

## Carle Financial Assistance Program Limited and Non Covered Service Listing

This listing reflects certain identified services that may be non-covered or have coverage limitation under the Carle Financial Assistance Program, Carle HRHC Financial Assistance Program or IL Hospital Uninsured Patient Discount Program. There may be circumstances that limit or expand this listing. For additional questions or clarification, please contact either the Manager or Supervisor of Self Pay Receivables Management.

Generally accepted standards of medical practice:

1. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
2. Physician Specialty Society recommendations;
3. The views of physicians practicing in the relevant clinical area; and
4. Any other relevant factor.

Additional limitations may exist based upon the program policy.

Description of Service	Subcategories	Limited Coverage	Not Covered
<b>Bariatric Surgery</b>		Patient must meet the prescribed treatment plan at the same level as a Medicare/Medicaid patient or the treatment plan as identified by physician.	
<b>Cardiac</b>	Phase III Therapy		<b>x</b>
	Monitor <i>Billed by LifeWatch</i>		<b>x</b>
<b>Colonoscopy</b>	Screening	Must follow the general standards of medical practice.	
<b>Cosmetic Services</b>	Elective: Includes any surgical procedure directed at improving appearance.		<b>x</b>
	Reconstructive Surgery: Reconstructive surgery is generally performed to improve function, but may also be done to approximate normal appearance.	Performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, tumors and/or disease.	
<b>Dental Services</b>	Cosmetic or prophylactic (including, but not limited to: implants, replacement teeth, bridges)		<b>x</b>
	Emergent OMFS services	Must follow the general standards of medical practice.	<b>Dental Carries</b>
	Oral Surgery	Must follow the general standards of medical practice and noted within EMR documentation of medical necessity.	

<b>Dermatology</b>	Retail Products		<b>x</b>
<b>Drugs and Medicines</b>	Prescriptions		<b>Prescriptions filled at outpatient pharmacies</b>
<b>Elective Services</b>	Services falling outside of generally accepted standards of medical practice		<b>x</b>
<b>Experimental Services</b>	Services falling outside of generally accepted standards of medical practice		<b>x</b>
<b>Hearing Services</b>	Hearing Aids	Base level model at 1 device per every 5 years. See Hearing Services policy.	
	Cochlear Implants	Must meet all prequalification requirements as outlined in Hearing Services policy.	
<b>Infectious Disease</b>	Travel Clinic		<b>x</b>
	Immigration Clinic		<b>x</b>
<b>Infertility Services</b>			<b>x</b>
<b>Mental Health</b>	Late or Missed Appointment Fee		<b>x</b>
	Substance Abuse/CARC	Non Court ordered covered.	<b>Court Ordered</b>
<b>Non-Carle Providers or Services</b>	Only services or providers billed by a participating Carle entity can be considered through the various programs.		<b>x</b>
<b>Optical</b>	Glasses	First pair of standard frame and standard lenses after cataract surgery at the Medicare reimbursement rate, patient responsible for excess cost.	<b>Retail with noted exception for cataract patients.</b>
	Contact lenses		<b>x</b>
	Cataract lenses	Basic (non-premium lens) covered.	
<b>Other</b>	CT Calcium Scoring		<b>x</b>
	Report Completion Fee		<b>x</b>
	Medical Record Copying Fee		<b>x</b>
<b>Out of Network Insurances</b>	Non-emergent		<b>x</b>
	Non-authorized (i.e. VA, Mental Health carve-out)		<b>x</b>
<b>Pulmonary</b>	Phase III Therapy		<b>x</b>
<b>Reduced Rate Services: i.e. Sport or OccMed Physicals, Flu</b>			<b>x</b>

<b>Clinic, etc.</b>			
<b>Screening/Routine Services</b>		Must follow the general standards of medical practice.	