

Member Handbook Addendum

Additional Coverage Details

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here are some additional details we want you to know about your coverage.

Inpatient Hospital Services

- Inpatient Hospital Services are covered as medically necessary.
- For members under age 21, coverage includes rehabilitation hospital facility.
- For members age 21 and older, inpatient rehabilitation hospital facility services are not covered for adults unless they are determined to be a cost-effective alternative.

Physician Inpatient Services

- Covered for members as medically necessary.

Psychiatric Inpatient Hospital Services (Including Physician Services)

- Covered as medically necessary.

Physician Outpatient Services, Community Health Clinic Services and Other Clinic Services

- Covered as medically necessary.

Outpatient Mental Health Services (Including Physician Services)

- Covered as medically necessary.

Hospice Care

- Hospice Care is a kind of medical care for people who are terminally ill.
- It is covered as medically necessary. A Medicare-Certified Hospice must provide it. For help finding an in-network hospice, call us at **1-800-690-1606**.



Occupational Therapy

- For members age 21 and older, Occupational Therapy is covered as medically necessary when provided by a licensed occupational therapist to restore, improve, or stabilize impaired function.
- For members younger than age 21, it is covered as medically necessary in accordance with TennCare Kids requirements.

Physical Therapy

- For members age 21 and older, Physical Therapy is covered as medically necessary when provided by a licensed physical therapist to restore, improve, or stabilize impaired function.
- For members younger than age 21, it is covered as medically necessary in accordance with TennCare Kids requirements.

Speech Therapy

- For members age 21 and older, Speech Therapy is covered as medically necessary when provided by a licensed speech therapist to restore speech after it is lost or impaired.
- The loss or impairment must not be caused by a mental, psychoneurotic, or personality disorder.
- For members younger than age 21, it is covered as medically necessary in accordance with TennCare Kids requirements.

Chiropractic Services

- For members age 21 and older, Chiropractic Services are covered if it is determined to be a cost-effective alternative.
- For members younger than age 21, it is covered as medically necessary in accordance with TennCare Kids requirements.

Organ and Tissue Transplants and Donor Organ Procurement

- For members age 21 and older, all medically necessary and non-investigational or experimental organ and tissue transplants, as covered by Medicare.
- For members younger than age 21, it is covered as medically necessary in accordance with TennCare Kids requirements.

Reconstructive Breast Surgery

- All stages of reconstructive breast surgery are covered if performed on a diseased breast as a result of a mastectomy.
- Any surgical procedure to a non-diseased breast is covered if the physician is trying to create symmetry with the diseased breast. This is only covered if it is performed within five (5) years of the date the reconstructive breast surgery was performed on the diseased breast.

Phenylketonuria (PKU)

- Treatment of Phenylketonuria is covered for members. This includes medical care by a licensed professional and special dietary formulas.

Diabetic Services

- Diabetic Services are covered for members as medically necessary. This includes diabetic equipment, supplies, and education, including medical nutrition counseling.

Chlamydia Screens

- One annual chlamydia screening test is covered as medically necessary for females who are 29 and younger. It is performed in conjunction with an annual Pap smear.

Inpatient/ Residential and Outpatient Substance Abuse Benefits

- Covered for members as medically necessary.

Nursing Facility Care

- Covered as medically necessary for CHOICES members in Group 1.
- Covered as medically necessary on a short-term basis only (up to 90 days) for members in CHOICES Group 2 and Group 3.
- A person enrolled in ECF CHOICES Groups 4, 5, and 6 may receive short-term nursing facility care without being required to dis-enroll from their ECF CHOICES group until such time that it is determined that transition back to Home and Community Based Services (HCBS) in ECF CHOICES will not occur within 90 days from admission.

CHOICES: Community-Based Residential Alternatives

- Covered as medically necessary for CHOICES members in Group 2.
- For Group 3, specified services and levels of reimbursement only. For example, assisted care living facility, community living supports (CLS1) and community living supports-family model (CLS-FM1).

ECF CHOICES

- **Intensive Behavioral Family-Centered Treatment, Stabilization and Supports (IBFCTSS).** (This is sometimes called ECF CHOICES Group 7). IBFCTSS combines an intensive behavioral health intervention with in-home supports to improve the quality of life for individuals with severe behavioral health needs and their families. These services are for individuals who are up to age 21 years old and they are living at home with their family. These services are provided in the home to the individual and their family. Individuals who qualify for ECF CHOICES Group 7 have to be determined to have “severe behavioral or psychiatric conditions” that cause them to be at “imminent, significant risk of placement outside the home.” If a person who needs ECF CHOICES Group 7 services does not get treatment and support, they may not be able to stay at home due to their behavior being a danger to self or others. The family of a person who needs ECF CHOICES Group 7 wants their family member to remain at home and the family is committed to and agree to participate in the treatment and intervention.
- **Intensive Behavioral Treatment, Stabilization, and Supports (IBTSS).** (This is sometimes called ECF CHOICES Group 8). IBTSS combines intensive behavioral health intervention with Community Living Supports to improve the quality of life for individuals with IDD and co-occurring mental health conditions and/or significant behavior challenges. These services are for individuals

who are age 18 year old or older who are no longer living with their family or cannot remain in their family's home. ECF CHOICES Group 8 services are for individuals who are aging out of state custody or are transitioning out of a high intensity level of care, like an inpatient hospital or jail, or a family setting where they are no longer safe due to their behavior or mental health condition. All individuals who need ECF CHOICES Group 8 have a psychiatric or behavioral condition that places them or other others "at significant risk of harm" and they need 24/7 supervision.

Maternity Postpartum Services

- Covered for members as medically necessary.

Home Health Care

- Can also be called Home Health Services.
- Covered as medically necessary for members that are younger or older than 21 years of age in accordance with the definition of home health care in the Tennessee rules.

