



Pennsylvania's Children's  
Health Insurance Program

**We Cover All Kids.**

*Commonwealth of Pennsylvania*

**Where children belong.**



# **Exclusions**

**UPMC *for Kids***<sup>™</sup>

A Product of UPMC Health Plan



## UPMC *for Kids*™ EXCLUSIONS

**Not all services, supplies, or charges are Covered Services. Except as specifically provided in UPMC *for Kids* Summary of Benefits (located in the UPMC *for Kids* member handbook), no benefits will be provided for the following services, supplies, and charges, including, but not limited to:**

- 1. Alternative Medicine:** Including, but not limited to, acupuncture and acupressure, aromatherapy, aversion therapy, ayurvedic medicine, bioenergetic therapy, carbon dioxide therapy, confrontation therapy, crystal healing therapy, cult deprogramming, electric aversion therapy for alcoholism, expressive therapies such as art or psychodrama, guided imagery, herbal medicine, homeopathy, hyperbaric therapy, massage therapy, narcotherapy, naturopathy, orthomolecular therapy, primal therapy, relaxation therapy, transcendental meditation and yoga, and equestrian therapy.
- 2. Assisted Fertilization:** Artificial conception processes such as, but not limited to, GIFT, ZIFT, embryo transplants, and in vitro fertilization.
- 3. Behavioral Health Services:**
  - Any service related to disorders that are not treatable Diagnostic and Statistical Manual of Mental Disorders (DSM) defined mental disorders according to the most recent version of DSM. Examples include, but are not limited to: nicotine dependence, caffeine intoxication, stuttering, tension headache, stress reaction, reading disorder, mathematics disorder, pathological gambling, disorder of written expressions, expressive/receptive language disorder, phonological disorder, developmental coordination disorder, learning disorder, sleep disorder, sex therapy, and V-codes.
  - Autism Spectrum Disorder: Coverage for autism spectrum disorder is limited to a maximum benefit of \$36,000 per member per benefit year. Please see the UPMC *for Kids*' Member Handbook for an explanation of what services are covered for the diagnostic assessment and treatment of Autism Spectrum Disorder.
  - Behavioral Health Services not expected to result in demonstrable improvement in the member's condition and/or level of function, and chronic maintenance therapy, except in the case of serious mental illness/disorders.
  - Inpatient or outpatient treatment related to mental retardation, pervasive development disorder, or autism that extends beyond traditional medical management.
  - Long-term residential treatment services for substance-related disorders such as substance abuse or substance dependency.
  - Marriage or family counseling, except when rendered in connection with services provided for a treatable mental disorder (behavioral health or substance abuse).
  - Methadone maintenance for the treatment of chemical dependency.
  - Psychiatric/psychological and neuro-psychological testing for: a) learning disabilities/problems; b) school-related issues; c) the purposes of obtaining or maintaining employment; d) purposes of submitting a disability application for a mental or emotional condition; and e) any other testing that does not require administration by a licensed behavioral health professional.
  - Psychoanalysis or other therapies that are not short-term or crisis-oriented and do not relate to treatable and defined mental disorders according to the most recent version of DSM.
  - Sensitivity training.
  - Treatment for personality disorders as the primary diagnosis, learning disabilities, or behavioral problems for those conditions.
  - Treatment of organic disorders, including, but not limited to, organic brain disease.
  - Treatment of chronic behavioral conditions once the individual has been restored to the pre-crisis level of function. Coverage is provided until the behavioral health condition is stable with no chance of improvement.
  - Treatment of chronic pain management programs or any related services under the behavioral health benefit when the primary diagnosis is pain.
  - Treatment of stress, co-dependency, and sexual addiction; sedative action electrostimulation therapy.
  - Truancy or disciplinary problems alone.
  - Twelve step model programs as sole therapy for problems, including, but not limited to, eating disorders or addictive gambling.
  - Vagus nerve stimulation for the treatment of depressive disorders.
- 4. Biofeedback Treatment:** Biofeedback treatment for pediatric dysfunctional elimination is limited to members from ages 5 to 18 with a maximum of 10 visits per lifetime.
- 5. Chiropractic Care and Related Services.**
- 6. Comfort/Convenience Items:** Health club memberships, air conditioners, televisions, telephones, dehumidifiers, air purifiers, food blenders, exercise equipment, orthopedic mattresses, home or automobile modifications, whirlpools, barber or beauty service, guest service, or similar items, even if recommended by a physician.

- 7. Corrective Appliances:** Corrective appliances primarily intended for athletic purposes or those related to a sports medicine treatment plan, and other appliances/devices, and any related services, including, but not limited to, children's corrective shoes, arch supports, special clothing or bandages of any type, back braces, lumbar corsets, hand splints, and shoe inserts and orthopedic shoes, unless the shoe inserts or orthopedic shoes are required specifically due to diabetes or peripheral vascular disease.
- 8. Cosmetic Surgery or Other Procedures:** Cosmetic surgery or other procedures to repair or reshape a body structure for the improvement of the person's appearance or for psychological or emotional reasons, and from which no improvement or physiological function can be expected, except for surgery or services which are required to be covered by law, including, but not limited to, removal, revision, or reduction of port wine stains; augmentation procedures; reduction procedures (including male gynecomastia); scar revisions; or otoplasty.
- 9. Court Ordered:** Court ordered services when not Medically Necessary for the member's medical or behavioral health condition, as determined by the member's physician.
- 10. Custodial Care:** Custodial care, domiciliary care, residential care, and protective and supportive care, including, but not limited to: respite care, rest cures, educational services, convalescent care, dietary services, homemaker services, maintenance therapy, and food or home-delivered meals.
- 11. Dental Services:** The following are dental care exclusions:
- Bridges unless required as a result of an accident or an injury.
  - Cases involving covered services in which the dentist and member select a more expensive course of treatment than is customarily provided by the dental profession consistent with sound professional standards of dental practice for the dental condition concerned. Payment under *UPMC for Kids* will be based on the provider negotiated fees under *UPMC for Kids*.
  - Correction of an occlusal defect.
  - Duplicate and temporary devices, appliances, and services.
  - Gold foil restorations.
  - Implantology and related services.
  - Labial veneers and laminates done for cosmetic purposes. However, if performed for restorative purposes, labial veneers and laminates are covered under the same conditions and to the same extent that amalgam and composite restorations are covered.
  - Local anesthesia when billed for separately by a dentist.
  - Oral surgery which is performed under the medical portion of benefits.
  - Plaque control programs and oral hygiene and dietary instruction.
  - Procedures to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition, and restoration for malalignment of teeth.
  - Prosthetics.
  - Retainer replacement.
  - Services covered under the medical portion of *UPMC for Kids* benefits.
  - Services submitted by a professional provider and a dentist that are the same services performed on the same dates for the same patient.
  - Treatment of temporomandibular joint syndrome (TMJ) with intra-oral devices or any other method to alter vertical dimension.
- 12. Drugs:** Excluded are medications considered to be benefit exclusions by the Pennsylvania Children's Health Insurance Program (CHIP). These include Drug Efficacy Study Implementation (DESI) drugs, experimental drugs, weight loss drugs, infertility agents, and drugs used for cosmetic purposes. Also excluded are anabolic steroids, biologicals, blood or blood plasma; drugs labeled for investigational use, drugs used for hair growth, impotency drugs, and urine strips. There is no coverage for lost, stolen, or destroyed medications; or prescriptions that are over-refilled or dispensed after one year.
- 13. Durable Medical Equipment:** Medical equipment/supplies that are: a.) of an expendable nature, e.g., disposable items such as incontinent pads, catheters, irrigation kits, disposable electrodes, ace bandages, and elastic stockings; b.) dressings unless the level of care requires skilled nursing care in the home; c.) primarily used for non-medical purposes, e.g., air conditioners, humidifiers, or electric air cleaners; and d.) basically comfort or convenience items or are primarily for the convenience of a person caring for a member, e.g., exercise equipment, stair glides, elevators, hoist lifts, shower/bath bench, orthopedic mattresses, or home or automobile modifications, whether or not specifically recommended by a physician or other professional provider, unless specifically authorized by *UPMC for Kids* or its designee.

**14. Experimental/Investigative:** Procedures, technologies, treatments, equipment, drugs, and devices which are Experimental/ Investigative as determined by UPMC *for Kids* or that are used as a necessary accompaniment to an Experimental/ Investigative procedure/service for phase 1 or phase 2 clinical trials. Also excluded are Experimental/ Investigative drugs/therapy and services that are covered under the grant for phase 3 or phase 4 clinical trials.

**15. Forms:** Charges for completion of any specialized report, form, insurance form, or copying of medical records.

**16. Genetic Counseling Studies:** Genetic counseling and studies that are not Medically Necessary for treatment of a defined medical condition.

**17. Home Care:** Home care for chronic conditions such as permanent, irreversible disease, injuries, or congenital conditions requiring long periods of care or observation. No coverage is provided for dietary services, homemaker services, maintenance therapy, custodial care, and food or home-delivered meals.

**18. Immunizations and Drugs:** Immunizations and drugs used for prevention of disease when required for employment or traveling outside of the United States.

**19. Long-Term Care:** Care and related services in a long-term care facility.

**20. Medically Unnecessary Services:** Services or supplies which do not meet UPMC *for Kids* definition of Medically Necessary and/or Medical Necessity and Appropriateness. The definition of Medically Necessary and Appropriate (Medical Necessity and Appropriateness) is:

Services or supplies provided by a hospital, facility, other provider, professional provider, or professional other provider that UPMC *for Kids* determines are:

- a.) Appropriate for the symptoms and diagnosis or treatment of the member's condition, illness, disease, or injury; and
- b.) Provided for the diagnosis or the direct care and treatment of the member's condition, illness, disease, or injury; and
- c.) Provided in accordance with standards of good medical practice and consistent in type, frequency, and duration of treatment with scientifically based guidelines from medical research or health care coverage organizations or governmental agencies that are accepted by UPMC *for Kids*; and
- d.) Not provided as a convenience.

UPMC *for Kids*™ reserves the right to determine in its judgment whether a service is medically necessary and appropriate. No benefits hereunder will be provided unless UPMC *for Kids* determines that the service or supply is medically necessary and appropriate. Authorization decisions shall be made by UPMC *for Kids* with input from the member's PCP, or other physician providing service at the direction of the PCP, constituting proof of medical necessity for purposes of determining the member's potential liability.

**21. Mental Retardation:** Services for treatment of mental retardation except as otherwise provided herein.

**22. Military Service:** Care for military service connected disabilities and conditions for which the member is legally entitled to services, and for which facilities are reasonably accessible to the member.

**23. Motor Vehicle Accident/Workers' Compensation:** The cost of hospital, medical, or other health services resulting from accidental bodily injuries arising out of a motor vehicle accident, to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used — including such benefits mandated by law) of any automobile insurance policy unless otherwise prohibited by applicable law. Service for which other coverage is required by federal, state, or local law to be purchased or provided through other arrangements, including, but not limited to, coverage required by workers' compensation, no-fault automobile insurance, or similar legislation.

**24. Non-covered Services:**

- Any services, supplies or treatments not specifically listed as a covered benefit, service, supply, or treatment under UPMC *for Kids* unless they are basic health services. Any services related to or necessitated by an excluded item or non-covered service.
- Charges for copayments which are the member's responsibility.
- Charges for telephone conversations or failure to keep a scheduled appointment.
- Services and supplies that are not provided or arranged by a UPMC *for Kids*' participating provider and authorized for payment in accordance with UPMC *for Kids*' medical management policies and procedures. Services provided by a non-licensed practitioner or practitioner not recognized by UPMC *for Kids*.

- Services incurred after the date of termination of the member's coverage except as required by the Pennsylvania Children's Health Insurance Program (CHIP).
- Services provided before the member's effective date of coverage.
- Services rendered by a provider who is a member of the member's immediate family. Treatment or consultation provided by the member's parents, siblings, children, stepchildren, current or former spouse or domiciliary partner, mother-in-law, father-in-law, sister-in-law, brother-in-law, or grandparent.
- Services for which the member would have no legal obligation to pay.
- Services performed by a professional provider enrolled in an education or training program when such services are related to the education or training program.
- Services related to purposes of obtaining or maintaining a license, employment, or insurance, or for purposes related to judicial or administrative proceedings such as adjudication of marital, child support, or custody cases.
- Services requiring a prior authorization by UPMC *for Kids* for which the member or the treating provider did not obtain prior authorization.
- Services that are submitted by two different professional providers who provided the same services on the same date for the same member.
- Services which are primarily educational in nature, vocational rehabilitation, and recreational and educational therapy.
- Treatment of sexual dysfunction not directly related to organic disease or injury.

**25. Non-Medical Items:** Health club memberships, air conditioners, televisions, telephones, dehumidifiers, air purifiers, food blenders, exercise equipment, orthopedic mattresses, home or automobile modifications, whirlpools, barber or beauty service, guest service, or similar items, even if recommended by a physician.

**26. Nutritional Supplements:** Food, food supplements, special medical foods, other nutritional and over-the-counter electrolyte supplements, except as required for the therapeutic treatment of phenylketonuria (PKU), branched-chain ketonuria, galactosemia, and homocystinuria, other rare hereditary genetic metabolic disorders, or as mandated by state law as administered under the direction of a physician. (Special medical foods are special foods and oral formulas designed to restrict intake of one or more specific nutrients such as amino acids, sugars or fats.)

This includes:

- Any formulae, when used for the convenience of the member or the member's family.
- Blenderized food, baby food, or regular shelf food when used with an enteral system. (Shelf foods include baby food, food thickeners, or other regular grocery products that can be mixed in blenders and are used with an enteral system regardless of whether they are taken orally or parenterally.)
- Milk- or soy-based infant formulae with intact proteins.
- Normal food products used in the dietary management of rare hereditary genetic metabolic disorders.
- Nutritional supplements or any other substance utilized for the sole purpose of weight loss or gain, or for caloric supplementation, limitation, or maintenance.
- Oral semisynthetic intact protein/protein isolates, natural intact protein/protein isolates, and intact protein/protein isolates.
- Regular food products or shelf products, including oral nutritional supplements that are available over the counter.
- Food supplements, lactose-free foods, vitamins and/or minerals used to replace intolerable foods, for lactose intolerance, or certain infant formulas (for example, Neocate, Nutramigen, and Elecare), to supplement a deficient diet or to provide alternative nutrition.
- Vitamins and/or minerals taken orally unless covered by the pharmacy benefit.
- Enteral products and related supplies that are administered orally.

**27. Oral Surgery:** Oral surgery related services including: a.) services required for correction of an occlusal defect; b.) services which encompass orthognathic or prognathic surgical procedures; and c.) treatment of temporomandibular joint syndrome or temporomandibular joint disorders, with the exception of surgery for temporomandibular joint disease.

**28. Physical Examinations:** Physical examination or evaluation or any mental health or chemical dependency evaluation given primarily at the request of, for the protection or convenience of, or to meet a requirement of a third party, including, but not limited to, attorneys, employers, insurers, schools, camps, and driver's license bureaus.

**29. Podiatry Services:** Palliative or cosmetic foot care, including, but not limited to: a.) treatment of weak, strained, flat, unstable, or unbalanced feet; metatarsalgia or bunions (except open cutting procedures) and b.) treatment of corns, calluses, or toenails (except Medically Necessary surgery to remove nail roots). Also excluded are: a.) supportive orthotic devices for the foot, with the exception of devices required due to diabetes or peripheral vascular disease and b.) the use of extracorporeal shock waves for the treatment of plantar fasciitis and other similar conditions as these are considered experimental and investigative procedures.

- 30. Pregnancy Termination Services:** Pregnancy termination services, except those provided for under the Commonwealth of Pennsylvania laws.
- 31. Private Duty Nursing:** Private duty nursing services are limited to a maximum of sixteen (16) hours per day. The use of private duty nursing is counted toward the home health benefit and will not be covered in excess of the maximum number of days allowed for home health care per benefit period.
- 32. Public Facility/Government:** Care for conditions that federal, state, or local law requires to be treated in a public facility or services furnished by any level of government, unless coverage is legally required.
- 33. Rehabilitative Therapy:** Rehabilitative therapy services, including, but not limited to, physical therapy, occupational therapy, and speech therapy, for developmental delay, school-related problems, apraxic disorders (not caused by accident or episodic illness), stuttering, speech delay, articulation disorder, functional dysphonia, or speech problems resulting from psychoneurotic or personality disorders.
- 34. Reversal of voluntary sterilization procedures.**
- 35. Sex reassignment services and procedures.**
- 36. Skilled Nursing:** Inpatient days in a skilled nursing facility in excess of the maximum number of days per benefit period when the primary reason for the admission is to receive skilled medical care, as indicated in the *UPMC for Kids* Summary of Benefits.
- Inpatient days in a skilled nursing facility which do not meet *UPMC for Kids* definition of skilled nursing services/skilled rehabilitation services. Also, skilled nursing facility care is not covered for mental health treatment or the treatment of chemical abuse or dependency.
- 37. Sterilization procedures and related services.**
- 38. Surrogate Motherhood:** All services and supplies associated with surrogate motherhood, including, but not limited to, all services and supplies relating to the conception of prenatal through postnatal care of a member acting as a surrogate mother.
- 39. Transplants/Organ Donation:** Experimental or investigative transplants are not covered. Services required by a member related to organ donation when the member serves as the organ donor and benefits are available to the donor from any other source. Services required by a donor and benefits are available to the donor from any other source. This includes, but is not limited to, other insurance coverage or any government program. Benefits provided to the donor will be charged against the member's coverage. No payment will be made for human organs which are sold rather than donated.
- 40. Transportation:** Routine or non-emergent transportation, by any means, unless authorized for payment in accordance with *UPMC for Kids* applicable policy and procedure.
- 41. Vision:** The following are vision care exclusions:
- Coverage for medical or surgical treatment, drugs or medications, non-prescription lenses, examinations, training procedures, or materials not listed as a *UPMC for Kids* benefit.
  - Procedures determined by *UPMC for Kids* to be special or unusual, such as, but not limited to: orthoptics, vision training, subnormal vision aids, and tonography.
  - Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames, except at intervals specified in the *UPMC for Kids* Summary of Benefits.
  - Services or materials provided by federal, state, or local government or workers' compensation.
  - Sunglasses (plain or prescription), industrial (3mm) safety lenses, and safety frames with side shields.
  - Surgery to correct myopia, hyperopia, astigmatism, and radial keratotomy.
- 42. Weight Reduction:** Weight reduction programs, including all related diagnostic testing and other services. Bariatric surgery, anti-obesity medication, including, but not limited to, appetite suppressants and lipase inhibitors, are also excluded.

In this document, "member" is defined as an individual who has been determined to meet the eligibility requirements as established by the Pennsylvania Children's Health Insurance Program (CHIP) and is enrolled in *UPMC for Kids*<sup>SM</sup>.



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Health Insurance Program

**We Cover All Kids.**

*Commonwealth of Pennsylvania*

# UPMC *for Kids*<sup>™</sup>

A Product of UPMC Health Plan

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[www.upmchealthplan.com/upmcforkids](http://www.upmchealthplan.com/upmcforkids)

This managed care plan may not cover all of your health care expenses.  
Read all UPMC *for Kids*<sup>™</sup> materials carefully to determine which health care services are covered.