Investigational-Member Responsibility	04/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4225	Amniobind, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2019	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4227	Amniocore, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4227	Amniocore, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4229	Cogenex amniotic membrane, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	Q4229	Cogenex amniotic membrane, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4230	Cogenex flowable amnion, per 0.5 cc	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4230	Cogenex flowable amnion, per 0.5 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4231	Corplex p, per cc	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4231	Corplex p, per cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4232	Corplex, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4232	Corplex, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4233	Surfactor or nudyn, per 0.5 cc	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4233	Surfactor or nudyn, per 0.5 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4234	Xcellerate, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4234	Xcellerate, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4235	Amniorepair or altiply, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4235	Amniorepair or altiply, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4236	Carepatch, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2023	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	Q4236	Carepatch, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4237	Cryo-cord, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4237	Cryo-cord, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4238	Derm-maxx, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4238	Derm-maxx, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4240	Corecyte, for topical use only, per 0.5 cc	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4240	Corecyte, for topical use only, per 0.5 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4241	Polycyte, for topical use only, per 0.5 cc	z80 Deny, Investigational-Member Responsibility	07/01/2020	03/01/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4241	Polycyte, for topical use only, per 0.5 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4242	Amniocyte plus, per 0.5 cc	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4242	Amniocyte plus, per 0.5 cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4244	Procenta, per 200 mg	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Commercial/ASO, Medicare, OHP, PEBB	Q4244	Procenta, per 200 mg	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4245	Amniotext, per cc	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4245	Amniotext, per cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4246	Coretext or protext, per cc	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4246	Coretext or protext, per cc	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4247	Amniotext patch, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4247	Amniotext patch, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4248	Dermacyte amniotic membrane allograft, per square centimeter	z80 Deny, Investigational-Member Responsibility	07/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4248	Dermacyte amniotic membrane allograft, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4249	Amnipliy, for topical use only, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4249	Amnipliy, for topical use only, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4250	Amnioamp-mp, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4250	Amnioamp-mp, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4251	Vim, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Skin and Tissue Substitutes (Company)	

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Medicare	Q4251	Vim, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4252	Vendaje, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Skin and Tissue Substitutes (Company)	
Medicare	Q4252	Vendaje, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	Q4253	Zenith amniotic membrane, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2021		Skin and Tissue Substitutes (Company)	
Commercial/ASO, Medicare, OHP, PEBB	Q4254	Novafix dl, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4254	Novafix dl, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4255	Reguard, for topical use only, per square centimeter	z80 Deny, Investigational-Member Responsibility	10/01/2020	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4255	Reguard, for topical use only, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4256	Mlg-complete, per square centimeter	z80 Deny, Investigational-Member Responsibility	04/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4256	Mlg-complete, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4257	Relese, per square centimeter	z80 Deny, Investigational-Member Responsibility	04/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4257	Relese, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4258	Enverse, per square centimeter	z80 Deny, Investigational-Member Responsibility	04/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4258	Enverse, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4259	Celera dual layer or celera dual membrane, per square centimeter	z80 Deny, Investigational-Member Responsibility	12/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4259	Celera dual layer or celera dual membrane, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4260	Signature apatch, per square centimeter	z80 Deny, Investigational-Member Responsibility	12/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4260	Signature apatch, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4261	Tag, per square centimeter	z80 Deny, Investigational-Member Responsibility	12/01/2022	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4261	Tag, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4262	Dual layer impax membrane, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2023	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4262	Dual layer impax membrane, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4263	Surgraft tl, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2023	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4263	Surgraft tl, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4264	Cocoon membrane, per square centimeter	z80 Deny, Investigational-Member Responsibility	01/01/2023	02/28/2023	Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4264	Cocoon membrane, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4265	Neostim tl, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4266	Neostim membrane, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, Medicare, OHP, PEBB	Q4267	Neostim dl, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4268	Surgraft ft, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4269	Surgraft xt, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4270	Complete sl, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	Q4271	Complete ft, per square centimeter	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	04/01/2023		Skin and Tissue Substitutes (Company), Skin and Tissue Substitutes (Medicare)	
Commercial/ASO, OHP, PEBB	S2080	Laser-assisted uvulopalatoplasty (LAUP)	z80 Deny, Investigational-Member Responsibility	12/01/2019		Sleep Disorder Treatment: Surgical (Company)	
Medicare	S2080	Laser-assisted uvulopalatoplasty (LAUP)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	12/01/2019		Sleep Disorder Treatment: Surgical (Medicare)	
Medicare	S2202	Echosclerotherapy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2020		Varicose Veins (Medicare)	
Medicare	S2235	Implantation of auditory brain stem implant	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Cochlear Implants and Auditory Brainstem Implants (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2019		Electrothermal Capsular Shrinkage (Company)	
Medicare	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	z80 Deny, Investigational-Member Responsibility	06/01/2019	12/31/2021	Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, OHP, PEBB	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	z80 Deny, Investigational-Member Responsibility	06/01/2019	04/30/2023	Back: Fusion and Decompression Procedures (Company)	
Medicare	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	01/01/2023		Back: Fusion and Decompression Procedures (Company), Back: Fusion and Decompression Procedures (Medicare)	

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Commercial/ASO, OHP, PEBB	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2023		Back: Fusion and Decompression Procedures (Company)	
Commercial/ASO, Medicare, OHP, PEBB	S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	t07 Deny, per MP code does not warrant a separate reimburse - Provider Resp	09/01/2018		Joint Resurfacing (Company), Joint Resurfacing (Medicare), Reimbursement Policy - Robotic Surgical Systems (UM1)	
Commercial/ASO, OHP, PEBB	S3650	Saliva test, hormone level; during menopause	z80 Deny, Investigational-Member Responsibility	01/01/2020		Salivary Hormone Testing (Company)	
Medicare	S3650	Saliva test, hormone level; during menopause	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Salivary Hormone Testing (Medicare)	
Medicare	S3650	Saliva test, hormone level; during menopause	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2021	Salivary Hormone Testing (Medicare)	
Commercial/ASO, OHP, PEBB	S3652	Saliva test, hormone level; to assess preterm labor risk	z80 Deny, Investigational-Member Responsibility	01/01/2020		Salivary Hormone Testing (Company)	
Medicare	S3652	Saliva test, hormone level; to assess preterm labor risk	z80 Deny, Investigational-Member Responsibility	01/01/2020	10/31/2021	Salivary Hormone Testing (Medicare)	
Medicare	S3652	Saliva test, hormone level; to assess preterm labor risk	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2021		Salivary Hormone Testing (Medicare)	
Medicare	S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Genetic and Molecular Testing (Medicare)	
Medicare	S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	05/01/2022		Genetic and Molecular Testing (Medicare)	
Commercial/ASO, OHP, PEBB	S3900	Surface electromyography (EMG)	z80 Deny, Investigational-Member Responsibility	12/01/2016		Surface Electromyography (sEMG) Testing (Company)	
Medicare	S3900	Surface electromyography (EMG)	z80 Deny, Investigational-Member Responsibility	12/01/2016	07/31/2022	Surface Electromyography (sEMG) Testing (Medicare)	
Medicare	S3900	Surface electromyography (EMG)	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	08/01/2022		Surface Electromyography (sEMG) Testing (Medicare)	
Commercial/ASO, OHP, PEBB	S8130	Interferential current stimulator, 2 channel	z80 Deny, Investigational-Member Responsibility	06/16/2016			

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Line of Business	Code	Code Description	Denial Reason	Denial Effective Date	Denial Termination Date	Policy	Notes
Medicare	S8130	Interferential current stimulator, 2 channel	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	S8130	Interferential current stimulator, 2 channel	z80 Deny, Investigational-Member Responsibility	06/16/2016	02/28/2022		
Commercial/ASO, OHP, PEBB	S8131	Interferential current stimulator, 4 channel	z80 Deny, Investigational-Member Responsibility	06/16/2016		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	S8131	Interferential current stimulator, 4 channel	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	03/01/2022		Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Medicare	S8131	Interferential current stimulator, 4 channel	z80 Deny, Investigational-Member Responsibility	06/16/2016	02/28/2022		
Commercial/ASO, PEBB	S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient	z80 Deny, Investigational-Member Responsibility	11/01/2018		Electrical Stimulation: Non-Covered Therapies (Company)	
Medicare	S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	11/01/2018		Auricular Electrostimulation (Medicare Only) ARCHIVED 9/1/22, Electrical Stimulation and Electromagnetic Therapies (Medicare)	
Commercial/ASO, OHP, PEBB	S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	z80 Deny, Investigational-Member Responsibility	02/01/2018		Low-Level and High-Power Laser Therapy	
Medicare	S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	09/01/2022		Low-Level and High-Power Laser Therapy (Medicare)	
Medicare	S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	z80 Deny, Investigational-Member Responsibility	02/01/2018	08/31/2022	Low-Level and High-Power Laser Therapy (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	u31 Deny, Not covered per Medical Policy - Provider Responsibility	12/01/2017		Chelation Therapy for Non-overload Conditions (Company), Chelation Therapy for Non-Overload Conditions (Medicare)	
Commercial/ASO, Medicare, OHP, PEBB	S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	u31 Deny, Not covered per Medical Policy - Provider Responsibility	12/01/2017	02/01/2023	Chelation Therapy for Non-overload Conditions (Company)	

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Commercial/ASO, Medicare, PEBB	U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	U0003	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, Medicare, PEBB	U0005	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease COVID-19), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2	u21 Deny, Not Medically Necessary per the Medical Policy- Provider Resp	10/01/2022		COVID-19 In Vitro Testing	This code denies based on billed diagnosis code.
Commercial/ASO, PEBB	V5095	Semi-implantable middle ear hearing prosthesis	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	10/31/2020	Hearing Aids (Company)	
Commercial/ASO, PEBB	V5095	Semi-implantable middle ear hearing prosthesis	z80 Deny, Investigational-Member Responsibility	11/01/2020		Hearing Aids (Company)	
Commercial/ASO, PEBB	V5262	Hearing aid, disposable, any type, monaural	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	10/31/2020	Hearing Aids (Company)	
Commercial/ASO, OHP, PEBB	V5262	Hearing aid, disposable, any type, monaural	z80 Deny, Investigational-Member Responsibility	11/01/2020		Hearing Aids (Company)	
Commercial/ASO, PEBB	V5263	Hearing aid, disposable, any type, binaural	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	10/31/2020	Hearing Aids (Company)	
Commercial/ASO, OHP, PEBB	V5263	Hearing aid, disposable, any type, binaural	z80 Deny, Investigational-Member Responsibility	11/01/2020		Hearing Aids (Company)	

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Commercial/ASO, PEBB	V5266	Battery for use in hearing device	X07 Deny, Not a Covered Benefit - Member Responsibility	01/01/2017	09/30/2020	Hearing Aids (Company)	