



FRIDAY HEALTH PLANS 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 at (719) 589-4995 or (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.

<u>SERVICES THAT ARE NOT COVERED</u>		
This list contains some of the most common non-covered services but is not all inclusive . Please call if there is any question about what services are covered.		
CATEGORY	SERVICES NOT COVERED	Comments
Complementary and Alternative Medicine	Acupuncture, Massage, etc.	Not a covered benefit.
Dental	All dental-related services including treatment of TMJ and most oral surgery	Some services covered with a dental rider. Call for details.
Developmental Disorders	All services except those related to specific congenital defects as mandated by law.	
Devices and DME	Deluxe items or comfort items	
Education	Education services other than diabetic education, nutrition therapy and tobacco cessation.	
Experimental or Investigational	All experimental or investigative services	Not a covered benefit.
Genetic testing	Only BRCA1 and BRCA2 and prenatal diagnosis of congenital disorders are covered	
Mental Health	All services for family, sexual, marital, or occupational counseling; and court-ordered care	Family counseling may be considered.
Obesity Treatment	Obesity related surgeries and treatment, including liposuction, surgery, except for bariatric surgery	
Ophthalmology	Vision testing or other vision services for non-medical conditions	Some services covered with a vision rider. Call for details.
Orthopedics	All experimental/investigational treatments	
Osteopathy	Manipulation therapy	Covered when provided by DO
Pharmacy	Please see formulary materials for list of covered oral medications and allowed injectables	Generally, only available for members with a pharmacy benefit.
Plastic or Cosmetic	Cosmetic services or surgery of any kind unless part of reconstruction following medical illness or trauma with referral or breast reconstruction post- mastectomy for breast cancer.	
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 with referral
Reproductive Services	Infertility treatment	Only diagnostic services and fertilization are covered, and this is a limited benefit.
Screening Services	In general, screening services not recommended by the US Preventive Services Task Force not covered	Includes thermography and whole-body CT scans not covered. Call if any clarification needed.



Friday Health Plans NOTIFICATION & PREAUTHORIZATION LIST

It is important to verify **Benefits and Eligibility with Friday Health Plans for all services**. The Services listed below may be governed by Friday Health Plans Medical Policies, which may impact coverage decisions. **All admissions and any procedure or service costing \$500 or more require preauthorization** unless otherwise specified below.

Preauthorization is required **before** the service is provided in non-emergent situations. Retroactive requests will be denied unless there are extenuating circumstances. All preauthorizations should be requested using Friday Health Plans request form. Supporting documentation (e.g., notes and lab or radiology findings) should be sent for all planned admissions and additional services as noted below. Documentation may be required in other cases based on Friday Health Plan Medical Department review.

For notification or preauthorization:

Phone: 719.589.3696

Medical Fax: 719.589.4995

Online: www.fridayhealthplans.com

<u>SERVICES REQUIRING NOTIFICATION</u>	
SERVICE	COMMENTS
Admissions – all unplanned medical and surgical inpatient admissions	Notification is the responsibility of the contracting facility providing the service
Observation Stays resulting from ER visit	Notification is the responsibility of the contracting facility providing the service.
Observations Stays, unanticipated after surgery or other procedure	Notification is the responsibility of the contracting facility providing the service.
Obstetric care, routine	In normal, uncomplicated pregnancy, one ultrasound is considered routine. Additional ultrasounds require preauthorization.

<u>SERVICES REQUIRING PREAUTHORIZATION</u>		
<p>Any procedure or service costing \$500 or more requires preauthorization unless otherwise specified below. This list may not be all-inclusive. Services must be provided by participating providers. Please call if you are uncertain whether a referral is necessary, or a provider is participating.</p>		
CATEGORY	SERVICE	Comments
Admissions	All planned or scheduled inpatient medical and surgical admissions including acute, rehab, and skilled nursing facility.	Must submit notes.
Ambulance or Air Transport	Non-emergent transport or transfer	Generally, not covered
Cardiac Procedures	EP studies and ablations; Pacemaker checks. See "Diagnostic Procedures" for cardiac tests requiring preauthorization.	
Consultations	All consultations	No pre-authorization is required to see participating (contracted) providers. All procedures, other than routine labs and x-rays, require preauthorization
Dental	All dental related services	Generally, not covered without a dental rider
DME	Durable medical equipment	All DME requires pre-authorization with the following exception: Referral not needed for bilirubin bed for newborn at initial d/c
Diagnostic Procedures	Arteriogram	Must submit notes
	CT scans	Must submit notes
	Cardiac stress test	Must submit notes
	Carotid doppler	Must submit notes
	Echocardiogram	Must submit notes
	EEG, EMG, and NCV	Must submit notes
	Endoscopy (other than colonoscopy and flex sig)	Must submit notes

SERVICES REQUIRING PREAUTHORIZATION

Any procedure or service costing \$500 or more requires preauthorization unless otherwise specified below. This list may not be all-inclusive. Services **must be provided by participating providers**. Please call if you are uncertain whether a referral is necessary, or a provider is participating.

CATEGORY	SERVICE	Comments
Diagnostic Procedures (cont'd)	Holter Monitors and Event Monitors	Must submit notes.
	MRIs	Must submit notes.
	Myelogram	Must submit notes.
	Nuclear cardiology	Must submit notes.
	PET or SPECT scans	Must submit notes
	Sleep studies	Must submit notes.
	Ultrasound - 3D and 4D	Must submit notes.
Dialysis	All services	
Education	Diabetes Education – Self Management	Up to 10 hours on initial diagnosis and 2 hours annually afterward.
	Medical Nutrition Therapy	Up to 3 hours on initial diagnosis and 2 hours annually afterward.
	Other services such as tobacco cessation or nutrition therapy	Contact FHP Medical Department for plan limitations and pre-authorization requirements.
Hematology and Oncology	Cancer treatment including chemo, radiation, stem cell, bone marrow transplant, and surgery	Submit treatment plan as soon as known to facilitate rapid approval of necessary services.
Home Services	Home care	Must submit notes
	Home infusion services	Refer to formulary medications
	Medical foods or enteral nutrition	Generally, not a covered benefit
	Total parenteral nutrition	Must submit notes
Injections and Infusions	Epidural injections	Must submit notes.
	Medical injectables	Must submit notes. May require pharmacy benefit.
	Infusion pumps, including insulin	Must submit notes
Mental Health	Electroconvulsive therapy	Must submit notes
	Transcranial Magnetic Stimulation (TMS)	Must submit notes
Ophthalmology	All vision related services. Exception: No referral needed for cataract surgery performed by a contracted provider/facility.	Most services, unless associated w/specific medical condition, not covered without a vision rider.
Out-of-Network Services	Any service	Generally, not a covered benefit. Only approved if medically necessary AND not available in-network.
Outpatient Services	Any procedure or surgery costing >\$500	Call Friday Health Plans if there are any questions about whether a service requires preauthorization
	Hyperbaric oxygen therapy	Must submit notes
	Wound care services and supplies	Must submit notes
Pharmacy	Please see formulary materials for list of medications requiring prior authorization	Generally, only available for members with a pharmacy benefit.
Plastic or Cosmetic Surgery	All services that are potentially cosmetic.	Generally, not a covered benefit unless for breast reconstruction post- mastectomy for breast cancer.
Podiatry	All procedures	Routine foot care is generally not covered.
Rehabilitation	Physical, speech, and occupational therapy	Must submit notes. Limited benefit.
Screening Services	Bone density measurement	Criteria: No scan in previous 2 years AND <ol style="list-style-type: none"> 1. Female ≥ 65 years of age OR 2. Hyperparathyroidism OR 3. Multiple myeloma OR 4. Chronic steroid use OR 5. Documented osteoporosis
Transplants	All services including evaluation	Must submit notes/plan.