

St. Charles Financial Assistance Policy Exclusions

Per St. Charles Financial Assistance Policy #7485, services are considered medically necessary by the ordering and/or providing physician. Medically necessary care does not include elective services, cosmetic, non-essential or items that are solely for the comfort or convenience of a patient. The following services are not considered medically necessary and are therefore not eligible for Financial Assistance:

- Adoption Services (including but not limited to Z02.82)
- Circumcision (CPT Codes 54161, 54160 and 54150)
- Cold Therapy Wraps (including but not limited to CPT Codes A9270 and A9273)
- Cold Therapy Unit (including but not limited to CPT Code E0218)
- Commercial Driver's License Testing (Charge Code CDL)
- Cosmetic Surgery
- Custom braces for St. Charles Center for Orthopedics & Neurosurgery
- Federal Aviation Administration Testing (Charge Code FAA)
- Fertility Testing and Treatment (including but not limited to Diagnosis Codes Z31, Z31.0, Z31.4, Z31.41, Z31.42, Z31.43, Z31.430, Z31.438, Z31.44, Z31.440, Z31.441, Z31.448, Z31.49, Z31.5, Z31.6, Z31.61, Z31.62, Z31.69, Z31.7, Z31.8, Z31.81, Z31.82, Z31.83, Z31.84, Z31.89, Z31.9, Z52.810, and N46.9)
- Lab – Collection Kits (CPT Code 99001)
- Lab – Public Screen (including but not limited to Test Codes LAB4300, LAB60, LAB81, LAB4125, LAB4107, LAB4301)
- Medical Consultation – Legal (Charge Code MEDCONS)
- Medical Consultation – Testimony (Charge Code TESTIMONY)
- Nitrous Oxide (HCPCS Code D9230)
- Other arrangements/contracts (i.e. surrogacy)
- Platelet Rich Plasma Administration Charge (CPT Code 0232T)
- Pre-Employment Testing (Charge Code PREEMPL)
- School Physical Exam (Charge Code SCHOOL)
- Slings (including but not limited to CPT Code A4565)
- Special Reports (additional paperwork) (CPT Code 99080)
- Sports Physical (Charge Code SPORTS)
- St. Charles Community Pharmacy
- Travel Consultation (Charge Code TRAVEL)

Definition(s)

Medically Necessary Care: Emergency, inpatient, or outpatient healthcare services provided by St. Charles for the purpose of evaluation, diagnosis, or treatment of an injury or illness, which if left untreated, would pose a threat to the patient's health. Services must be clinically appropriate and within generally accepted medical practice standards. The services provided must represent the most appropriate and cost-effective supply, device, or service that can be safely provided and readily available at a St. Charles facility. Exclusions from Medically Necessary Services are health care services that are cosmetic, or part of a clinical research program, private and/or non-St. Charles facility or professional fees and services and/or treatments not provided at a St. Charles facility.

It is the patient's responsibility to confirm services are medically necessary and therefore covered under the St. Charles Financial Assistance program. This list is reviewed quarterly but only updated when additions or deletions are required. This list is publicly available and provided free of charge as an amendment to the St. Charles Financial Assistance Policy #7485.

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