



Non-Covered Services Payment Policy

Policy

Fallon Community Health Plan (FCHP) does not reimburse for services that are considered not medically necessary, experimental, investigative, or non-covered.

Unless otherwise stated in the provider contract, contracted providers must advise a member in writing prior to the provision of services that service(s) not covered by the plan will be the member's financial liability. Unless explicitly classified as a non-covered service in the member's *Evidence of Coverage* (EOC), Fallon Community Health Plan (FCHP) must make a determination of non-coverage prior to the member being billed. Non-covered services may include self-referrals to specialists for services that require a primary care provider (PCP) referral or plan prior authorization.

Members can only be held liable for non-covered services if they agreed to pay for the non-covered service by signing a valid waiver accepting financial responsibility if the services are non-covered. The waiver must clearly demonstrate that the member agreed in writing and in advance to pay for those services after being informed. A general member statement agreeing to pay for services not paid by the insurer is not sufficient.

A sample waiver is appended to this policy. In order to seek payment from the FCHP member, the provider must retain and be able to produce documentation demonstrating that a valid member waiver of liability was obtained.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCareSM

Reimbursement

FCHP does not reimburse for the codes listed in the below table unless indicated otherwise in the comments column or in the individual provider contract.

FCHP does not reimburse for services that are considered not medically necessary, experimental, investigative, or non-covered.

The provider ordering or performing the non-covered services must inform the member that the services are non-covered and obtain a valid notice of financial liability waiver from the member. The signed waiver must be kept on file in the member's medical records.

<i>If a provider:</i>	<i>And the member:</i>	<i>Then the provider:</i>
informs the member, prior to performing the service, that it is not covered	consents, in writing, to accept liability for the service	may bill the member for the service(s).
performs the service without notifying the patient that the service is not covered	does not consent, in writing, to accept liability for the service	may not bill the member for the service.

<i>If a provider:</i>	<i>Then:</i>
Sends the member or the member's specimen to an outside independent laboratory, diagnostic imaging center, or hospital	It is the responsibility of the servicing provider or laboratory, diagnostic imaging center, or hospital to obtain a copy of the signed notice of financial liability waiver from the ordering provider before performing and billing the service.

Billing/coding guidelines

FCHP will use current industry standard procedure codes (HCPCS CPT I and II codes along with other industry standard codes) throughout their processing systems.

The Health Insurance Portability & Accountability Act (HIPAA) Transaction & Code Set Rule requires providers to use the procedure code(s) that are valid at the time the service is provided. FCHP adheres to HIPAA standards.

Providers must only use industry standard code sets and must use specific HCPCS CPT I and II codes when available. If specific codes are not available, unlisted codes require FCHP preauthorization.

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date: 01/01/09
Previous revision date: 03/01/09 - removed 22520, 22521, 22522, 22523, 22524, 22525, and 86891 from the list of non-covered service codes and updated text under billing/coding guidelines.
05/01/09 – removed text under definition; updated text under reimbursement; removed E0635, E0636, E0639, and E0640; and added 83695, 83698, 83700, 83701, 83704, 90901, 90911, E0218, E0274, E0746, and S9470 to the list of non-covered services codes.
07/01/09 – added 92065 to the list of non-covered services codes
Connection date and details: March 2010 – added experimental to description of non-covered services; added explanation about the need for and suggested template for member's notice of financial liability waiver.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.

FCHP does not reimburse for the codes listed in the below table unless indicated otherwise in the comments column or in your individual contract.

Code	Type	Description	Comments
0180	REV	LEAVE OF ABSENCE	
0181	REV	ROOM RESERVED - LOA	
0182	REV	PATIENT CONVENIENCE - LOA	
0183	REV	THERAPEUTIC LEAVE OF ABSENCE	
0184	REV	ICF/MR – ANY REASON	
0185	REV	NURSING HOME, FOR HOSP	Covered for Summit ElderCare
0189	REV	OTHER LEAVE OF ABSENCE	
0256	REV	EXPERIMENTAL DRUGS	
0990	REV	PATIENT CONVENIENCE	
0991	REV	CAFETERIA/GUEST TRAY-PT. CONVEN.	
0992	REV	PRIVATE LINEN- PT. CONVENIENCE	
0993	REV	TELEPHONE/TELEGRAPH-PT. CONVEN.	
0994	REV	TV/RADIO - PATIENT CONVENIENCE	
0995	REV	NONPATIENT RM-PATIENT CONVENIENCE	
0996	REV	LATE DISCHARGE-PATIENT CONVENIENCE	
0997	REV	ADMISSION KIT - PT. CONVENIENCE	
0998	REV	BEAUTY/BABERSHOP-PT. CONVENIENCE	
0999	REV	OTHER - PATIENT CONVENIENCE	
2100	REV	ALTERNATIVE THERAPY SERVICES	
2101	REV	ALTERNATIVE THERAPY SVCS ACUPUNCTURE	
2102	REV	ALTERNATIVE THERAPY SVCS ACCUPRESSURE	
2103	REV	ALTERNATIVE THERAPY SVCS MASSAGE	
2104	REV	ALTERNATIVE THERAPY SVCS REFLEXOLOGY	
2105	REV	ALTERNATIVE THERAPY SVCS BIOFEEDBACK	
2106	REV	ALTERNATIVE THERAPY SVCS HYPNOSIS	
2109	REV	OTHER ALTERNATIVE THERAPY SVCS	
15775	CPT	PUNCH GFT HAIR TPLNT; 1-15 GFTS	
15776	CPT	PUNCH GFT HAIR TPLNT; 15 GFTS	
17380	CPT	ELECTROLYSIS EPILATION EA 1/2 HOUR	
28890	CPT	EXTRACORPOREAL SHOCK WAVE HIGH ENERGY PERFORMED BY A PHYSICIAN REQUIRING ANEST	
29868	CPT	SCOPE KNEE; MENISCAL TPLNT MED/LAT	
38210	CPT	TPLNT PREP HEM PROGNTN CELL; T-CELL	
43257	CPT	UP GI ENDO;THRM ENRGY MUSC LW ESOPH	Covered for Senior Plan
43845	CPT	GASTR RSTRC PROC PART GASTRECTOMY	
44137	CPT	REMOVL TPLNT INTEST ALLOGFT COMPETE	
58750	CPT	TUBOTUBAL ANASTOMOSIS	
62264	CPT	PERQ LYSIS EPIDURL ADHES MX; 1 DAY	Covered for Senior Plan
69090	CPT	EAR PIERCING	
69714	CPT	OSSEO IMPLNT-TEMP BONE; NO MASTOID	Covered for Senior Plan and MassHealth
69715	CPT	OSSEO IMPLNT-TEMP BONE; W/MASTOIDECT	Covered for Senior Plan and MassHealth
69717	CPT	REPLAC OSSEO IMPLNT; NO MASTOIDECT	Covered for Senior Plan and MassHealth
69718	CPT	REPLAC OSSEO IMPLNT; W/MASTOIDECT	Covered for Senior Plan and MassHealth
83695	CPT	LIPOPROTEIN (A)	
83698	CPT	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	

Code	Type	Description	Comments
83700	CPT	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION	
83701	CPT	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG, ELECTROPHORESIS, ULTRACENTRIFUGATION)	
83704	CPT	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY)	
86890	CPT	AUTOLGUS BLD/CMPNT; PREDEPOSIT	Covered for Senior Plan
87001	CPT	ANIMAL INOCULAT SM ANIMAL; W/OBS	
87003	CPT	ANIMAL INOCUL SM; W/OBSRV/DISSECT	
88000	CPT	NECROPSY GR EXAM ONLY; WITHOUT CNS	
88005	CPT	NECROPSY GR EXAM ONLY; W/BRAIN	
88007	CPT	NECROPSY GR EX ONLY; W/BRAIN&SP CRD	
88012	CPT	NECROPSY GR EX ONLY; INFNT W/BRAIN	
88014	CPT	NECRPSY GRSS ONLY;STILB/NB W/BRAIN	
88016	CPT	NECROPSY GROSS ONLY; MACERAT STILLB	
88020	CPT	NECROPSY GR&MIC; WITHOUT CNS	
88025	CPT	NECROPSY GROSS&MICROSCOPIC; W/BRAIN	
88027	CPT	NECROPSY GR&MIC; W/BRAIN&SP CORD	
88028	CPT	NECROPSY GR&MIC; INFNT W/BRAIN	
88029	CPT	NECROPSY GR&MIC; STILLB/NB W/BRAIN	
88036	CPT	NECROPSY LTD GR &/ MIC; REGIONAL	
88037	CPT	NECROPSY LTD GR &/ MIC; 1 ORGN	
88040	CPT	NECROPSY; FORENSIC EXAMINATION	
88045	CPT	NECROPSY; CORONERS CALL	
88099	CPT	UNLISTED NECROPSY PROCEDURE	
88380	CPT	MICRODISSECTION	
90665	CPT	LYM DZ VACCINE ADULT DOSE IM USE	
90725	CPT	CHOLERA VACCINE FOR INJECTABLE USE	
90727	CPT	PLAGUE VACCINE INTRAMUSCULAR USE	
90885	CPT	PSYCH EVAL HOSP RECRD-MED DX PURPOS	
90889	CPT	PREP REPR PT PSYCH STS/HX/TX/PROG	
90901	CPT	BIOFEEDBACK TRAINING BY ANY MODALITY	Covered for Senior Plan
90911	CPT	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY	Covered for Senior Plan
92065	CPT	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	Covered for Senior Plan and MassHealth
92310	CPT	PRSC & FIT CONTACT LENS;NOT APHAKIA	
92313	CPT	PRSC CONTACT LENS; CORNEOSCLERAL	
92315	CPT	PRSC W/FIT BY TECH; APHAKIA-1 EYE	
92316	CPT	PRSC W/FIT BY TECH; APHAKIA-BOTH	
92317	CPT	PRSC W/FIT BY TECH; CORNEOSCLERAL	
92325	CPT	MOD CNTC LENS W/MED SUPERVIS ADPT	
92370	CPT	REPAIR&REFIT SPECTACLES; NO APHAKIA	
92371	CPT	REPR & REFIT; SPECTACL PROSTH-APHAK	
92605	CPT	EVAL PRSC NON-SPCH-GEN CMNCT DEVC	

Code	Type	Description	Comments
92606	CPT	TX SRVC NON-SPEECH-GEN DEVC W/PROG	
93025	CPT	MICROVLT T-WAVE ALTRNANS VENT ARRHY	Covered for Senior Plan
95012	CPT	NITRIC OXIDE EXPIRED GAS DETERMINATION	
95965	CPT	MEG REC&ANALY;BRAIN MAGNETIC ACTV	Covered for Senior Plan
95966	CPT	MEG REC&ANALY; EVOKED 1 MODALITY	Covered for Senior Plan
95967	CPT	MEG REC&ANALY; EA ADD MODALITY	Covered for Senior Plan
96000	CPT	COMP CMPT-BASD MOT ANALY VIDEO-TAP;	
96001	CPT	COMP CMPT-BSD MOT ANALY; PLNTR PRSS	
96002	CPT	DYN SURF EMG WLK/OTH ACTV 1-12 MUSC	Covered for Senior Plan
96003	CPT	DYN FINE WIRE EMG WALK/OTH 1 MUSC	Covered for Senior Plan
96004	CPT	PHYS REV COMP CMPT BASD MOT ANALY	Covered for Senior Plan
96150	CPT	HLTH&BHV ASSESS 15 MIN W/PT; INIT	Covered for Senior Plan
96151	CPT	HLTH&BHV ASSESS 15 MIN; RE-ASSESS	Covered for Senior Plan
96152	CPT	HLTH&BHV INTRVN EA 15 MIN; IND	Covered for Senior Plan
96154	CPT	HLTH&BHV INTRVN EA 15 MIN FAM W/PT	Covered for Senior Plan
96155	CPT	HLTH&BHV INTRVN EA 15 MIN;FAM WO PT	
96904	CPT	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY FOR MONITORING OF HIGH RISK PATIENTS WITH	
96920	CPT	LASR TX INFLAM SKN DZ;TOT<250 SQ CM	Covered for Senior Plan
96921	CPT	LASR TX INFLAM SKN DZ;250-500 SQ CM	Covered for Senior Plan
96922	CPT	LASR TX INFLAM SKN DZ; 500 SQ CM	Covered for Senior Plan
97005	CPT	ATHLETIC TRAINING EVALUATION	
97006	CPT	ATHLETIC TRAINING RE-EVALUATION	
97124	CPT	THERAP 1/ AREAS/15 MIN; MASSAGE	Covered for Senior Plan, Physical Therapist and Hospital
97810	CPT	ACUPUNCT W/O E-STIM; INIT 15 MIN	
97811	CPT	ACUPUNCT W/O E-STIM; EA ADD 15 MIN	
97813	CPT	ACUPUNCT WITH E-STIM; INIT 15 MIN	
97814	CPT	ACUPUNCT W/E-STIM; EA ADD 15 MIN	
98960	CPT	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED NONPHYSICIAN	
98961	CPT	EDUCATION AND TRAINING FOR PAT SELF-MANAGE BY A QUALIFIED NONPHYSICIAN EA 30 M	
98962	CPT	EDUCATION AND TRAINING FOR PAT SELF-MNGMNT BY A QUALIFIED NONPHYSICIAN EA 30 M	
99075	CPT	MEDICAL TESTIMONY	
99090	CPT	ANALY CLINICAL DATA STORED COMPUTRS	
99411	CPT	PREV MED CNSL GRP-SEP PROC; 30 MIN	
99412	CPT	PREV MED CNSL GRP-SEP PROC; 60 MIN	
99429	CPT	UNLIST PREVENTIVE MEDICINE SERVICE	
99455	CPT	WORK RELAT/DISABL EXAM-TREATING MD	
99456	CPT	WORK RELAT/DISABL EX-NOT TREATNG MD	
99510	CPT	HOM VST INDIVIDUL FAM/MARRIAGE CNSL	
A0021	HCPCS	AMB SRVC OTSD STATE-MILE TRANSPORT	
0042T	CPT	CERBRL PERFUS ANALY CT W/CONTRST	
0069T	CPT	ACOUSTIC HS REC & CMPT ANALY ONLY	
0159T	CPT	COMPUTER AIDED DETECTION INCLUDING COMPUTER ALGORITHM ANALYSIS OF MRI IMAGE DA	
A0090	HCPCS	NON-EMERG TRNSPRT IND W/VESTED INT	
A0110	HCPCS	NONEMERG TRNSPRT&BUS INTERSTATE	Covered for Summit ElderCare

Code	Type	Description	Comments
A0120	HCPCS	NON-EMERG TRANSPRT: MINI-BUS MTN/OTH	Covered for Summit ElderCare
A0140	HCPCS	NONEMERG TRANSPRT & AIR TRAVEL	
A0160	HCPCS	NONEMERG TRANSPRT:MILE-CASE/SOCL WRK	
A0170	HCPCS	TRANSPRT ANCILLRY: PARK FEE TOLL OTH	
A0180	HCPCS	NONEMERG TRANSPRT: LODGING-RECIP	
A0190	HCPCS	NONEMERG TRANSPRT: MEALS-RECIP	
A0210	HCPCS	NONEMERG TRANSPRT: MEALS-ESCORT	Covered for Summit ElderCare
A4269	HCPCS	CONTRACEPTIVE SUPPLY SPERMICIDE EA	
A4321	HCPCS	THERAPEUTIC AGT URIN CATH IRRIG	
A4400	HCPCS	OSTOMY IRRIGATION SET	
A4458	HCPCS	ENEMA BAG WITH TUBING REUSABLE	
A4465	HCPCS	NONELASTIC BINDER FOR EXTREMITY	
A4470	HCPCS	GRAVLEE JET WASHER	
A4480	HCPCS	VABRA ASPIRATOR	
A4490	HCPCS	SURG STOCKING ABOVE KNEE LENGTH EA	
A4495	HCPCS	SURGICAL STOCKING THIGH LENGTH EACH	
A4500	HCPCS	SURG STOCKING BELOW KNEE LENGTH EA	
A4510	HCPCS	SURGICAL STOCKING FULL-LENGTH EACH	
A4520	HCPCS	INCONTINENCE GARMENT ANY TYPE EACH	
A4554	HCPCS	DISPOSABLE UNDERPADS ALL SIZES	
A4575	HCPCS	TOPICAL HYPRBR OXYGEN CHAMB DISPBL	
A4600	HCPCS	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE REPLACEMENT ONLY EACH	
A4601	HCPCS	LITHIUM ION BATTERY FOR NON-PROSTHETIC USE REPLACEMENT	
A4639	HCPCS	REPL PAD INFRARD HEATING PAD SYS EA	
A4653	HCPCS	PERITON DIALYSIS CATH ANCHR BELT EA	
A4860	HCPCS	DISPBL CATH TIP PERITON DIALYSIS-10	
A4870	HCPCS	PLUMB &/ ELEC WRK HOM HEMODIAL EQP	
A4890	HCPCS	CONTRACTS REPR&MAINT HEMODIAL EQP	
A4911	HCPCS	DRAIN BAG/BOTTLE FOR DIALYSIS EACH	
A5508	HCPCS	DM ONLY DELUX FEATUR SHOE/CSTM MOLD	
A5510	HCPCS	DIAB ONLY DIR FORM COMPRS MOLD FT	
A6000	HCPCS	NON-CNTC WND WARMING COVR W/DEVC	
A6025	HCPCS	GEL SHEET DERMAL/EPIDRMAL APPLIC EA	
A6228	HCPCS	GAUZ IMPREG WATR/NL SALINE 16 SQ	
A6229	HCPCS	GAUZ IMPREG WATR/SALINE 16<=48 SQ	
A6230	HCPCS	GAUZ IMPREG WATR/SALINE 48 SQ	
A6250	HCPCS	SKN SEALNT PROTCT MOISTURZR OINTMNT	
A6260	HCPCS	WOUND CLEANSERS ANY TYPE ANY SIZE	
A6412	HCPCS	EYE PATCH OCCLUSIVE EACH	
A6413	HCPCS	ADHESIVE BANDAGE FIRST-AID TYPE ANY SIZE EACH	
A7008	HCPCS	LG VOL NEBULIZR DISPBL PRFIL COMPRS	
A7009	HCPCS	RESRVOR BOTTLE LG VOL US NEBULIZR	
A7011	HCPCS	CORRG TUBING NON-DISP/NEB USE 10 FT	
A8000	HCPCS	HELMET PROTECTIVE SOFT PREFABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES	
A8001	HCPCS	HELMET PROTECTIVE HARD PREFABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES	
A8002	HCPCS	HELMET PROTECTIVE SOFT CUSTOM FABRICATED INCLUDES	

Code	Type	Description	Comments
		ALL COMPONENTS AND ACCESSORI	
A8003	HCPCS	HELMET PROTECTIVE HARD CUSTOM FABRICATED INCLUDES ALL COMPONENTS AND ACCESSORI	
A8004	HCPCS	SOFT INTERFACE FOR HELMET REPLACEMENT ONLY	
A9150	HCPCS	NONPRESCRIPTION DRUG	
A9152	HCPCS	1 VIT/MINERL/TRACE ELEM ORLDOSE NOS	
A9153	HCPCS	MULTIPLE VITAMINS ORAL PER DOSE NOS	
A9155	HCPCS	ARTIFICIAL SALIVA 30 ML	
A9180	HCPCS	PEDICULOSIS TX TOP ADMN PT/CARETAKR	
A9270	HCPCS	NONCOVERED ITEM OR SERVICE	
A9274	HCPCS	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM DISPOSABLE EACH INCLUDES ALL SUPPL	
A9275	HCPCS	HOME GLUCOSE DISPOSABLE MONITOR INCLUDES TEST STRIPS	
A9276	HCPCS	SENSOR INVASIVE (E.G. SUBCUTANEOUS) DISPOSABLE FOR USE WITH INTERSTITIAL CONTI	
A9277	HCPCS	TRANSMITTER EXTERNAL FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING S	
A9278	HCPCS	RECEIVER (MONITOR) EXTERNAL FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONIT	
A9279	HCPCS	MONITORING FEATURE/DEVICE STAND-ALONE OR INTEGRATED ANY TYPE INCLUDES ALL ACCE	
A9281	HCPCS	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EACH	
A9283	HCPCS	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE ANY TYPE EACH	
A9300	HCPCS	EXERCISE EQUIPMENT	
C1782	HCPCS	MORCELLATOR	
C1814	HCPCS	RETINAL TAMPONADE DEVICE SILCON OIL	
C1884	HCPCS	EMBOLIZATION PROTECTIVE SYSTEM	
C2618	HCPCS	PROBE CRYOABLATION	
C2637	HCPCS	BRACHYTX YTTERBIUM-169	
C9716	HCPCS	CREATIONS THRML ANAL LES RF ENERGY	
C9725	HCPCS	PLACE ENDORECTAL APP	
C9899	HCPCS	IMPLANTED PROSTHETIC DEVICE, PAYABLE ONLY FOR INPATIENTS WHO DO NOT HAVE INPATIENT COVERAGE	
D0180	HCPCS	COMP PERIODONTAL EVAL - NEW/EST PT	
D0360	HCPCS	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	
D0362	HCPCS	CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA INCLUDES	
D0363	HCPCS	CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA INCLUDE	
D0415	HCPCS	COLLECT MICROORAGNISMS CULT & SENS	
D0425	HCPCS	CARIES SUSCEPTIBILITY TESTS	
D0472	HCPCS	ACCESS TISS-GROSS EXAM-PREP & REPRT	
D0473	HCPCS	ACCESS TISS-GROSS/MICRO-PREP/REPRT	
D0474	HCPCS	ACSS TISS GR&MIC SURG MARG PREP/RPT	
D0475	HCPCS	DECALCIFICATION PROCEDURE....	
D0476	HCPCS	SPECIAL STAINS FOR MICROORGANISMS	
D0477	HCPCS	SPECIAL STAINS NOT MICROORGANISMS	
D0478	HCPCS	IMMUNOHISTOCHEMICAL STAINS	
D0480	HCPCS	PROCESS & INTEPR EXFOL CYTOL SMEARS	
D0481	HCPCS	ELECTRON MICROSCOPY DIAGNOST	

Code	Type	Description	Comments
D0482	HCPCS	DIRECT IMMUNOFLUORESCENCE	
D0483	HCPCS	INDIRECT IMMUNOFLUORESCENCE	
D0484	HCPCS	CONSULTATION SLIDES PREPARED ELSW	
D0485	HCPCS	CNSLT W/PREP SLIDES BX SPL REF SRC	
D1204	HCPCS	TOP FLUORIDE - ADULT	
D1310	HCPCS	NUTRIT CNSL CONTROL DENTAL DISEASE	
D1320	HCPCS	TOBACCO CNSL CNTRL&PREVION ORL DZ	
D1330	HCPCS	ORAL HYGIENE INSTRUCTIONS	
D1351	HCPCS	SEALANT - PER TOOTH	
D1520	HCPCS	SPACE MAINTAINER - REMOVABLE-UNI	
D1525	HCPCS	SPACE MAINTAINER - REMOVABLE-BIL	
D1550	HCPCS	RECEMENTATION OF SPACE MAINTAINER	
D2390	HCPCS	RESIN COMPOS CROWN ANTERIOR	
D2391	HCPCS	RESIN COMPOS - 1 SURFACE POSTERIOR	
D2392	HCPCS	RESIN COMPOS - 2 SURFACES POSTERIOR	
D2393	HCPCS	RESIN COMPOS - 3 SURFACES POSTERIOR	
D2394	HCPCS	RESIN COMPOS - 4/MORE SURFACES POST	
D2410	HCPCS	GOLD FOIL - ONE SURFACE	
D2420	HCPCS	GOLD FOIL - TWO SURFACES	
D2430	HCPCS	GOLD FOIL - THREE SURFACES	
D2510	HCPCS	INLAY - METALLIC - ONE SURFACE	
D2520	HCPCS	INLAY - METALLIC - TWO SURFACES	
D2530	HCPCS	INLAY - METALLIC - 3/MORE SURFACES	
D2542	HCPCS	ONLAY - METALLIC - TWO SURFACES	
D2543	HCPCS	ONLAY METALLIC THREE SURFACES	
D2544	HCPCS	ONLAY METALLIC FOUR OR MORE SURF	
D2610	HCPCS	INLAY - PORCELN/CERAMIC - 1 SURFACE	
D2620	HCPCS	INLAY - PORCELN/CERAMIC - 2 SURF	
D2630	HCPCS	INLAY - PORCELN/CERAM - 3/MORE SURF	
D2642	HCPCS	ONLAY - PORCELN/CERAMIC - 2 SURF	
D2643	HCPCS	ONLAY - PORCELN/CERAMIC - 3 SURF	
D2644	HCPCS	ONLAY - PORCELN/CERAM - 4/MORE SURF	
D2650	HCPCS	INLAY-RSN COMPOS COMPOS/RSN-1 SURF	
D2651	HCPCS	INLAY-RSN COMPOS COMPOS/RSN-2 SURF	
D2662	HCPCS	ONLAY-RSN COMPOS COMPOS/RSN-2 SURF	
D2663	HCPCS	ONLAY-RSN COMPOS COMPOS/RSN-3 SURF	
D2664	HCPCS	ONLAY-RSN COMPOS COMPOS/RSN-4/	
D2710	HCPCS	CROWN RESINBASED COMPOSITE INDIRECT	
D2712	HCPCS	CROWN 3/4 RESNBASED COMPOS INDIRECT	
D2720	HCPCS	CROWN - RESIN WITH HIGH NOBLE METAL	
D2721	HCPCS	CROWN - RESIN W/PREDOM BASE METAL	
D2722	HCPCS	CROWN - RESIN WITH NOBLE METAL	
D2740	HCPCS	CROWN - PORCELAIN/CERAMIC SUBSTRATE	
D2750	HCPCS	CROWN - PORCELN FUSED HI NOBLE METL	
D2751	HCPCS	CROWN-PORCELN FUSD PREDOM BASE METL	
D2752	HCPCS	CROWN - PORCELAIN FUSED NOBLE METAL	
D2780	HCPCS	CROWN - 3/4 CAST HIGH NOBLE METAL	
D2781	HCPCS	CROWN - 3/4 CAST PREDOM BASE METL	

Code	Type	Description	Comments
D2782	HCPCS	CROWN - 3/4 CAST NOBLE METAL	
D2783	HCPCS	CROWN - 3/4 PORCELAIN/CERAMIC	
D2790	HCPCS	CROWN - FULL CAST HIGH NOBLE METAL	
D2791	HCPCS	CROWN - FULL CAST PREDOM BASE METL	
D2792	HCPCS	CROWN - FULL CAST NOBLE METAL	
D2794	HCPCS	CROWNTITANIUM	
D2799	HCPCS	PROVISIONAL CROWN	
D2910	HCPCS	RECEMENT INLAY ONLAY/PART COV REST	
D2915	HCPCS	RECEMENT CAST/PREFAB POST & CORE	
D2920	HCPCS	RECEMENT CROWN	Covered for Summit ElderCare
D2930	HCPCS	PRFABR STAINLESS STEEL CROWN-PRIM	
D2931	HCPCS	PRFABR STAINLESS STEEL CROWN-PERM	
D2933	HCPCS	PRFABR STNLSS STEEL CROWN RSN WNDOW	
D2934	HCPCS	PREFB ESTHET COAT STNLSS STEEL CRWN	
D2940	HCPCS	SEDATIVE FILLING	Covered for Summit ElderCare
D2950	HCPCS	CORE BUILDUP INCLUDING ANY PINS	
D2951	HCPCS	PIN RETN - PER TOOTH ADDITION REST	
D2952	HCPCS	CAST POST&CORE IN ADDITION TO CROWN	
D2953	HCPCS	EA ADD CAST POST - SAME TOOTH	
D2954	HCPCS	PREFABR POST&CORE ADDITION CROWN	
D2955	HCPCS	POST REMOVAL	
D2957	HCPCS	EA ADD PREFABR POST - SAME TOOTH	
D2960	HCPCS	LABIAL VENEER - CHAIRSIDE	
D2961	HCPCS	LABIAL VENEER - LABORATORY	
D2962	HCPCS	LABIAL VENEER (PORCELAIN LAMINATE) LABORATORY	
D2970	HCPCS	TEMPORARY CROWN	
D2971	HCPCS	ADD PROC NEW CROWN XST PART DENTURE	
D2975	HCPCS	COPING	
D2980	HCPCS	CROWN REPAIR BY REPORT	
D3120	HCPCS	PULP CAP - INDIRECT	
D3220	HCPCS	TX PULPOT-CORONL DENTNOCEMENTL JUNC	
D3221	HCPCS	PULPAL DEBRID PRIMARY&PERM TEETH	
D3230	HCPCS	PULPAL THERAPY - ANT PRIMARY TOOTH	
D3240	HCPCS	PULPAL THERAPY - POST PRIMARY TOOTH	
D3310	HCPCS	ANTERIOR	
D3320	HCPCS	BICUSPID	
D3330	HCPCS	MOLAR	
D3331	HCPCS	TX RC OBSTRUCTION; NON-SURG ACCESS	
D3332	HCPCS	INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	
D3333	HCPCS	INTRL ROOT REPAIR PERFORATION DEFEC	
D3346	HCPCS	RETX PREVIOUS RC THERAPY - ANTERIOR	
D3347	HCPCS	RETX PREVIOUS RC THERAPY - BICUSPID	
D3348	HCPCS	RETX PREVIOUS RC THERAPY - MOLAR	
D3351	HCPCS	APEXIFICAT/RECALCIFICAT - INIT VST	
D3352	HCPCS	APEXIFICAT/RECALCIFICAT-INTERIM	
D3353	HCPCS	APEXIFICAT/RECALCIFICAT-FINAL VISIT	
D3421	HCPCS	APICOECT/PERIRADICULR SURG-BICUSPID	
D3425	HCPCS	APICOECT/PERIRADICULAR SURG - MOLAR	

Code	Type	Description	Comments
D3426	HCPCS	APICOECTOMY/PERIRADICULAR SURGERY	
D3430	HCPCS	RETROGRADE FILLING - PER ROOT	
D3460	HCPCS	ENDODONTIC ENDOSSEOUS IMPLANT	
D3470	HCPCS	INTENTIONAL REIMPLANTATION	
D3920	HCPCS	HEMISECTION NOT INCL RC THERAPY	
D3950	HCPCS	CANAL PREP&FIT PREFORMED DOWEL/POST	
D4240	HCPCS	GINGL FLP 4/CNTIG/BOUND TEETH QUAD	
D4245	HCPCS	APICALLY POSITIONED FLAP	
D4267	HCPCS	GUID TISS REGEN-NONRESORB BARRIER	
D4342	HCPCS	PRDONTAL SCAL&ROOT PLAN 1-3 TEETH	
D5130	HCPCS	IMMEDIATE DENTURE - MAXILLARY	
D5140	HCPCS	IMMEDIATE DENTURE - MANDIBULAR	
D5225	HCPCS	MAXILLARY PARTIAL DENTURE FLEX BASE	Covered for Summit ElderCare
D5226	HCPCS	MANDIBULAR PART DENTURE FLEX BASE	Covered for Summit ElderCare
D5281	HCPCS	REMV UNI PART DENTUR-1 PC CAST METL	
D5510	HCPCS	REPAIR BROKEN COMPLETE DENTURE BASE	Covered for Summit ElderCare
D5650	HCPCS	ADD TOOTH EXISTING PARTIAL DENTURE	Covered for Summit ElderCare
D5670	HCPCS	REPL ALL TEETH&ACRYLC FRMEWRK MAX	
D5671	HCPCS	REPL ALL TEETH&ACRYLC FRMEWRK MAND	
D5720	HCPCS	REBASE MAXILLARY PARTIAL DENTURE	
D5721	HCPCS	REBASE MANDIBULAR PARTIAL DENTURE	
D5730	HCPCS	RELIN COMPLETE MAXILLARY DENTURE	
D5750	HCPCS	DENTURE RELN CMPLT MAX LAB	Covered for Summit ElderCare
D5751	HCPCS	RELIN COMPLETE MADIBULAR DENTURE (LABORATORY)	Covered for Summit ElderCare
D5760	HCPCS	RELIN MAXILLARY PARTIAL DENTURE	Covered for Summit ElderCare
D5810	HCPCS	INTERIM COMPLETE DENTURE	
D5811	HCPCS	INTERIM COMPLETE DENTURE MANIDBULAR	
D5820	HCPCS	INTERIM PARTIAL DENTURE	
D5821	HCPCS	INTERIM PARTIAL DENTURE MANDIBULAR	
D5851	HCPCS	TISSUE CONDITIONING MANDIBULAR	
D5860	HCPCS	OVERDENTURE - COMPLETE BY REPORT	
D5862	HCPCS	PRECISION ATTACHMENT BY REPORT	
D5867	HCPCS	REPL PART SEMI-PRCISN/PRCISN ATTCH	
D5875	HCPCS	MOD REMV PROSTH FOLLOW IMPL SURG	
D5913	HCPCS	NASAL PROSTHESIS	
D5914	HCPCS	AURICULAR PROSTHESIS	
D5915	HCPCS	ORBITAL PROSTHESIS	
D5916	HCPCS	OCULAR PROSTHESIS	
D5919	HCPCS	FACIAL PROSTHESIS	
D5922	HCPCS	NASAL SEPTAL PROSTHESIS	
D5923	HCPCS	OCULAR PROSTHESIS, INTERIM	
D5924	HCPCS	CRANIAL PROSTHESIS	
D5925	HCPCS	FACIAL AUGMENTATION IMPLANT PROSTH	
D5926	HCPCS	NASAL PROSTHESIS REPLACEMENT	
D5927	HCPCS	AURICULAR PROSTHESIS REPLACEMENT	
D5928	HCPCS	ORBITAL PROSTHESIS REPLACEMENT	
D5929	HCPCS	FACIAL PROSTHESIS REPLACEMENT	
D5934	HCPCS	MANDIB RESECT PROSTH W/GUIDE FLANGE	

Code	Type	Description	Comments
D5935	HCPCS	MANDIB RES PROSTH W/O GUIDE FLANGE	
D5936	HCPCS	OBTURATOR/PROSTHESIS INTERIM	
D5937	HCPCS	TRISMUS APPLIANCE NOT TMD TX	
D5951	HCPCS	FEEDING AID	
D5952	HCPCS	SPEECH AID PROSTHESIS PEDIATRIC	
D5953	HCPCS	SPEECH AID PROSTHESIS ADULT.	
D5954	HCPCS	PALATAL AUGMENTATION PROSTHESIS	
D5955	HCPCS	PALATAL LIFT PROSTHESIS DEFINITIVE	
D5958	HCPCS	PALATAL LIFT PROSTHESIS INTERIM	
D5959	HCPCS	PALATAL LIFT PROSTH MODIFICATION	
D5960	HCPCS	SPEECH AID PROSTHESIS MODIFICATION	
D5983	HCPCS	RADIATION CARRIER	
D5986	HCPCS	FLUORIDE GEL CARRIER	
D5987	HCPCS	COMMISSURE SPLINT	
D5988	HCPCS	SURGICAL SPLINT	
D6010	HCPCS	SURG PLCMT IMPL BODY: ENDOSTEAL	
D6040	HCPCS	SURG PLACEMENT: EPOSTEAL IMPLANT	
D6050	HCPCS	SURG PLACEMENT: TRANSOSTEAL IMPLANT	
D6053	HCPCS	IMPL/ABUT DENTUR CMPL EDNTULS ARCH	
D6054	HCPCS	IMPL/ABUT DENTUR PART EDNTULS ARCH	
D6055	HCPCS	DENTAL IMPLANT SUPP CONNECTING BAR	
D6056	HCPCS	PREFABRICATED ABUTMENT INCL PLCMNT	
D6057	HCPCS	CUSTOM ABUTMENT INCLUDES PLACEMENT	
D6058	HCPCS	ABUT SUPP PORCELN/CERAMIC CROWN	
D6059	HCPCS	ABUT PORCLN TO MTL CRWN HI NOBL MTL	
D6060	HCPCS	ABUT PORCLN TO METL CROWN BASE METL	
D6061	HCPCS	ABUT PORCLN TO MTL CROWN NOBLE MTL	
D6062	HCPCS	ABUT SUPP CAST MTL CRWN HI NOBL MTL	
D6063	HCPCS	ABUT SUPP CAST METL CROWN BASE METL	
D6064	HCPCS	ABUT SUPP CAST METL CROWN NOBL METL	
D6065	HCPCS	IMPLANT SUPP PORCELN/CERAMIC CROWN	
D6066	HCPCS	IMPL SUPP PORCELN FUSED METAL CROWN	
D6067	HCPCS	IMPLANT SUPPORTED METAL CROWN	
D6068	HCPCS	ABUT SUPP RETAIN PORCELN/CERAM FPD	
D6069	HCPCS	ABUT RETN PORCLN MTL FPD HI NOBL MT	
D6070	HCPCS	ABUT RETN PORCLN METL FPD BASE METL	
D6071	HCPCS	ABUT SUPP RETN PORCLN FUSD METL FPD	
D6072	HCPCS	ABUT SUPP RETAIN CAST METAL FPD	
D6073	HCPCS	ABUT RETN CAST METL FPD BASE METL	
D6074	HCPCS	ABUT RETN CAST METL FPD NOBL METL	
D6075	HCPCS	IMPLANT SUPP RETAIN CERAMIC FPD	
D6076	HCPCS	IMPL SUPP RETN PORCLN FUSD METL FPD	
D6077	HCPCS	IMPLANT SUPP RETAIN CAST METAL FPD	
D6078	HCPCS	IMPLNT/ABUT DENTURE-COMPLT EDENT	
D6079	HCPCS	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PART EDENTULOUS ARCH	
D6080	HCPCS	IMPL MAINT PROC REMV CLEANS PROSTH	
D6090	HCPCS	REPAIR IMPL SUPP PROSTH BY REPORT	
D6092	HCPCS	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	

Code	Type	Description	Comments
D6094	HCPCS	ABUTMENT SUPPORTED CROWN TITANIUM	
D6095	HCPCS	REPAIR IMPLANT ABUTMENT BY REPORT	
D6100	HCPCS	IMPLANT REMOVAL BY REPORT	
D6190	HCPCS	RADIOGRAPHIC/SURG IMPLANT INDX RPT	
D6194	HCPCS	ABUTMENT SUPP RETAINR CROWN FOR FPD	
D6205	HCPCS	PONTIC INDIRECT RESIN BASED COMPOS	
D6210	HCPCS	PONTIC - CAST HIGH NOBLE METAL	
D6211	HCPCS	PONTIC - CAST PREDOM BASE METAL	
D6212	HCPCS	PONTIC - CAST NOBLE METAL	
D6214	HCPCS	PONTIC TITANIUM	
D6240	HCPCS	PONTIC-PORCELN FUSED HI NOBLE METL	
D6241	HCPCS	PONTIC-PORCLN FUSD PREDOM BASE METL	
D6242	HCPCS	PONTIC - PORCELN FUSED NOBLE METAL	
D6245	HCPCS	PONTIC - PORCELAIN/CERAMIC	
D6250	HCPCS	PONTIC - RESIN W/HIGH NOBLE METAL	
D6251	HCPCS	PONTIC RESIN W/PREDOM BASE METAL	
D6252	HCPCS	PONTIC RESIN W/NOBLE METAL	
D6253	HCPCS	PROVISIONAL PONTIC	
D6545	HCPCS	RETN-CAST METL RSN BOND FIX PROSTH	
D6548	HCPCS	RETN-PORCELN/CERAM RSN BOND PROSTH	
D6600	HCPCS	INLAY-PORCELAIN/CERAMIC 2 SURFACES	
D6601	HCPCS	INLAY - PORCELN/CERAMIC 3/MORE SURF	
D6602	HCPCS	INLAY - CAST HI NOBLE METAL 2 SURF	
D6603	HCPCS	INLAY-CAST HI NOBLE METL 3/ SURF	
D6604	HCPCS	INLAY-CAST PREDOM BASE METL 2 SURF	
D6605	HCPCS	INLAY-CAST PREDOM BASE METL 3/SURF	
D6606	HCPCS	INLAY - CAST NOBLE METAL 2 SURFACES	
D6607	HCPCS	INLAY - CAST NOBLE METL 3/MORE SURF	
D6608	HCPCS	ONLAY - PORCELN/CERAMIC 2 SURFACES	
D6609	HCPCS	ONLAY - PORCELN/CERAMIC 3/MORE SURF	
D6610	HCPCS	ONLAY - CAST HI NOBLE METAL 2 SURF	
D6611	HCPCS	ONLAY-CAST HI NOBLE METL 3/ SURF	
D6612	HCPCS	ONLAY-CAST PREDOM BASE METL 2 SURF	
D6613	HCPCS	ONLAY-CAST PREDOM BASE METL 3/SURF	
D6614	HCPCS	ONLAY - CAST NOBLE METAL 2 SURFACES	
D6615	HCPCS	ONLAY - CAST NOBLE METL 3/MORE SURF	
D6624	HCPCS	INLAY TITANIUM	
D6634	HCPCS	ONLAY TITANIUM	
D6710	HCPCS	CROWN INDIRECT RESIN BASED COMPOS	
D6720	HCPCS	CROWN RESIN W/HIGH NOBLE METAL	
D6721	HCPCS	CROWN RESIN PREDOM BASE METL-DENTUR	
D6722	HCPCS	CROWN RESIN W/NOBLE METAL	
D6740	HCPCS	CROWN - PORCELAIN/CERAMIC	
D6751	HCPCS	CROWN PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	
D6752	HCPCS	CROWN PORCELAIN FUSED TO NOBLE METAL	
D6780	HCPCS	CROWN 3/4 HIGH NOBLE METAL	
D6781	HCPCS	CROWN-3/4 CAST PREDOM BASED METAL	
D6782	HCPCS	CROWN 3/4 CAST NOBLE METAL-DENTURE	

Code	Type	Description	Comments
D6783	HCPCS	CROWN 3/4 PORCELAIN/CERAMIC-DENTURE	
D6790	HCPCS	CROWN FULL CAST HI NOBL METL-DENTUR	
D6791	HCPCS	CROWN FULL CAST BASE METAL-DENTURE	
D6792	HCPCS	CROWN FULL CAST NOBLE METAL-DENTURE	
D6793	HCPCS	PROVISIONAL RETAINER CROWN	
D6794	HCPCS	CROWN TITANIUM	
D6920	HCPCS	CONNECTOR BAR	
D6930	HCPCS	RECEMENT FIXED PARTIAL DENTURE	
D6940	HCPCS	STRESS BREAKER	
D6950	HCPCS	PRECISION ATTACHMENT	
D6970	HCPCS	CAST POST & CORE-ADD TO FIX RETAIN	
D6972	HCPCS	PRFAB POST&COR ADD PART DENTUR RETN	
D6973	HCPCS	CORE BUILD UP RETAIN INCL ANY PINS	
D6975	HCPCS	COPING - METAL	
D6976	HCPCS	EA ADD CAST POST SAME TOOTH-DENTUR	
D6977	HCPCS	EA ADD PRFAB POST SAME TOOTH-DENTUR	
D6980	HCPCS	FIXED PARTIAL DENTURE REPAIR REPORT	
D6985	HCPCS	PEDIATRIC PARTIAL DENTURE FIXED	
D6999	HCPCS	UNSPEC FIX PROSTHODONTIC PROC BR	
D7111	HCPCS	XTRCT CORONL RMNNTS DECIDUOUS TOOTH	
D7282	HCPCS	MOBILZ ERUPT/MALPSTN TOOTH AID ERUP	
D7283	HCPCS	PLCMT DEVC FAACL ERUPT IMPACT TOOTH	
D7288	HCPCS	BRUSH BX TRANSEPTH SAMPLE CLCTION	
D7311	HCPCS	ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH	
D7321	HCPCS	ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH	
D7471	HCPCS	REMOVAL OF LATERAL EXOSTOSIS	
D7511	HCPCS	I & D ABSC INTRAORAL SOFT TISS COMP	
D7521	HCPCS	I & D ABSC XTRAORAL SOFT TISS COMP	
D7840	HCPCS	CONDYLECTOMY	
D7850	HCPCS	SURGICAL DISCECTOMY W/WO IMPLANT	
D7852	HCPCS	DISC REPAIR	
D7854	HCPCS	SYNOVECTOMY	
D7856	HCPCS	MYOTOMY	
D7858	HCPCS	JOINT RECONSTRUCTION	
D7865	HCPCS	ARTHROPLASTY	
D7870	HCPCS	ARTHROCENTESIS.	
D7872	HCPCS	ARTHROSCOPY DIAGNOSIS W/WO BIOPSY	
D7873	HCPCS	ARTHROSCOPY-SURG:LAVAGE&LYSIS ADHES	
D7874	HCPCS	ARTHROSCOPY-SURG: DISC REPSTN&STBL	
D7875	HCPCS	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	
D7876	HCPCS	ARTHROSCOPY SURGICAL: DISCECTOMY	
D7877	HCPCS	ARTHROSCOPY SURGICAL: DEBRIDEMENT	
D7899	HCPCS	UNSPECIFIED TMD THERAPY BY REPORT	
D7950	HCPCS	OSSEOUS PERIOSTEL/CART GFT MAND/FCE	
D7953	HCPCS	BONE REPLCMT GRAFT RIDGE PRES -SITE	
D7955	HCPCS	REPR MAXLOFACL SOFT&/HARD TISS DFCT	
D7970	HCPCS	EXC HYPERPLASTIC TISSUE-PER ARCH	
D7980	HCPCS	SIALOLITHOTOMY	

Code	Type	Description	Comments
D7981	HCPCS	EXCISION SALIVARY GLAND BY REPORT	
D7982	HCPCS	SIALODOCHOPLASTY	
D7983	HCPCS	CLOSURE SALIVARY FISTULA	
D7991	HCPCS	CORONOIDECTOMY	
D7996	HCPCS	IMPLNT-MANDIB-AUGMENTATION BR	
D7997	HCPCS	APPLIANCE REMV INCL REMV ARCHBAR	
D8030	HCPCS	LTD ORTHODONTIC TX ADOLES DENTITION	
D8040	HCPCS	LTD ORTHODONTIC TX ADULT DENTITION	
D8050	HCPCS	INTRCPTV ORTHODONT TX PRIM DENTITN	
D8060	HCPCS	INTRCPTV ORTHODONT TX TRNSITNL DENT	
D8070	HCPCS	COMP ORTHODONT TX TRNSITNL DENTITN	
D8090	HCPCS	COMP ORTHODONTIC TX ADULT DENTITION	
D8210	HCPCS	REMOVABLE APPLIANCE THERAPY	
D8220	HCPCS	FIXED APPLIANCE THERAPY	
D8660	HCPCS	PRE-ORTHODONTIC TREATMENT VISIT	
D8670	HCPCS	PERIODIC ORTHODONTIC TX VISIT	
D8680	HCPCS	ORTHODONTIC RETENTION	
D8691	HCPCS	REPAIR OF ORTHODONTIC APPLIANCE	
D8692	HCPCS	REPLACEMENT LOST OR BROKEN RETAINER	
D8693	HCPCS	REBONDING OR RECEMENTING AND/OR REPAIR AS REQUIRED OF FIXED RETAINERS	
D9230	HCPCS	ANALG ANXIOLYSIS INHAL NITROUS OXID	
D9248	HCPCS	NON-INTRAVENOUS CONSCIOUS SEDATION	
D9450	HCPCS	CASE PRSATION DTL&EXT TX PLANNING	
D9911	HCPCS	APPLIC DESENZT RSN CERV&/ROOT-TOOTH	
D9920	HCPCS	BEHAVIOR MANAGEMENT BY REPORT	
D9940	HCPCS	OCCLUSAL GUARD BY REPORT	
D9941	HCPCS	FABRICATION OF ATHLETIC MOUTHGUARD	
D9942	HCPCS	REPAIR &/ RELINE OF OCCLUSAL GUARD	
D9950	HCPCS	OCCLUSION ANALYSIS - MOUNTED CASE	
D9952	HCPCS	OCCLUSAL ADJUSTMENT - COMPLETE	
D9971	HCPCS	ODONTPLSTY 1-2 TEETH;REMV ENAML PRJ	
D9972	HCPCS	EXTERNAL BLEACHING - PER ARCH	
D9973	HCPCS	EXTERNAL BLEACHING - PER TOOTH	
D9974	HCPCS	INTERNAL BLEACHING - PER TOOTH	
E0118	HCPCS	CRUTCH SUBSTITUTE LW LEG PLATFORM	
E0170	HCPCS	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM ELECTRIC ANY TYPE	
E0171	HCPCS	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE	
E0172	HCPCS	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET ANY TYPE	
E0190	HCPCS	PSTN CUSHN/PILLOW/WEDGE SHAPE/SZ	
E0218	HCPCS	WATER CIRCULATING COLD PAD WITH PUMP	
E0221	HCPCS	INFRARED HEATING PAD SYSTEM	
E0231	HCPCS	NON-CNTC WND WARM DEVC W/CARD&COVR	
E0232	HCPCS	WOUND WARMING WOUND COVER	
E0240	HCPCS	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	
E0241	HCPCS	BATHTUB WALL RAIL EACH	
E0242	HCPCS	BATHTUB RAIL FLOOR BASE	

Code	Type	Description	Comments
E0243	HCPCS	TOILET RAIL EACH	
E0244	HCPCS	RAISED TOILET SEAT	
E0245	HCPCS	TUB STOOL OR BENCH	
E0247	HCPCS	TRNSF BENCH TUB/TOILET W/WO COMMODOE	Covered for Summit ElderCare
E0248	HCPCS	TRNSF BENCH HEVY DUTY TUB/TOILET	
E0270	HCPCS	HOSP BED INST TYPE: W/MATTRSS	
E0274	HCPCS	OVER BED TABLE	
E0350	HCPCS	CNTRL U ELEC BOWEL IRRIG/EVAC SYS	
E0352	HCPCS	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	
E0370	HCPCS	AIR PRESSURE ELEVATOR FOR HEEL	
E0481	HCPCS	INTRAPULM PERCUSS VENT SYS&REL ACSS	
E0571	HCPCS	AROSL COMPRS BATTERY PWR SM VOL NEB	
E0575	HCPCS	NEBULIZER ULTRASONIC LARGE VOLUME	
E0625	HCPCS	PATIENT LIFT BATHROOM OR TOILET NOC	
E0676	HCPCS	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES) NOT OTHERWISE	
E0746	HCPCS	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	
E0762	HCPCS	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM INCLUDES ALL ACCESSO	Covered for Senior Plan
E0764	HCPCS	FUNCTIONAL NEUROMUSCULAR STIMULATOR TRANSCUTANEOUS STIMULATION OF MUSCLES OF A	Covered for Senior Plan
E0769	HCPCS	ESTIM/ELECMAGNET WOUND TX DEVC NOC	
E0770	HCPCS	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	
E0830	HCPCS	AMB TRACTION DEVICE ALL TYPES EACH	
E1500	HCPCS	CENTRIFUGE FOR DIALYSIS	
E1510	HCPCS	KIDNEY DIALYSAT DEL SYS KIDNEY MACH	
E1520	HCPCS	HEPARIN INFUSION PUMP HEMODIALYSIS	
E1530	HCPCS	AIR BUBBLE DETECTR HEMODIAL EA REPL	
E1540	HCPCS	PRESSURE ALARM HEMODIAL EA REPL	
E1550	HCPCS	BATH CONDUCTIVITY METER HEMODIAL EA	
E1560	HCPCS	BLD LEAK DETECTOR HEMODIAL EA REPL	
E1570	HCPCS	ADJUSTABLE CHAIR FOR ESRD PATIENTS	
E1575	HCPCS	TRNSDUCR PRTCTR/BARR HEMODIAL SZ-10	
E1580	HCPCS	UNIPUNCTURE CONTROL SYSTEM HEMODIAL	
E1590	HCPCS	HEMODIALYSIS MACHINE	
E1600	HCPCS	DEL &OR INSTL CHARGES HEMODIAL EQP	
E1610	HCPCS	RVRS OSMOSIS H2O PURIF SYS HEMODIAL	
E1615	HCPCS	DEIONIZER H2O PURIF SYS HEMODIAL	
E1620	HCPCS	BLOOD PUMP HEMODIALYSIS REPLACEMENT	
E1625	HCPCS	WATER SOFTENING SYSTEM HEMODIALYSIS	
E1632	HCPCS	WEARABLE ARTIFICIAL KIDNEY EACH	
E1635	HCPCS	COMPACT TRAVEL HEMODIALYZER SYSTEM	
E1636	HCPCS	SORBENT CARTRIDGES HEMODIAL PER 10	
E1637	HCPCS	HEMOSTATS EACH	
E1639	HCPCS	SCALE EACH	
E1699	HCPCS	DIALYSIS EQUIPMENT NOS	
E1902	HCPCS	CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	
E2207	HCPCS	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER	

Code	Type	Description	Comments
		EACH	
E2291	HCPCS	BACK PLANR PED WC FIX ATTCH HARDWRE	
E2292	HCPCS	SEAT PLANR PED WC FIX ATTCH HARDWRE	
E2293	HCPCS	BACK CONTRD PED WC ATTCH HARDWARE	
E2294	HCPCS	SEAT CONTRD PED WC ATTCH HARDWARE	
E2609	HCPCS	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	
E2610	HCPCS	WHEELCHAIR SEAT CUSHION,POWERED	
E2617	HCPCS	CSTM FAB WC BACK CUSHION ANY SIZE	
E8000	HCPCS	GAIT TRAINER PED SZ POST SUPP	
E8001	HCPCS	GAIT TRAINER PED SZ UPRIGHT SUPP	
E8002	HCPCS	GAIT TRAINER PED SZ ANT SUPP	
G0129	HCPCS	OCCUP TX REQ QUAL TRPST PART HOS TX	
G0166	HCPCS	EXT COUNTERPULSATION-TX SESSION	Covered for Senior Plan
G0175	HCPCS	SCHED INTRDISCIPLN TEAM CONF PT PRS	
G0176	HCPCS	ACTV TX PTS DISABL MENTL HLTH-SESS	
G0177	HCPCS	TRN&ED PTS DISABL MENTL HLTH-SESS	
G0186	HCPCS	DESTRUC LES CHOROID; PHOTOCOAG FEDR	
G0219	HCPCS	PET BDY; MELANOMA NON-COVR INDICAT	
G0235	HCPCS	PET IMAGING ANY SITE NOS	
G0255	HCPCS	CPT/SNCT PER LIMB ANY NERVE	
G0281	HCPCS	E-STIM 1/ CHRN STAGE III&IV ULCRS	Covered for Senior Plan
G0282	HCPCS	E-STIM 1/ AREAS WND CARE NOT G0281	
G0293	HCPCS	NONCOVR SURG SEDAT ANES-MCR QUAL	
G0294	HCPCS	NONCOVR PROC NO ANES/LOC-MCR QUAL	
G0295	HCPCS	ELECMAGNET TX 1/AREA NOT G0329/OTH	
G0297	HCPCS	INSRT 1 CHAMB DFIB PULSE GENERATR	
G0300	HCPCS	INSRT/REPSTN LEAD 2 CHAMB DFIB&GEN	
G0302	HCPCS	PRE-OP PULM SURG SRVC PREP LVRS CMP	
G0303	HCPCS	PRE-OP PULM SURG SRVC PREP LVRS 10	
G0304	HCPCS	PRE-OP PULM SURG SRVC PREP LVRS 1 9	
G0305	HCPCS	POST-DISCHRG PULM SURG SRVC AFTER L	
G0306	HCPCS	CMPL CBC AUTO&AUTO WBC DIFF COUNT	
G0307	HCPCS	COMPLETE AUTOMATED	
G0333	HCPCS	PHRM DISPNS FEE INHL RX1ST 30-DAY	
G0341	HCPCS	PERQ ISLET CELL TPLNT PV CATH&INFUS	
G0342	HCPCS	LAP ISLET CELL TPLNT PV CATH&INFUS	
G0343	HCPCS	LAPROT ISLET CELL TPLNT PV CATH&INF	
H0030	HCPCS	BEHAVIORAL HEALTH HOTLINE SERVICE	
H0048	HCPCS	ALC &/OTH RX TST: CLCT&HNDL NOT BLD	
H2030	HCPCS	MENTAL HEALTH CLUBHOUSE SRVC 15 MIN	
J7304	HCPCS	CONTRACEPTIVE SPL HORMONE PATCH EA	
J7306	HCPCS	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM INCLUDING IMPLANTS AND SUPPLIES	
J7311	HCPCS	FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT	
L8035	HCPCS	CSTM BRST PROSTH POST MASTECT MOLD	
L8048	HCPCS	UNS MAXLOFCE PROSTH BR PROV NON-MD	
L8690	HCPCS	AUDITORY OSSEOINTEGRATED DEVICE INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Covered for Senior Plan and MassHealth
L8691	HCPCS	AUDITORY OSSEOINTEGRATED DEVICE EXTERNAL SOUND	Covered for Senior Plan and

Code	Type	Description	Comments
		PROCESSOR REPLACEMENT	MassHealth
M0064	HCPCS	BRF OV MON/CHANG RX -TX MENTL D/O	
M0075	HCPCS	CELLULAR THERAPY	
M0076	HCPCS	PROLOTHERAPY	
M0100	HCPCS	INTRAGASTR HYPOTHM USE GASTR FREEZ	
M0300	HCPCS	IV CHELATION THERAPY	
M0301	HCPCS	FABRIC WRAPPING ABDOMINAL ANEURYSM	
P2031	HCPCS	HAIR ANALYSIS	
P7001	HCPCS	CULT BACTERL URINE; QUAN SENS STUDY	
Q0510	HCPCS	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S) FIRST MONTH FOLLOWIN	
Q0511	HCPCS	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE	
Q0512	HCPCS	PHARM FEE ORAL ANTI-CANCER ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG SUBSQ SC	
Q0513	HCPCS	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S) PER 30 DAYS	
Q0514	HCPCS	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S) PER 90 DAYS	
Q0515	HCPCS	INJECTION SERMORELIN ACETATE 1 MICROGRAM	
Q1003	HCPCS	NEW TECH IO LENS CATGY 3 FED REG	Covered for Senior Plan in a surgical center only
Q1004	HCPCS	NEW TECH IO LENS CATGY 4 FED REG	
Q1005	HCPCS	NEW TECH IO LENS CATGY 5 FED REG	
Q3014	HCPCS	TELEHEALTH ORIG SITE FACILITY FEE	
Q3031	HCPCS	COLLAGEN SKIN TEST	
S0012	HCPCS	BUTORPHANL TARTRAT NASL SPRAY 25 MG	
S0014	HCPCS	TACRINE HYDROCHLORIDE 10 MG	
S0017	HCPCS	INJECTION AMINOCAPROIC ACID 5 GRAMS	
S0021	HCPCS	INJECTION CEFTOPERAZONE SODIUM 1 GM	
S0039	HCPCS	INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML	
S0078	HCPCS	INJ FOSPHENYTOIN SODIUM 750 MG	
S0090	HCPCS	SILDENAFIL CITRATE 25 MG	
S0117	HCPCS	TRETINOIN TOPICAL 5 GRAMS	
S0156	HCPCS	EXEMESTANE 25 MG	
S0191	HCPCS	MISOPROSTOL ORAL 200 MCG	
S0194	HCPCS	DIALYS/STRESS VIT SUPL ORAL 100 CAP	
S0196	HCPCS	INJ PLLA RESTORATIVE IMPL 1 ML FCE	
S0197	HCPCS	PRENATAL VITAMINS 30-DAY SUPPLY	
S0201	HCPCS	PART HOSITALIZATN SRVC<24 HR-DIEM	
S0220	HCPCS	MED CONF MD W/TEAM HLTH PROF;30 MIN	
S0221	HCPCS	MED CONF MD W/TEAM HLTH PROF;60 MIN	
S0250	HCPCS	COMP GERIATRIC ASSESS&TX PLANNING	
S0257	HCPCS	CNSL&DISCUSS AD/EOL PT&/SURROGATE	
S0302	HCPCS	CMPL EARLY PRD SCREEN DX&TX SRVC	Covered for MassHealth
S0310	HCPCS	HOSPITALIST SERVICES	
S0315	HCPCS	DZ MGMT PROGM; INIT ASSESS&INIT PRO	
S0316	HCPCS	DISEASE MGMT PROGM; F/U/REASSESS	
S0317	HCPCS	DISEASE MANAGEMENT PROGM; PER DIEM	
S0320	HCPCS	TEL CALLS RN DZ MGMT MEMB MONITR;MO	

Code	Type	Description	Comments
S0342	HCPCS	LIFESTYL MOD MGMT COR ART DZ; 4 QTR	
S0345	HCPCS	EKG USING A HOME COMPUTERIZED TELEMETRY STATION PER 24 HOUR	
S0346	HCPCS	EKG USING A HOME COMPUTERIZED TELEMETRY STATION PER 24 HR	
S0347	HCPCS	EKG USING A HOME COMPUTERIZED TELEMETRY STATION PER 24 HOURS	
S0400	HCPCS	GLOBL FEE XTRACORP SHOCK WAVE LITH	
S0500	HCPCS	DISPOSABLE CONTACT LENS PER LENS	
S0504	HCPCS	SINGLE VISION PRSC LENS PER LENS	
S0506	HCPCS	BIFOCAL VISION PRSC LENS PER LENS	
S0508	HCPCS	TRIFOCAL VISION PRSC LENS PER LENS	
S0510	HCPCS	NON-PRESCRIPTION LENS PER LENS	
S0512	HCPCS	DAILY WEAR SPCLTY CNTC LENS-LENS	
S0514	HCPCS	COLOR CONTACT LENS PER LENS	
S0515	HCPCS	SCLERAL LENS LQD BANDGE DEVICE-LENS	
S0516	HCPCS	SAFETY EYEGLOSS FRAMES	
S0518	HCPCS	SUNGLASSES FRAMES	
S0580	HCPCS	POLYCARBONATE LENS	
S0581	HCPCS	NONSTANDARD LENS	
S0592	HCPCS	COMP CONTACT LENS EVALUATION	
S0601	HCPCS	SCREENING PROCTOSCOPY	
S0622	HCPCS	PHYSICAL EXAM COLLEGE NEW/EST PT	
S0800	HCPCS	LASER IN SITU KERATOMILEUSIS	
S0810	HCPCS	PHOTOREFRACTIVE KERATECTOMY	
S1001	HCPCS	DELUXE ITEM PATIENT AWARE	
S1002	HCPCS	CUSTOMIZED ITEM	
S1016	HCPCS	NON-PVC IV ADMN SET RX NOT STABLE	
S1030	HCPCS	CONT NONINVAS GLU MON DEVC PURCHASE	
S1031	HCPCS	SENSOR REPLACEMENT&DOWNLOAD MONITOR	
S2053	HCPCS	TPLNT SM INTESTINE&LIVER ALLOGFTS	
S2054	HCPCS	TRANSPLANTATION MULTIVISCERAL ORGN	
S2055	HCPCS	HARV DONR MX-VSCRL ORGN; CADVR DONR	
S2060	HCPCS	LOBAR LUNG TRANSPLANTATION	
S2061	HCPCS	DONOR LOBECT TPLNT LIVING DONOR	
S2065	HCPCS	SIMULTANEOUS PANC KIDNEY TPLNT	
S2070	HCPCS	CYSTO; LASER TX URETERAL CALC	
S2075	HCPCS	LAP SURG; REPAIR INCI/VENTRL HERNIA	
S2076	HCPCS	LAPAROSCOPY SURG; REPAIR UMB HERNIA	
S2077	HCPCS	LAP SURG; IMPL MESH INC/VENTRL HERN	
S2095	HCPCS	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	
S2102	HCPCS	ISLET CELL TISS TPLNT PANC; ALLOGEN	
S2103	HCPCS	ADRENAL TISSUE TRANSPLANT TO BRAIN	
S2107	HCPCS	ADOPTIVE IMMUNOTX COURSE TREATMENT	
S2117	HCPCS	ARTHROEREISIS SUBTALAR	
S2120	HCPCS	LDL APHERES HEPARN XTRCRP LDL PRECP	
S2135	HCPCS	NEUROLYSIS INJ MT NEUROMA/INTERDIGT	
S2140	HCPCS	CORD BLD HARVEST TPLNT ALLOGENEIC	
S2142	HCPCS	CORD BLOOD STEM-CELL TPLNT ALLOGEN	

Code	Type	Description	Comments
S2202	HCPCS	ECHOSCLEROTHERAPY	
S2205	HCPCS	MIN INVAS DIR CAB; ART GFT 1 CAG	
S2206	HCPCS	MIN INVAS DIR CAB; ART GFT 2 CAG	
S2207	HCPCS	MIN INVAS DIR CAB; VEN ONLY 1 CVG	
S2208	HCPCS	MIN INVAS DIR CAB; 1 ART&VG 1 VG	
S2209	HCPCS	MIN INVAS DIR CAB; 2 ART GFT&1 VG	
S2225	HCPCS	MYRINGOTOMY LASER-ASSISTED	
S2230	HCPCS	IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC	
S2235	HCPCS	IMPL AUDITRY BRAIN STEM IMPLANT	
S2260	HCPCS	INDUCD AB 17-24 WEEKS ANY SURG METH	
S2265	HCPCS	AB FETAL INDICATION 25-28 WEEKS	
S2266	HCPCS	AB FETAL INDICATION 29-31 WEEKS	
S2267	HCPCS	AB FETAL INDICATION 32 WEEKS/	
S2300	HCPCS	SCOPE SHLDR;W/THERML-INDUCD CPSSLORR	
S2340	HCPCS	CHEMODNERVAT ABDUCTR MUSC VOCL CORD	
S2341	HCPCS	CHEMODENERVAT ADDUCT MUSC VOCAL CRD	
S2344	HCPCS	NASAL/SINUS ENDOSCOPY SURGICAL WITH ENLARGEMENT OF SINUS OSTIUM OPENING USING	
S2348	HCPCS	DECOMP PERQ DISC RF 1/MX LUMB	
S2350	HCPCS	DISKECT ANT-OSTEOPHYT;LUMB 1 INTRSP	
S2351	HCPCS	DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP	
S2360	HCPCS	PERQ VERTPLSTY 1 VERT UNI/BIL; CERV	Covered for Senior Plan
S2361	HCPCS	EACH ADD CERVICAL VERTEBRAL BODY	Covered for Senior Plan
S2405	HCPCS	REPR SACROCOG TRATOMA FETUS IN UTRO	
S3000	HCPCS	DIAB IND; RET EYE EX DILAT BIL	
S3005	HCPCS	PRFRM MSR EVAL PT SELF ASSESS DPRSS	
S3600	HCPCS	STAT LABORATORY REQUEST	
S3620	HCPCS	NEWBORN METABOLIC SCREENING PANEL	
S3626	HCPCS	MATRNAL SCR AFP ESTROL HCG INHIBN A	
S3645	HCPCS	HIV-1 ANTIBOD TEST MUCOS TRANSUDATE	
S3650	HCPCS	SALIVA TEST HORMONE LEVEL;MENOPAUSE	
S3652	HCPCS	SLIVA TST HORMONE LEVL;PRTERM LABOR	
S3655	HCPCS	ANTISPERM ANTIBODIES TEST	
S3708	HCPCS	GASTROINTESTINAL FAT ABSORB STUDY	
S3818	HCPCS	COMPLETE GENE SEQ ANALY; BRCA1 GENE	
S3819	HCPCS	COMPLETE GENE SEQ ANALY; BRCA2 GENE	
S3900	HCPCS	SURFACE ELECTROMYOGRAPHY	
S3902	HCPCS	BALLISTOCARDIOGRAM	
S3904	HCPCS	MASTERS TWO STEP	
S4027	HCPCS	STORAGE PREVIOUSLY FROZEN EMBRYOS	
S4042	HCPCS	MGMT OVULATION INDUCTION PER CYCLE	
S4990	HCPCS	NICOTINE PATCHES LEGEND	
S4991	HCPCS	NICOTINE PATCHES NON-LEGEND	
S4995	HCPCS	SMOKING CESSATION GUM	
S5100	HCPCS	DAY CARE SERVICES ADULT; PER 15 MIN	Covered for Summit ElderCare
S5101	HCPCS	DAY CARE SRVC ADULT; PER HALF DAY	Covered for Summit ElderCare
S5102	HCPCS	DAY CARE SERVICES ADULT; PER DIEM	Covered for Summit ElderCare
S5105	HCPCS	DAY CARE CNTR-BASD; SRVC NOT W/FEE	Covered for Summit ElderCare
S5108	HCPCS	HOM CARE TRN HOM CARE CLIENT 15 MIN	Covered for Summit ElderCare

Code	Type	Description	Comments
S5109	HCPCS	HOME CARE TRN HOME CARE CLIENT SESS	Covered for Summit ElderCare
S5110	HCPCS	HOME CARE TRAINING FAM; PER 15 MIN	Covered for Summit ElderCare
S5111	HCPCS	HOME CARE TRAINING FAM; PER SESSION	Covered for Summit ElderCare
S5115	HCPCS	HOME CARE TRN NON-FAM; PER 15 MIN	Covered for Summit ElderCare
S5116	HCPCS	HOME CARE TRN NON-FAM; PER SESSION	Covered for Summit ElderCare
S5120	HCPCS	CHORE SERVICES; PER 15 MINUTES	Covered for Summit ElderCare
S5121	HCPCS	CHORE SERVICES; PER DIEM	Covered for Summit ElderCare
S5125	HCPCS	ATTENDANT CARE SERVICES; PER 15 MIN	Covered for Summit ElderCare
S5126	HCPCS	ATTENDANT CARE SERVICES; PER DIEM	Covered for Summit ElderCare
S5130	HCPCS	HOMEMAKER SERVICE NOS; PER 15 MIN	Covered for Summit ElderCare
S5131	HCPCS	HOMEMAKER SERVICE NOS; PER DIEM	Covered for Summit ElderCare
S5135	HCPCS	COMPANION CARE ADULT; PER 15 MIN	Covered for Summit ElderCare
S5136	HCPCS	COMPANION CARE ADULT ; PER DIEM	Covered for Summit ElderCare
S5140	HCPCS	FOSTER CARE ADULT; PER DIEM	Covered for Summit ElderCare
S5141	HCPCS	FOSTER CARE ADULT; PER MONTH	Covered for Summit ElderCare
S5145	HCPCS	FOSTER CARE THERAPEUTIC CHILD;-DIEM	
S5146	HCPCS	FOSTER CARE THERAPEUTIC CHLD;-MONTH	
S5150	HCPCS	UNSKLD RESPITE CARE NOT HOSPICE; 15	Covered for Summit ElderCare
S5151	HCPCS	UNSKLD RESPITE CARE NOT HOSPICE;PER	Covered for Summit ElderCare
S5160	HCPCS	EMERG RESPONSE SYSTEM; INSTL&TST	Covered for Summit ElderCare & covered for MassHealth
S5161	HCPCS	EMERG RESPONSE SYS; SRVC FEE-MONTH	Covered for Summit ElderCare & covered for MassHealth
S5162	HCPCS	EMERG RESPONSE SYS; PURCHASE ONLY	Covered for Summit ElderCare & covered for MassHealth
S5165	HCPCS	HOME MODIFICATIONS; PER SERVICE	Covered for Summit ElderCare
S5170	HCPCS	HOME DEL MEALS INCL PREP; MEAL	Covered for Summit ElderCare
S5175	HCPCS	LAUNDRY SERVICE EXT PROF; ORDER	Covered for Summit ElderCare
S5185	HCPCS	MED REMINDR SRVC NON-FCE-TO-FCE; MO	Covered for Summit ElderCare
S5190	HCPCS	WELLNESS ASSESS PRFRM NON-PHYSICIAN	
S5199	HCPCS	PERSONAL CARE ITEM NOS EACH	
S8035	HCPCS	MAGNETIC SOURCE IMAGING	
S8037	HCPCS	MR CHOLANGIOPANCREATOGRAPHY	
S8040	HCPCS	TOPOGRAPHIC BRAIN MAPPING	
S8042	HCPCS	MAGNETIC RESONANCE IMAG LOW-FIELD	
S8055	HCPCS	US GUID MXIFETL PG RDUC TECH CMPNT	
S8080	HCPCS	SCINTIMAMMO UNI W/SPL RADIOPHARM	
S8085	HCPCS	F-18 FDG IMAG 2-HD COINCDCNC DETCT	
S8092	HCPCS	ELECTRON BEAM COMPUTED TOMOGRAPHY	
S8096	HCPCS	PORTABLE PEAK FLOW METER	
S8110	HCPCS	PEAK EXPIRATORY FLOW RATE	
S8186	HCPCS	SWIVEL ADAPTOR	
S8189	HCPCS	TRACHEOSTOMY SUPPLY NOC	
S8210	HCPCS	MUCUS TRAP	
S8265	HCPCS	HABERMAN FEEDER CLEFT LIP/PALATE	
S8301	HCPCS	INFECTION CONTROL SUPPLIES NOS	
S8415	HCPCS	SUPPLIES HOME DELIVERY OF INFANT	
S8429	HCPCS	GRADIENT PRESSURE EXTERIOR WRAP	
S8430	HCPCS	PADDING COMPRESSION BANDAGE ROLL	

Code	Type	Description	Comments
S8431	HCPCS	COMPRESSION BANDAGE ROLL	
S8460	HCPCS	CAMISOLE POST-MASTECTOMY	
S8940	HCPCS	EQUESTRIAN/HIPPOTHERAPY PER SESSION	
S8948	HCPCS	APPLIC MODAL 1/MORE AREAS; LW-LEVEL	
S8950	HCPCS	COMPLEX LYMPHEDEMA TX EA 15 MIN	
S8990	HCPCS	PHYS/MANIP TX MAINT NOT RESTORATION	
S9001	HCPCS	HOME UTERIN MON W/WO ASSOC NRS SRVC	
S9007	HCPCS	ULTRAFILTRATION MONITOR	
S9015	HCPCS	AUTOMATED EEG MONITORING	
S9024	HCPCS	PARANASAL SINUS ULTRASOUND	
S9025	HCPCS	OMNICARDIOGRAM/CARDIOINTEGRAM	
S9034	HCPCS	ESWL FOR GALL STONES	
S9055	HCPCS	PROCUREN/OTH GROWTH FACTOR PREP	
S9056	HCPCS	COMA STIMULATION PER DIEM	
S9075	HCPCS	SMOKING CESSATION TREATMENT	
S9088	HCPCS	SERVICES PROV AN URGENT CARE CENTER	
S9090	HCPCS	VERT AXIAL DECOMPRS PER SESSION	
S9092	HCPCS	CANOLITH REPOSITIONING PER VISIT	
S9109	HCPCS	CHF TELEMONITORING PER MONTH	
S9127	HCPCS	SOCIAL WORK VISIT THE HOME PER DIEM	
S9140	HCPCS	DM MGMT PROGM F/U VST NON-MD PROV	
S9141	HCPCS	DIAB MGMT PROGM F/U VISIT MD PROV	
S9150	HCPCS	EVALUATION BY OCULARIST	
S9381	HCPCS	DEL/HI RISK REQ ESCRT/PROTECT VST	
S9401	HCPCS	ANTICOAGULAT CLIN NO LAB PER SESS	
S9430	HCPCS	PHARM COMPOUNDING & DISPENSING SERV	
S9433	HCPCS	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTRITIONAL INTAKE	
S9438	HCPCS	CESAREAN BRTH CLASS NON-MD PER SESS	
S9439	HCPCS	VBAC CLASSES NON-MD PER SESSION	
S9441	HCPCS	ASTHMA ED NON-MD PROV PER SESSION	
S9442	HCPCS	BIRTHING CLASSES NON-PHYS PROV-SESS	
S9443	HCPCS	LACTATION CLASS NON-PHYS PROV-SESS	
S9444	HCPCS	PARENTING CLASSES NON-MD PER SESS	
S9445	HCPCS	PT ED NOC NON-MD PROV IND SESSION	
S9446	HCPCS	PT ED NOC NON-MD PROV GROUP SESSION	
S9447	HCPCS	INFANT SAFETY CLASS NON-MD PER SESS	
S9449	HCPCS	WEIGHT MGMT CLASS NON-PHYS PER SESS	
S9451	HCPCS	EXERCISE CLASSES NON-PHYS PER SESS	
S9452	HCPCS	NUTRITION CLASSES NON-PHYS PER SESS	
S9453	HCPCS	SMOKING CESSATION CLASS NON-MD SESS	
S9454	HCPCS	STRESS MGMT CLASS NON-PHYS PER SESS	
S9455	HCPCS	DIABETIC MGMT PROGM GROUP SESSION	
S9460	HCPCS	DIABETIC MGMT PROGM NURSE VISIT	
S9465	HCPCS	DIABETIC MGMT PROGM DIETITIAN VISIT	
S9470	HCPCS	NUTRITIONAL COUNSELING, DIETITIAN VISIT	
S9472	HCPCS	CARD REHAB PROGM NON-PHYS PROV DIEM	
S9473	HCPCS	PULM REHAB PROGM NON-PHYS PROV DIEM	
S9474	HCPCS	ENTRSTML TX RN CERT ENTRSTML TX DAY	

Code	Type	Description	Comments
S9475	HCPCS	AMB SET SBSTNC ABS TX/DTOX SRVC DAY	
S9476	HCPCS	VESTIBULR REHAB NON-PHYS PROV-DIEM	
S9480	HCPCS	INTENSIVE OP PSYC SERVICES PER DIEM	
S9900	HCPCS	SRVC AUTHORIZED CHRISTIAN SCIENCE P	
S9970	HCPCS	HEALTH CLUB MEMBERSHIP ANNUAL	
S9975	HCPCS	TPLNT REL LODG MEALS & TRNSPRT DIEM	
S9976	HCPCS	LODGING PER DIEM NOS	
S9977	HCPCS	MEALS PER DIEM NOS	Covered for Summit ElderCare
S9981	HCPCS	MEDICAL RECORDS COPYING FEE ADMIN	
S9982	HCPCS	MEDICAL RECORDS COPYING FEE-PAGE	
S9986	HCPCS	NOT MEDICALLY NECESSARY SERVICE	
S9988	HCPCS	SERV PART OF PHASE 1 CLINICAL TRIAL	
S9990	HCPCS	SRVC PROV PART PHASE II CLIN TRIAL	
S9991	HCPCS	SRVC PROV PART PHASE III CLIN TRIAL	
S9992	HCPCS	TRNSPRT COSTS CLIN TRIAL PRTCP&COMP	
S9994	HCPCS	LODG COST CLIN TRIAL PRTCP&CAREGVR	
S9996	HCPCS	MEALS CLIN TRIAL PRTCP&ONE CAREGIVR	
S9999	HCPCS	SALES TAX	
T1000	HCPCS	PRIV DUTY/INDEPENDENT NRS TO 15 MIN	
T1001	HCPCS	NURSING ASSESSMENT/EVALUATION	
T1002	HCPCS	RN SERVICES UP TO 15 MINUTES	
T1003	HCPCS	LPN/LVN SERVICES UP TO 15 MINUTES	
T1004	HCPCS	SRVC QUALIFIED NRS AIDE TO 15 MIN	
T1005	HCPCS	SRVC QUAL NURSING AIDE UP TO 15 MIN	
T1006	HCPCS	ALCOHL&/SBSTNC ABS FAM/COUPLE CNSL	
T1007	HCPCS	ALCOHOL&/SUBSTANCE ABUSE SERVICES	
T1009	HCPCS	CHILD SIT IND ALC&/SUBSTNC ABS SRVC	
T1010	HCPCS	MEALS REC ALCOHL&/SUBSTNC ABS SRVC	
T1012	HCPCS	ALCOHOL&/SBSTNC ABS SRVC SKL DVLP	
T1013	HCPCS	SIGN LANGE/ORAL INTEPR SRVC-15 MIN	
T1014	HCPCS	TELEHEALTH TRANS MIN PROF SRVC	
T1016	HCPCS	CASE MANAGEMENT EACH 15 MINS	
T1017	HCPCS	TARGETED CASE MANAGEMENT EA 15 MINS	
T1018	HCPCS	SCHOOL-BASD IND ED PROG SERV BUNDL	
T1019	HCPCS	PERSONAL CARE SERVICES PER 15 MINS	
T1020	HCPCS	PERSONAL CARE SERVICES PER DIEM	
T1021	HCPCS	HOME HLTH AIDE/CERT NURSE ASST VST	
T1022	HCPCS	CONTRACT HOME HEALTH AGCY SRVC DAY	
T1025	HCPCS	MXDISCIPLIN CHILD CMLX IMPAIR DIEM	
T1026	HCPCS	MXDISCIPLIN CHILD W/CMLX IMPAIR HR	
T1028	HCPCS	ASSESS HOME PHYSICAL & FAMILY ENVIR	
T1029	HCPCS	COMP ENVIR LEAD INVESTIGAT-DWELL	
T1030	HCPCS	NRS CARE HOME REGISTERED NURSE-DIEM	
T1031	HCPCS	NURSING CARE THE HOME LPN PER DIEM	
T1502	HCPCS	ADMN ORL IM&/SUBQ MED HLTH PROF	
T1503	HCPCS	ADMIN OF MED OTHER THAN OR /INJ	
T1999	HCPCS	MISC TX ITEMS&SUPPLIES RETAIL NOC	
T2001	HCPCS	N-EMERG TRNSPRT; PT ATTENDNT/ESCORT	

Code	Type	Description	Comments
T2002	HCPCS	NON-EMERG TRANSPORTATION; PER DIEM	
T2003	HCPCS	NON-EMERG TRNSPRT; ENCOUNTER/TRIP	
T2004	HCPCS	N-EMERG TRNSPRT;COMMER CARR MX-PASS	
T2005	HCPCS	NONEMERGENCY TRNSPRT; STRETCHER VAN	
T2007	HCPCS	TRNSPRT WAIT TIME NON-ER VEH 1/2 HR	
T2010	HCPCS	PASRR LEVEL I ID SCREEN PER SCREEN	
T2011	HCPCS	PASRR LEVEL II EVALUATION PER EVAL	
T2012	HCPCS	HABILITATION ED WAIVER; DIEM	
T2013	HCPCS	HABILITATION ED WAIVER; HOUR	
T2014	HCPCS	HABILITATN PREVOCATIONL WAIVR;DIEM	
T2015	HCPCS	HABILITATION PREVOCATIONAL WAIVR;HR	
T2016	HCPCS	HABILITATION RES WAIVER; PER DIEM	
T2017	HCPCS	HABILITATION RES WAIVER; PER 15 MIN	
T2018	HCPCS	HABILITATN SUPP EMPLMNT WAIVR;DIEM	
T2019	HCPCS	HABILITATN SUPP EMPLMNT WAIVR;15 MIN	
T2020	HCPCS	DAY HABILITATION WAIVER; PER DIEM	
T2021	HCPCS	DAY HABILITATION WAIVER; PER 15 MIN	
T2022	HCPCS	CASE MANAGEMENT; PER MONTH	
T2023	HCPCS	TARGETED CASE MANAGEMENT; PER MONTH	
T2024	HCPCS	SRVC ASSESS/PLAN CARE DVLP WAIVER	
T2025	HCPCS	WAIVER SERVICES; NOS	
T2026	HCPCS	SPCLIZED CHILDCARE WAIVER; PER DIEM	
T2027	HCPCS	SPCLIZED CHILDCARE WAIVER; 15 MIN	
T2028	HCPCS	SPECIALIZED SUPPLY NOS WAIVER	
T2029	HCPCS	SPECIALIZED MEDICAL EQP NOS WAIVER	
T2030	HCPCS	ASSISTED LIVING WAIVER; PER MONTH	
T2031	HCPCS	ASSISTED LIVING WAIVER; PER DIEM	
T2032	HCPCS	RES CARE NOS WAIVER; PER MONTH	
T2033	HCPCS	RES CARE NOS WAIVER; PER DIEM	
T2034	HCPCS	CRISIS INTERVEN WAIVER; PER DIEM	
T2035	HCPCS	UTILITY SERVICES MED EQP WAIVER	
T2036	HCPCS	TX CAMPING OVRNGT WAIVER; EA SESS	
T2037	HCPCS	TX CAMPING DA WAIVER; EA SESS	
T2038	HCPCS	CMTY TRANSITION WAIVER; PER SERVICE	
T2039	HCPCS	VEHICLE MOD WAIVER; PER SERVICE	
T2040	HCPCS	FINANCIAL MGMT WAIVER; 15 MIN	
T2041	HCPCS	SUPP BROKER SLF-DIRED WAIVR; 15 MIN	
T2042	HCPCS	HOSPICE ROUTINE HOME CARE PER DIEM	
T2043	HCPCS	HOSPICE CONTINUOUS HOME CARE PER HR	
T2044	HCPCS	HOSPICE INPAT RESPITE CARE PER DIEM	
T2045	HCPCS	HOSPICE GENERAL INPAT CARE PER DIEM	
T2046	HCPCS	HOSPICE LT CARE RM AND BD PER DIEM	
T2048	HCPCS	BHVAL HLTH; LTC RES W/ROOM&BD-DIEM	
T2101	HCPCS	HUMN BRST MILK PRC STOR&DSTRB ONLY	
T4521	HCPCS	ADLT SZ DISPBL INCONT BRFDIAPER SM	Covered for MassHealth
T4522	HCPCS	ADLT SZ DISPBL INCONT BRFDIAPER MD	Covered for MassHealth
T4523	HCPCS	ADLT SZ DISPBL INCONT BRFDIAPER LG	Covered for MassHealth
T4524	HCPCS	ADLT DISPBL INCONT BRFDIAPER X-LG	Covered for MassHealth

Code	Type	Description	Comments
T4525	HCPCS	ADLT SZD DISPBL INCONT UNDWEAR SM	Covered for MassHealth
T4526	HCPCS	ADLT SZD DISPBL INCONT UNDWEAR MED	Covered for MassHealth
T4527	HCPCS	ADLT SZD DISPBL INCONT UNDWEAR LG	Covered for MassHealth
T4528	HCPCS	ADLT SZD DISPBL INCONT UNDWEAR X-LG	Covered for MassHealth
T4529	HCPCS	PED SZ DISPBL INCONT BRF/DIAPER S/M	Covered for MassHealth
T4530	HCPCS	PED SZ DISPBL INCONT BRF/DIAPER LG	Covered for MassHealth
T4531	HCPCS	PED SZ DISPBL INCONT UNDWEAR SM/MED	Covered for MassHealth
T4532	HCPCS	PED SZ DISPBL INCONT UNDWEAR LG EA	Covered for MassHealth
T4533	HCPCS	YOUTH SZD DISPBL INCONT BRF/DIAPER	Covered for MassHealth
T4534	HCPCS	YOUTH SZD DISPBL INCONT UNDWEAR EA	Covered for MassHealth
T4535	HCPCS	DISPBL LINER/PAD/UNDGRMNT INCONT EA	Covered for MassHealth
T4536	HCPCS	INCONT PROD UNDWEAR/PULLON REUSE SZ	Covered for MassHealth
T4537	HCPCS	INCONT PROD UNDPAD REUSBL BED SZ EA	Covered for MassHealth
T4538	HCPCS	DIAPER SRVC REUSBL DIAPER EA DIAPER	Covered for MassHealth
T4539	HCPCS	INCONT PROD DIAPER/BRF REUSBL SZ EA	Covered for MassHealth
T4540	HCPCS	INCONT PROD UNDPAD REUSBL CHAIR SZ	Covered for MassHealth
T4541	HCPCS	INCONT PRODUCT DISPBL UNDPAD LG EA	Covered for MassHealth
T4542	HCPCS	INCONT PROD DISPBL UNDPAD SM SZ EA	Covered for MassHealth
T4543	HCPCS	DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER BARIATRIC EACH	
T5001	HCPCS	PSTN SEAT PERS W/SPCL ORTHOPED NEED	
T5999	HCPCS	SUPPLY, NOT OTHERWISE SPECIFIED	
V2521	HCPCS	CNTC LENS HYDROPHL/PRISM BLLST-LENS	
V2522	HCPCS	CNTC LENS HYDROPHIL BIFOCAL-LENS	
V2523	HCPCS	CNTC LENS HYDROPHIL EXT WEAR-LENS	
V2531	HCPCS	CNTC LENS SCLERL GAS PERMEABLE-LENS	
V2600	HCPCS	HAND HELD LW VISN&OTH NON SPEC AIDS	
V2610	HCPCS	SNGL LENS SPECT MOUNT LW VISION AID	
V2615	HCPCS	TELESCOPIC & OTH COMPOUND LENS SYS	
V2630	HCPCS	ANTERIOR CHAMBER INTRAOCULAR LENS	
V2631	HCPCS	IRIS SUPPORTED INTRAOCULAR LENS	
V2702	HCPCS	DELUXE LENS FEATURE	
V2756	HCPCS	EYE GLASS CASE	
V2761	HCPCS	MIRROR COAT TYPE SOLID GRADENT/= LE	
V2787	HCPCS	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	
V2788	HCPCS	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS	
V5120	HCPCS	BINAURAL BODY	
V5336	HCPCS	REPR/MOD AUGMENTATIV CMNCT SYS/DEVC	



Notice of Financial Liability
PLEASE READ CAREFULLY

Date: _____

Dear Fallon Community Health Plan Member:

Your signature below indicates that you understand that if you receive non-covered services from

Name of provider

then you will be financially responsible for the costs of the services.

Your signature below acknowledges that you have been notified that if Fallon Community Health Plan denies payment of the services as non-covered, you will be responsible for payment.

Estimated charge for service: \$ _____

Member signature and date: _____

Member ID number: _____

This is valid only if member signs and receives a copy.