Non-Covered Services Payment Policy

Policy Statement

This policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood's) coverage exclusions and services that are considered non-covered. The services and items identified in this policy should not be considered an all-inclusive list.

Scope

This policy applies to:

☒**Medicaid** *excluding Extended Family Planning (EFP)*
☒**INTEGRITY**
☒**Commercial**

Medicaid Non-Covered Services

Investigational or Experimental Services:

- Drug or device that lacks FDA approval.
- Requested treatment that is the subject of Phase I or Phase II clinical trials or the investigational arm of Phase III clinical trials.
- Services which are delivered in connection with, or required by, an item or service not covered.
- Exception: Routine services associated with investigational or experimental services are covered for cancer treatment per State regulation. [i] [ii]

DME Items:

- Purchase, repair, or replacement of materials or equipment, resulting from member abuse.
- Purchase, repair, or replacement of materials or equipment that has been stolen or destroyed except when the following documentation is provided:
    - Explanation of continuing medical necessity for the item
    - Explanation that the item was stolen or destroyed
    - Copy of police, fire department, or insurance report if applicable
- Repair of Neighborhood non covered DME items
- Repair of DME items covered under the provider's or manufacturer's warranty
- Repair of a rented DME item

Circumcision:

Circumcisions will not be covered if they are performed in any setting other than a hospital, day surgery, or a physician's office

Cosmetic Services

Cosmetic Procedure: Procedures or services that change or improve appearance without significantly improving physiological function.

Cosmetic Surgery: Defined by the American Society of Plastic Surgeons, "is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem."

Except as described in covered services, any service, supply or medication to change or improve appearance is not covered. This includes, but is not limited to:

- Cervicoplasty (Plastic surgery on the neck)
- Chemical exfoliations, peels, abrasions (or dermabrasions or planing for acne, scarring, wrinkling, sun damage or other conditions)
- Correction of variations in normal anatomy including augmentation mammoplasty, mastopexy, and correction of congenital breast asymmetry (modifying the size, contour, and elevation of breasts)
- Cosmetic prosthetic devices
- Drugs, biological products, hospital charges, pathology, radiology fees and charges for surgeons, assistant surgeons, attending physicians and any other incidental services which are related to cosmetic surgery
- Excision of excess skin or subcutaneous tissue including brachioplasty (arm lift) or abdominoplasty (tummy tuck) (except Panniculectomy)
- Genioplasty (reduction and addition of material to the chin).
- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty
- Hair removal (including electrolysis epilation)
- Hair transplants
- Inverted nipple surgery
- Laser treatment for acne and acne scars
- Liposuction/ suction assisted lipectomy (remove fatty deposits in the thighs, neck, arms, and stomach)
- Medically necessary procedures performed at the same time as a cosmetic procedure
- Osteoplasty (facial bone reduction)
- Otoplasty (ear plastic surgery)
- Removal or destruction of skin tags
- Repeated cauterizations or electrofulguration methods used to remove growths on the skin
- Rhinoplasty (nose plastic surgery)
- Rhytidectomy (facelift)
- Scalp hair prostheses made specifically for an individual, or a wig, and provided for hair loss due to alopecia areata, alopecia totalis, or permanent

loss of scalp hair due to injury
- Scar Revision, regardless of symptoms
- Sclerotherapy/ treatment for spider veins
- Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- Testicular prosthesis surgery
- Treatment of vitiligo (white patches on skin)

Dental:

- Orthodontia
- All dental services, other than emergency dental and limited oral surgery.

Home Modifications (items for use in the home):

- Decks
- Lifts – permanent[1]
- Enlarged doorways
- Environmental accessibility modifications such as grab bars and ramps
- Fences
- Handrails
- Room additions and room expansions
- Telephone alert systems
- Telephone arms
- Telephone service in the home.

Infertility related services and procedures:

- Home ovulation prediction kits
- Services for couples in which one of the partners has had a previous sterilization procedure, with or without reversal
- Any other service or procedure intended to create a pregnancy.

Alternative Therapies:

- Animal therapy of any type
- Dance Therapy
- Massage Therapy
- Psychodrama
- Yoga

[1] Lifts – permanent refers to lifts affixed to the home not bed to chair lifts which are conditionally covered.

Additional Coverage Exclusions:

General exclusions include, *but are not limited to:*

- Academic performance testing
- Adult Respite care (exception: hospice)
- Air conditioner (window or central)
- Air cleansers, purifiers or HEPA filters
- Altered Auditory Feedback Devices
- Chronic Care Management Services
- Concierge Services fee or retainer
- Dehumidifiers
- Diagnostic tests to evaluate the need for a non-covered service
- Drugs or devices used to treat sexual or erectile dysfunction
- Educational test and training programs
- Food and food products for use in specialty diets (including but not limited to: gluten free, casein free)
- Floor mats
- Health club memberships
- Hypoallergenic pillows/bedding
- Lasik Surgery
- Medical Alert ID Bracelets
- Medical marijuana
- Personal Emergency Response Systems
- Planned home births
- Services provided outside the United States or its territories
- Sperm banking
- Standard car seats
- Suspension swings
- Trampolines, mini trampolines
- Vocational rehabilitation
- Waterproof Casts
- Wigs (exception: alopecia and cancer treatment)

INTEGRITY Non-Covered Services

Investigational or Experimental Services:

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- Requested treatment that is the subject of Phase I or Phase II clinical trials or the investigational arm of Phase III clinical trials
- Services which are delivered in connection with, or required by, an item or service not

covered

- **Exception:** Routine services associated with investigational or experimental services are covered for cancer treatment per State regulation.

DME:

- Purchase, repair, or replacement of materials or equipment, resulting from member abuse.
- Purchase, repair, or replacement of materials or equipment that has been stolen or destroyed except when the following documentation is provided:
  - Explanation of continuing medical necessity for the item
  - Explanation that the item was stolen or destroyed
  - Copy of police, fire department, or insurance report if applicable
- Repair of Neighborhood non covered DME items
- Repair of DME items covered under the provider's or manufacturer's warranty
- Repair of a rented DME item.

Cosmetic Services:

Cosmetic Procedure: Procedures or services that change or improve appearance without significantly improving physiological function.

Cosmetic Surgery: Defined by the American Society of Plastic Surgeons, "is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem."

Except as described in covered services, any service, supply or medication to change or improve appearance is not covered. This includes, but is not limited to:

- Cervicoplasty (Plastic surgery on the neck)
- Chemical exfoliations, peels, abrasions (or dermabrasions or planning for acne, scarring, wrinkling, sun damage or other conditions)
- Correction of variations in normal anatomy including augmentation mammoplasty, mastopexy, and correction of congenital breast asymmetry (modifying the size, contour, and elevation of breasts)
- Cosmetic prosthetic devices
- Drugs, biological products, hospital charges, pathology, radiology fees and charges for surgeons, assistant surgeons, attending physicians and any other incidental services which are related to cosmetic surgery
- Excision of excess skin or subcutaneous tissue including brachioplasty (arm lift) or abdominoplasty (tummy tuck) (except Panniculectomy)
- Genioplasty (reduction and addition of material to the chin).
- Gynecomastia surgery, including but not limited to mastectomy and reduction mammoplasty
- Hair removal (including electrolysis epilation)
- Hair transplants

- Inverted nipple surgery
- Laser treatment for acne and acne scars
- Liposuction/ suction assisted lipectomy (remove fatty deposits in the thighs, neck, arms, and stomach)
- Medically necessary procedures performed at the same time as a cosmetic procedure
- Osteoplasty (facial bone reduction)
- Otoplasty (ear plastic surgery)
- Removal or destruction of skin tags
- Repeated cauterizations or electrofulguration methods used to remove growths on the skin
- Rhinoplasty (nose plastic surgery)
- Rhytidectomy (facelift)
- Scalp hair prostheses made specifically for an individual, or a wig, and provided for hair loss due to alopecia areata, alopecia totalis, or permanent loss of scalp hair due to injury
- Scar Revision, regardless of symptoms
- Sclerotherapy/ treatment for spider veins
- Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- Testicular prosthesis surgery
- Treatment of vitiligo (white patches on skin)

Dental:

- Orthodontia
- All dental services, other than emergency dental and limited oral surgery.

Infertility related services and procedures:

- Home ovulation prediction kits
- Infertility treatment is not covered for:
  - Members who do not meet the definition of Infertility
  - Experimental infertility procedures
  - The costs of surrogacy, including all costs incurred by a fertile woman to achieve a pregnancy as a surrogate[2] or gestational carrier[3] for an infertile member. These costs include, but are not limited to:
    - Costs for drugs needed for implantation, embryo transfer, and cryopreservation of embryos
    - Use of donor egg and a gestational carrier
  - Costs for maternity care if the surrogate is not a member
  - Long-term (longer than 90 days) sperm or embryo cryopreservation unless the

[2] A surrogate is a person who carries and delivers a child for another either through artificial insemination or surgical implantation of an embryo

[3] A gestational carrier is a surrogate with no biological connection to the embryo/child

member is in active infertility treatment. *Note: We may authorize short-tern (less than 90 days) cryopreservation of sperm or embryos for certain medical conditions that may impact a member's future fertility.*

- Costs associated with donor recruitment and compensation
- Infertility services which are necessary for conception as a result of voluntary sterilization or following an unsuccessful reversal of a voluntary sterilization
- Donor sperm and associated laboratory services in the absence of diagnosed male factor infertility in the partner.
- Procurement of frozen donor oocytes.
- Donor recruitment, compensation/stipend and medications are not a covered benefit.
- Services for couples in which one of the partners has had a previous sterilization procedure, with or without reversal

Alternative Therapies:

- Animal therapy of any type
- Dance Therapy
- Psychodrama
- Transcendental Meditation
- Yoga

Additional Coverage Exclusions:

General exclusions include, *but are not limited to:*

- Abortion services (except to preserve the life of the woman, or in cases of rape or incest)
- Academic performance testing
- Altered Auditory Feedback Devices
- Concierge Services fee or retainer
- Cord blood banking
- Critical Care Transport
- Dehumidifiers
- Diagnostic tests to evaluate the need for a non-covered service
- Drugs or devices used to treat sexual or erectile dysfunction
- Educational test and training programs
- Electro sleep Therapy
- Health club memberships
- Intravenous Histamine Therapy
- Lasik Surgery
- Medical marijuana
- Planned home births

- Private rooms in hospitals (unless medically necessary)
- Sperm banking
- Thermogenic Therapy
- Trampolines, min trampolines
- Suspension swings
- Vocational rehabilitation
- Waterproof casts
- Wigs (exception: alopecia and cancer treatment).

Commercial Non-Covered Services

Adult Intensive Services (AIS):

AIS program includes, but not limited to, emergency or crisis evaluations which are available 24 hours a day 7 days per week, psychiatric assessment, medication evaluation and management, case management, psychiatric nursing services, and individual, group, and family behavioral health therapy.

Alternative, holistic, naturopathic, and/or functional health:

- Alternative medicine services, supplies or procedures
- Biofeedback is not covered except for the treatment of urinary incontinence.
- Hypnotherapy

Circumcision:

Circumcisions will not be covered if they are performed in any setting other than a hospital, day surgery, or a physician's office.

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- Correction of variations in normal anatomy including augmentation mammoplasty, mastopexy, and correction of congenital breast asymmetry (modifying the size, contour, and elevation of breasts)
- Drugs, biological products, hospital charges, pathology, radiology fees and charges

for surgeons, assistant surgeons, attending physicians and any other incidental services which are related to cosmetic surgery
- Excision of excess skin or subcutaneous tissue including brachioplasty (arm lift) or abdominoplasty (tummy tuck) (except Panniculectomy)
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- Scar Revision, regardless of symptoms
- Sclerotherapy/ treatment for spider veins
- Subcutaneous injection of filling material
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy)
- Testicular prosthesis surgery
- Treatment of vitiligo (white patches on skin)

Custodial Care:

Custodial care, rest care, day care, or non-skilled care in any facility is not covered. This includes care in convalescent homes, nursing homes, homes for the aged, halfway houses, or other residential facilities.

Dental Care:

Adult preventive and restorative services, treatments, and supplies are not covered. Routine exams, X-rays and cleanings are examples of non-covered preventive services.

Restorative services involve the repair, strengthening, or replacement of teeth due to decay,

deterioration, or fracture. Tooth extractions, fillings, and implants are examples of restorative treatment that is not covered.

Devices, Appliances and Prosthetics:

Non-covered services include, but are not limited to:

- Dehumidifiers
- Devices used specifically as safety items or to affect performance in sports-related activities;
- Orthotic appliances that straighten or re-shape a body part such as foot orthotics and cranial banding
- Some types of braces, including over-the-counter orthotic braces
- Devices and procedures intended to reduce snoring. Exclusions include, but are not limited to, laser- assisted uvulopalatoplasty, somnoplasty, and snore guards
- Electric hospital grade breast pump purchases.

Eyeglasses, Lenses, or Frames:

Non-covered services include:

- Refractive eye surgery (including radial keratotomy) for conditions that can be corrected by means other than surgery, contact lenses, or contact lens fittings.
- Deluxe frames are not covered.

Experimental or New Services, Supplies, or Medications:

Neighborhood will not pay for any treatments that are tests of new treatments. This ban does not apply to services meeting coverage conditions under Rhode Island and federal law for:

- Treatment of Lyme disease
- New therapies to prevent, detect, or treat cancer or other life-threatening diseases or conditions
- Off label uses of prescription drugs for the treatment of cancer.

Human Organ Transplants:

Non-covered services for human organ transplants include but are not limited to:

- Experimental or Investigational transplant procedures except those required by federal or state law
  - Transplants of the face and hand are considered experimental and therefore are not covered
- Services or supplies related to an excluded procedure
- Services or supplies for a donor that are not directly related to the organ transplant
- Services relating to collection, preservation and potential future use of umbilical cord blood
- Donor related medical or other expenses of a transplant when the recipient is not a member

Infertility Services:

Infertility treatment is not covered for:

- Members who do not meet the definition of Infertility
- Experimental infertility procedures
- Medical or Surgical procedures for reversal of voluntary sterilization
- The costs of surrogacy, including all costs incurred by a fertile woman to achieve a pregnancy as a surrogate[4] or gestational carrier[5] for an infertile member. These costs include, but are not limited to:
  - Costs for drugs needed for implantation, embryo transfer, and cryopreservation of embryos
  - Use of donor egg and a gestational carrier
  - Costs for maternity care if the surrogate is not a member
- Long-term (longer than 90 days) sperm or embryo cryopreservation, unless the member is in active infertility treatment.(Note: We may authorize short-term (less than 90 days) cryopreservation of sperm or embryos for certain medical conditions that may impact a member's future fertility.) Costs associated with donor recruitment and compensation
- Infertility services which are necessary for conception as a result of voluntary sterilization or following an unsuccessful reversal of a voluntary sterilization
- Donor sperm and associated laboratory services in the absence of diagnosed male factor infertility in the partner
- Drugs for anonymous or designated egg donors that are directly related to a stimulated Assisted Reproductive Technology (ART) cycle, unless the member is the sole recipient of the donor's eggs. Prior authorization is recommended for these services

Items for Personal Care, Comfort or Ease:

- Charges gained when the member, for his or her convenience, chooses to remain an inpatient beyond the discharge hour.
- Supplies, equipment, services primarily for personal comfort including but not limited to:
  - Television
  - Telephone
  - Beauty/ barber service
  - Guest service

Lodging:

Lodging is not covered even when related to receiving any medical service.

[4] A surrogate is a person who carries and delivers a child for another either through artificial insemination or surgical implantation of an embryo

[5] A gestational carrier is a surrogate with no biological connection to the embryo/child

Network Restrictions:

Services must be rendered by network providers unless it is an emergency or prior approval has been received. Any services, programs, supplies or procedures provided in a non-conventional setting are excluded. This includes, but is not limited to:

- Spas/resorts
- Educational, vocational, or recreational settings
- Outward Bound, or wilderness, camp or ranch programs
- Services performed outside of the United States and its territories.

This is the case even if the services, programs, supplies, or procedures are performed or provided by licensed providers, such as mental health professionals, nutritionists, nurses or physicians.

Some examples of services that may be excluded if they are performed in a non-conventional setting are:

- Psychotherapy
- ABA services and
- Nutritional counseling

Over-the-counter Contraceptive Agents

Over-the-counter contraceptive agents are not covered

Pediatric Vision Care Services, Treatments and Supplies:

Pediatric vision care services exclude:

- Services and materials not meeting accepted standards of optometric practice
- Special lens designs or coatings other than those described as covered services
- Replacement of lost or stolen eyewear
- Non-prescription (Plano) lenses
- Two pairs of eyeglasses in lieu of bifocals
- Insurance of contact lenses.

Reversal of Voluntary Sterilization

Medical or surgical procedures for reversal of voluntary sterilization

Sexual and/or erectile dysfunction treatment

Services and treatment related to sexual and/or erectile dysfunctions, except medically necessary services for treatment related to an organic condition.

Sexual reassignment/gender dysphoria treatment

Exclusions include:

- Cryopreservation, storage and thawing of reproductive tissue
- Procedures designed to enhance masculinity or femininity or to alter body contours for aesthetic reasons are considered cosmetic and are excluded unless for the treatment of gynecomastia and gender dysphoria.
- Voice Modification Surgery
- Reversal of genital surgery

Transportation:

Exclusions include, but are not limited to transportation by chair car, wheelchair van, or taxi.

Additional Coverage Exclusions:

General exclusions include, *but are not limited to:*

- Any provider charges for missing an appointment
- Charges for copies of member records, charts or X-rays, or any costs associated with forwarding/mailing copies of member records, charts or X-rays
- Chronic Care Management Services
- Concierge Services fee or retainer
- Electrolysis
- Examinations, evaluations or services for educational or developmental purposes including vocational rehabilitation and retraining services
- Exercise classes
- Homemaker services
- Medical marijuana
- Office infection control charges
- Personal Emergency Response Systems
- Personal trainer
- Planned home births
- Relaxation and massage therapies
- TENS units or other neuromuscular stimulators and related supplies
- Waterproof Casts
- Weight loss programs and clinics – inpatient and outpatient
- Services, supplies, or medications required by a third party which are not otherwise medically necessary. Examples of a third party are an employer, an insurance company, a school, or a court.
- Services for which no charge would be made if member had no health plan.
- Services provided to a non-member, except as described in covered services.
- Care for conditions that are already covered under Federal, State or local legislation. This list includes workers' compensation, no-fault auto insurance, or other government programs besides Medicaid.
- Care for conditions that state or local law requires to be treated in a public facility.
- Health services while on active military duty.
- Any additional fee a provider may charge.

Coding

For plan specific listings of non-covered CPT, HCPC codes, ICD-10 Diagnosis, and Modifiers please follow link below to separate Non-Covered grids:

https://www.nhpri.org/providers/policies-and-guidelines/billing-guidelines-and-payment-policies/

Please note that these lists are not considered to be all inclusive.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit. Neighborhood reserves the right to cover certain non-covered services under a piloted program.

Document History

Date	Action
03/29/23	Added Concierge Services for all LOB, Converted all CPTs/HCPCs, ICD-10 and Modifiers to external link to excel grid. Added GC modifier to Commercial.
01/01/23	Annual Policy Review Date. Policy Updated: additional codes added/removed from CPT/HCPC list.
07/18/22	Policy Updated: additional codes added/removed from CPT/HCPC list.
05/16/22	Policy Updated: additional codes added/removed from CPT/HCPC list. Non-covered modifiers were added to Coding grid.
01/12/22	Policy Updated: additional codes added to CPT/HCPC list
10/15/21	Policy Updated: additional codes added to CPT/HCPC list
07/15/21	Policy Updated: additional codes added to CPT/HCPC list
02/22/21	Policy Review Date
02/15/21	Policy Updated: Format Changes, additional language added to cosmetic services for Medicaid and Integrity, medical marijuana added to exclusions
02/28/17	Policy Effective Date

[i] http://webserver.rilin.state.ri.us/Statutes/title27/27-20/27-20-60.HTM
[ii] https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=1