US Family Health Plan/HIX/Medicare Advantage
Plan Benefits and Authorization Requirements

Effective 04/04/2019

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Service	TX HIX
A	
Ablation, Cryosurgical, of Fibroadenoma	NOT COVERED
Abrasion Treatment, Dermabrasion, Salabrasion	Yes
Acupuncture (max 35 sessions per year)	NOT COVERED
Adenosine/Cardiolyte Stress Test	Yes
Allergy Injections	No
Allergy Testing	No
Ambulance, Ground, Emergency	No
Ambulance, Ground, Non Emergency - Except tranfers from facility to facility.	Yes
Ambulance, Air	Yes
Ambulatory Blood Pressure Monitoring	NOT COVERED
Angiogram	Yes
Anoscopy	No
Aortogram	Yes
Arteriogram	Yes
Arthroscopy w/o repairs	No
Artificial Insemination	NOT COVERED
Audiological/Audiometric Testing	No
Augmentation Mammoplasty	Yes
AV Graft/Fistula for Hemodialysis	No
B	
Bariatric Surgery (Vertical Banding, Lap Band, etc.)	NOT COVERED
Barium Swallow, Modified	No
Bath/Shower Chair	NOT COVERED
Bed Board	NOT COVERED
Behavioral/emotional assessment, brief (ADHD/depression,etc)	No
Biofeedback	No
Bio Wellness Scan (CPT 95921, 95922)	No

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Biopsy/Local Anesthesia/Office Setting	No
Bladder Aorta Scan	No
Bladder Stimulator	NOT COVERED
Blepharoplasty	Yes
Blood Transfusion	No
Bone Density, DEXA	No
Bone Growth Stimulator	Yes
Bone Marrow Aspiration/Biopsy	No
Botullinum Toxin A Injection (Botox)	Yes
Bra-Post Mastectomy (Second Siloquette-vendor)	No
Brachytherapy	Yes
Braces (Orthopedic)	No if less than $500
BRCA 1 & 2	Yes
Breast Biopsy, Excisional	No
Breast Biopsy, Local/Needle	No
Breast Implant Removal	Yes
Breast Prosthesis	No
Breast Pump (Manual, Electric)	No
Bronchoscopy	Yes
BSGI (Breast-Specific Gamma Imaging)	Yes
C	
Cane	No
Cardiac Catheterization, Stent, Angioplasty	No
Cardiac Monitor, Insertable (Reveal)	Yes
Cardiac Rehabilitation (max 36 sessions/6 weeks)	No
CardioChek	No
Cardioversion	No

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Service	TX HIX
Cast, Application and Removal	No
Cataract Extraction	No
Chelation Therapy	Yes
Chemical Exfoliation for Acne	NOT COVERED
Chemo FX Assay	NOT COVERED
Chemotherapy (excludes research protocols)	Yes
Child Developmental/Behavioral Evaluations & Testing (Non-routine)	Yes
Chiropractic Treatment (max 35 session per year)Not a USFHP benefit	Yes
Circumcision	No
Cisternogram	No
Clinical Trials (See NCI)	Yes
Cochlear Implant	Yes
Cognitive Function Testing (CPT 96103, 96116, 96120)	Yes
Cold Therapy Devices	NOT COVERED
Colonoscopy	No
Colostomy Supplies	No
Colposcopy	No
Commode, Bedside specifc to 3-n-1	No
Continuous Glucose Monitoring System (CGMS)	Yes
Counseling (In Network Mental Health)	No
CPAP Machine	No
CPAP Supplies (auto auth, 2 per max)	No
CPM Machine	Yes
Craniomandibular Joint (CMJ) (does not refer to TMJ)	Yes
Crutches (1 per year max)	No
CT Scans/CT Myelograms/CT Angiogram	No
Custodial Care (nursing home is member's home)	NOT COVERED
Cystometrogram (CMG)	No

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Service	TX HIX
Cystoscopy	No
Cystourethroscopy	No
D	
Debridement-Wounds	No
Defibrillator, External (Zoll Life Vest, 3 months max)	Yes
Dental Implants	NOT COVERED
Dental Procedures & Supplies-N/A	Yes
Diabetic Supplies	No
Dialysis (Hemodialysis or Peritoneal)	Yes
Diapers	NOT COVERED
Diathermy Machine	NOT COVERED
Diabetic Education	No
Diabetic Shoes/Custom Orthotics	No
Discogram	No
Doppler	No
Drug Abuse (In Network Mental Health)	No
Drug, 17P	No
Drugs (High Cost-See separate list)	Yes
Drug Screening for Pain Management Patients	No
Durable Medical Equipment	Yes over $500
Durable Medical Equipment, Convenience/Hygienic/Environmental Control Items	NOT COVERED
E	
Echocardiogram (doppler, transthoracic or transophageal)	No
Electric Wheelchair	Yes
Electroencephalogram (EEG)	No
Electrocardiogram (EKG)	No
Electrolysis	NOT COVERED
Electromyogram (EMG)	No

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Service	TX HIX
Elevator	NOT COVERED
Endoscopy	Yes
Endoscopy, Gastrointestinal (EGD)	No
Enteral Nutrition/Enteral Feedings	Yes
Epidural Steroid Injection (ESI)	No
ERCP	Yes
ERMI Extensionater/Flexionater	NOT COVERED
Erectile Dysfunction Treatment (Max 3 per week)	NOT COVERED
Esophageal Motility (Oral Capsule Camera)	Yes
Event Monitor (Holter Monitor)	Yes
Exercise Equipment	NOT COVERED
Exercise Programs	NOT COVERED
Extracorporeal Shock Wave involving Plantar Fascia	NOT COVERED
Eye Examinations-Annual or Routine	No
F	
Family Planning	No
Foot Care, Non-Routine (injury/trauma)	No
Foot Care Routine(corns,calluses,nail trims,debridement) Diagnosis Diabetes Mellitus Required	No
Foot Board	No
G	
Gastric Emptying Study	Yes
Gastric Bypass	Yes
Genetic Counseling	Yes
Genetic Testing	Yes
Glucometer/Test Strips	No
Grab Bar	NOT COVERED
H	
Hair Transplant	NOT COVERED

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Service	TX HIX
Hearing Aid	Yes
Hearing Exam/Hearing Aid Evaluation	No
HIDA-Hepatobiliary ductal system imaging	Yes
Hip Replacement	Yes
HNPCC Genetic Screening	NOT COVERED
Home Health Care (SNV, PT, OT, SP, HHA)	Yes
Home Infusion	Yes
Home visit, Physician	No
Hospice Care	Yes
Hospital Bed	Yes
Humidifier	No
Hydrotherapy (Pool Therapy)	Yes
Hyperbaric (HBO)	Yes
Hypnosis	NOT COVERED
Hysterectomy	Yes
Hysteroscopy	Yes
I	
I & D Procedures	No
Immunizations & Vaccinations, Routine	No
Immunizations & Vaccinations for Travel	No
Incontinence Pads	NOT COVERED
Induction of Labor	No
Infertility & Impotence Services	NOT COVERED
Inpatient Hospital Admissions	Yes
Insulin Pumps	Yes
Intra articular Injection	No
Intravitreal injection of a pharmacologic agent (eye injections)	No
In-Vitro Fertilization	NOT COVERED

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Service	TX HIX
K	
Knee Replacement	Yes
Kyphoplasty	Yes
L	
Laboratory Studies (In Network), Office Setting	No
Laboratory Studies (Out of Network), Office Setting	Yes
Laryngoscopy	No
Laser Treatment for Psoriasis	No
Lasik Surgery	NOT COVERED
Light/Ultraviolet Therapy	No
Long Term Care (Custodial Care)(Nursing Home is member home)	NOT COVERED
Low Vision Rehabilitation-Follow up check plan benefit	Yes
Lumbar Puncture	No
Lymphedema Pump-USFHP has a covered benefit	Yes
Lymphedema Therapy	Yes
M	
Mammogram (Routine, Diagnostic, Screening, Spot Compression)	No
Mammoplasty, Reduction	Yes
Massage	NOT COVERED
Maternity Services, Pre and Post Natal	No
MBI (Molecular Breast Imaging)-Need CPT codes	Yes
Mohs Surgery	No
MRA	Yes
MRI, Open MRI	Yes
MRCP	Yes
MUGA (Multiple Gated Acquisition)	No
Myocardial Perfusion Imaging (SPECT)	Yes
N	

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Service	TX HIX
NCI Clinical Trials	Yes
Nebulizer	No
Negative Pressure Wound Therapy Pump (KCI)	Yes
Nerve Block	No
Neuromuscular Stimulator (implanted)	Yes
Neuropsychological Testing (In Network)	No
Nuclear Medicine Studies only including: Nuclear Stress Test, and Thyroid Scans-See List by system: Endocrine System: 78012-78099; Hematopoietic & Lymphatic Sytem: 78102-78199; Gastrointestinal Sustem: 78201-78299; Musculoskeletal System: 78300-78399; Cardiovascular System: 78414-78499; Respriatory System: 78579-78599; Nervous System: 78600-78699; Genitourinary System: 78700-78799; Other: 78800-78999; Therapeutic: 79005-79999	No
Nutritional Counseling (exception diabetic education)	Yes
O	
Observation Stay (2 days only)	Yes
Occupational Therapy Evaluation	No
Occupational Therapy	Yes
Office Visit, PCP	No
Office Visit, Specialist (In Network)	No
Oncotype DX	Yes
Oral Surgery	Yes
Orthodontia	NOT COVERED
Ostomy Supplies	No
Oxygen Equipment, Portable and Stationary	Yes
P	
Pacemaker Monitoring (CPT 93279-93298)	No
Pacemaker Telephonic Checks (monthly)	No
PAD/PDD (Arterial Studies, CPT 93922)	No
Psychiatric Care (In Network)	No

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Service	TX HIX
Patient Lifts	Yes
PET Scan	Yes
Phlebotomy	No
Physicals, Annual Routine	No
Physicals, Annual Sports	NOT COVERED
Physical Therapy Evaluation	No
Physical Therapy	Yes
Pneumatic Compression Device and Sleeve	Yes
Podiatry Services	No
Polysommography (Sleep Study)	Yes
Port-a-Cath Flush-Outpt Hospital	No
Port-a-Cath Flush-Office Based	No
Port-a-Cath Insertion	No
Post Mastectomy Bra	No
Post Mastectomy Prosthesis	No
Post Mastectomy Reconstructive Breast Surgery (prior auth needed)	Yes
Private Duty Nurse	NOT COVERED
Proctosigmoidoscopy	No
Psoralen & Ultraviolet Light Therapy (PUVA)	No
Psychological Testing (In Network)	No
Psychotherapy (In Network)	No
Pulmonary Function Test	No
Pulmonary Stress Test	No
Pulmonary Rehabilitation (max 36 sessions/6 weeks total)	No
Punctum Plug	No
R	
Radiology, Office Setting, X-Ray (In Network)	No
Radiation Therapy	Yes

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Service	TX HIX
Ramps	NOT COVERED
Reconstructive (Plastic) Surgery Ex: Trauma, Oncology	Yes
Rehabilitation	Yes
Residential Treatment Center (In Netowrk)	No
Respite Care	NOT COVERED
Retinal Detachment	No
Robotic Assisted Surgery	Yes
S	
Scar Revision	Yes
Scintimammography	NOT COVERED
School Physical Exam	No
Shoe Inserts (diabetic max 6 per year)	Yes
Shoes, Custom Diabetic Shoes (max 6 per year)	Yes
Shunts, Glacoma	No
Smoking Cessation Counseling	No
Speech Evaluation	No
Speech Therapy	Yes
Stress Test- Treadmill test	No
Surgical Sterilization (male and female)	NOT COVERED
Skilled Nursing (Home Health)	Yes
T	
TAVR	Yes
Telemedicine	Yes
TENS Unit-Vendor needed	No
Thoracentesis	Yes
Thoracoscopy, Diagnostic	Yes
TMJ Treatment	Yes
Toilet Seat, Raised	NOT COVERED

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Service	TX HIX
Total Disc Arthroplasty, Artificial Disc	Yes
Traction Equipment	No
Transfusions	No
Transplants	Yes
Transuretheral Resection of Bladder Tumor (TURBT)	Yes
Travel /Transport Chair	No
Trigger Finger	No
U	
Ultrasound	No
Urethral Pressure Profile (UPP)	No
Urodynamic Studies	No
Uroflowmetry (UFR)	No
Urostomy Supplies	No
Uterine Artery Embolizaton (UAE)	Yes
V	
VANTAS (Histrelin Implant)	Yes
Varicose Vein Treatment	Yes
Vasectomy	NOT COVERED
Ventricular Assist Device	Yes
Vitrectomy	No
Voiding Pressure Study (VP)	No
VRT (Vestibular Rehab Therapy)	NOT COVERED
W	
Walker, Rolling	No
Wheelchair, Standard	No
Wheelchair Cushion	No
Whirlpool (Portable & Built In)	NOT COVERED
Whole Body Bone Scan	Yes

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Service	TX HIX
Wig (oncology related, max 1 per year)	No
X	
Y/Z	

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