



Benefits

Benefits Covered by UnitedHealthcare Community Plan

UnitedHealthcare provides all medically necessary covered services under Medicaid SSI. Some services may require a prior authorization. Specific covered services and copayment amounts are listed in the following comparison chart.

The following services are covered:

- Dental services (See page 28 for more information about Dental Services).
- Disposable medical supplies.
- Drugs (covered through the State of Wisconsin).
- Durable Medical Equipment.
- Hearing services.
- Hospice services.
- Inpatient hospital services.
- Mental health and substance abuse treatment.
- Nursing home services.
- Outpatient hospital – emergency room.
- Outpatient hospital services.
- Physical therapy, occupational therapy, and speech therapy.
- Physician services.
- Podiatry (foot) services.
- Prenatal or maternity care.
- Preventive services (such as immunizations, mammograms, and Pap tests).
- Reproductive health services.
- Smoking cessation services.

Benefits

- Transportation Services (covered through the State of Wisconsin, See page 18 for more information about Transportation Services).
- Vision services.

The following services may be covered when your doctor receives prior authorization:*

- Behavioral health.
- Cosmetic and reconstructive surgery.
- Durable medical supplies and equipment greater than \$500.
- Gastric bypass evaluations and surgery.
- Home health care services.
- Hospice care (inpatient and outpatient).
- Inpatient hospital services (acute, sub-acute, rehabilitation, SNF).
- Non-contracted provider services (hospital and professional).
- Personal Care Worker services.
- Prosthetics and orthotics greater than \$500.
- Select outpatient procedures.
- Skilled nursing facility services.
- Transplantation evaluations.

** A complete prior authorization list is available upon request.*

The covered services information in the following chart is provided as general information from the State of Wisconsin. Providers should refer to their service-specific publications and the ForwardHealth Online Handbook for detailed information on covered and non-covered services and prior authorization (PA) information.

Service	Coverage under Wisconsin Medicaid SSI
Ambulatory Surgery Centers	Coverage of certain surgical procedures and related lab services. No copayment.
Chiropractic	Full coverage. \$0.50 to \$3.00 copayment per service.

Benefits

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Dental	Full coverage. \$0.50 to \$3.00 copayment per service.
Disposable Medical Supplies (DMS)	Full coverage. \$0.50 to \$3.00 copayment per service and \$0.50 per prescription for diabetic supplies.
Drugs	<p>Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs.</p> <p>Members are limited to five prescriptions per month for opioid drugs.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none">• \$0.50 for OTC drugs.• \$1.00 for generic drugs.• \$3.00 for brand name drugs. <p>Copayments are limited to \$12.00 per member, per provider, per month. Over-the-counter drugs are excluded from this \$12.00 maximum.</p>
Durable Medical Equipment (DME)	Full coverage.
End-Stage Renal Disease (ESRD)	Full coverage. No copayment.
Hearing Services	Full coverage. No copayment.



Service	Coverage under Wisconsin Medicaid SSI
Home Care Services (Home Health, Private Duty Nursing [PDN], and Personal Care)	Full coverage of PDN, home health, and personal care services. No copayment.
Hospice	Full coverage. No copayment.
Inpatient Hospital	Full coverage. No copayment.
Mental Health and Substance Abuse Treatment	Full coverage. No copayment.
Nursing Home Services	Full coverage. No copayment.
Outpatient Hospital – Emergency Room	Full coverage. No copayment.
Outpatient Hospital	Full coverage. No copayment.
Physical Therapy (PT), Occupational Therapy, and Speech and Language Pathology (SLP)	Full coverage. No copayment.
Physician	Full coverage, including laboratory and radiology. No copayment.
Podiatry	Full coverage. No copayment.

Benefits

Service	Coverage under Wisconsin Medicaid SSI
Prenatal/Maternity Care	Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. No copayment.
Reproductive Health Service	Full coverage, excluding infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination and subsequent obstetrical care as a non-covered service and the reversal of voluntary sterilization. No copayment for family planning services.
Routine Vision	Full coverage including coverage of eyeglasses. No copayment.
Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service. Copayments are as follows: <ul style="list-style-type: none">• \$2.00 copayment for non-emergency ambulance trips.• \$1.00 copayment per trip for transportation by SMV.• No copayment for transportation by common carrier or emergency ambulance.

Note to Providers:

The covered services information in this chart is provided as general information from the State of Wisconsin. Providers should refer to their service-specific publications and the ForwardHealth Online Handbook for detailed information on covered and non-covered services. For UnitedHealthcare Community Plan prior authorization information refer to **UHCCCommunityPlan.com**.