



NON-COVERED SERVICES LIST Colorado

The Services listed below contains some of the most common non-covered services but is **not all inclusive**. Please call **Customer Services (800) 475-8466** if there is any question about what services are covered.

Remember it is important to verify Benefits and Eligibility with Friday Health Plans for all services.

| SERVICES THAT ARE NOT COVERED | | |
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| CATEGORY | SERVICES NOT COVERED | Comment |
| Complementary and Alternative Medicine | Acupuncture, Massage, etc. | |
| Cochlear Implants | Any services or equipment for cochlear implants. | |
| Dental | All dental-related services including treatment of TMJ and most oral surgery | Anesthesia and facility charges may be covered in some situations. |
| Devices and DME | Deluxe items, comfort items disposable items and items available over the counter. | |
| Education | Education services other than diabetic education, nutrition therapy and tobacco cessation. | |
| Experimental or Investigational | All experimental or investigative services | |
| Genetic counseling | Genetic counseling related to genetic testing not covered by the plan. | |
| Genetic testing | Only BRCA1 and BRCA2 and testing for prenatal diagnosis of congenital disorders are covered | |
| Hearing Aids | Any services related to hearing aids unless for a child under age of 18. | |
| Immunizations | Immunizations that are required for travel. | |
| Long Term Care | Nursing homes, custodial care | |
| Mental Health | All services for sexual, marital, or occupational counseling; and court-ordered care | |
| Obesity Treatment | Cosmetic procedures such as liposuction, surgery, except for bariatric surgery. Diet supplements, weight loss | |
| Ophthalmology | Vision testing or other vision services for non-medical conditions | Medical ophthalmology services are covered |
| Plastic or Cosmetic | Cosmetic services or surgery of any kind unless part of reconstruction following medical illness or trauma with authorization or breast reconstruction post-mastectomy for breast cancer | Some transgendered services are covered with auth. Call for details. |
| Podiatry | Routine podiatric care including treatment of flat feet, nail trimming, corns, and calluses. | Exception: Medicare members with peripheral neuropathy may receive foot eval and treatment every 6 months. |
| Reproductive Services | Reversal of any voluntary infertility causes, any procedures related to conception by artificial means (other than artificial insemination) and medications. Services and treatments related to impotency. | Only diagnostic services, treatment for involuntary infertility and artificial insemination are covered. |
| Residential Treatment | Treatment that is residential in nature and lasting longer than 30 day programs, or does not have 24 hour nursing/physician care. | |