

700 Main Street  
Alamosa, CO 81101

## New Mexico

### NON-COVERED SERVICES LIST

The Services listed below contains some of the most common non-covered services but is **not all inclusive**. Please call **Customer Services 1-844-805-5000** 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		
CATEGORY	SERVICES NOT COVERED	Comment
Complementary and Alternative Medicine	Massage, etc.	
Dental	All dental-related services including most oral surgery	TMJ treatment, anesthesia and facility charges may be covered in some situations.
Deluxe 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	
Immunizations	Immunizations that are required for travel.	
Long Term Care	Nursing homes, custodial care	
Nutritional supplementation	Oral supplements not covered. Enteral and tube feeding supplements that are available over the counter.	
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.	
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.	
Surrogate Pregnancy	Any services related to a pregnancy where the pregnant women enters into a contract prior to getting pregnant to surrender the newborn child at time of birth.	