

## SECTION 4 - NON-COVERED SERVICES

### Exclusions

Some services are excluded from coverage under PHP. In addition to specific excluded services, PHP may deny coverage if the:

- Service is not medically necessary
- Service is not a Medicare or Medicaid covered benefit
- Patient is not enrolled in the Program at the time the services are provided
- Service requires authorization and the authorization is not obtained

The Evidence of Coverage (EOC) and Summary of Benefits booklets both include all excluded services for Members. Copies of these are available by contacting PHP or visiting the website at [www.communityhealthpartnership.com](http://www.communityhealthpartnership.com).

### **The following items and services are not covered by PHP:**

- Services that the Member receives from Non-Plan Providers, *except* for care related to a medical emergency and urgently needed care, Medicare covered renal (kidney) dialysis services that the Member receives when temporarily outside the plan's service area, and care from Non-Plan Providers that is arranged or approved by PHP.
- Emergency facility services for non-authorized, routine conditions that do not appear to a reasonable person to be based on a medical emergency.
- Experimental or investigational medical and surgical procedures, equipment and medications, unless covered by either Wisconsin Medicaid or Original Medicare or under an approved clinical trial. Experimental procedures and items are those items and procedures determined by PHP, Wisconsin Medicaid and if applicable, Original Medicare to not be generally accepted by the medical community.
- Surgical treatment of morbid obesity *unless* medically necessary and covered under either Wisconsin Medicaid or, if applicable, Original Medicare.
- Private room in a hospital or skilled nursing facility *unless* medically necessary.
- Private duty nurses.
- Personal convenience items, such as a telephone or television in the room at a hospital or skilled nursing facility.
- Nursing care on a full-time basis in the home.
- Unless medically necessary, elective or voluntary enhancement procedures, services, supplies and medications including but not limited to: weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance.
- Cosmetic surgery or procedures, *unless* needed because of accidental injury or to improve the function of a malformed part of the body. Breast surgery and all stages of reconstruction for the breast on which a mastectomy was performed and to produce a symmetrical appearance, surgery and reconstruction of the unaffected breast are covered.
- Self-administered prescription medication for the treatment of sexual dysfunction, including erectile dysfunction, impotence and anorgasmy or hyporgasmy.

- Reversal of sterilization procedures, sex change operations and non-prescription contraceptive supplies and devices. (Medically necessary services for infertility are covered according to Original Medicare guidelines).
- Services provided to veterans in Veteran's Affairs (VA) facilities. However, in the case of emergency services received at a VA hospital, if the VA cost sharing is more than the cost sharing required under the Program, PHP will reimburse veterans for the difference.
- Radial keratotomy, LASIK surgery, vision therapy and other low vision aids and services.
- Organ transplants, other than kidney and cornea transplants, covered by Wisconsin Medicaid. NOTE: PHP involuntarily disenrolls Members from the Program who are about to receive transplants (other than cornea and kidney transplants) and transfers them to the Wisconsin Medicaid Fee for Service program.