

BadgerCare Plus Not Covered Services

The not covered services information in the following chart is provided as general information from the State of Wisconsin, [DHS 107.03 Services not covered](#).

Service
Charges for telephone calls;
Charges for missed appointments;
Sales tax on items for resale;
Services provided by a particular provider that are considered experimental in nature;
Procedures considered by the department to be obsolete, inaccurate, unreliable, ineffectual, unnecessary, imprudent or superfluous;
Personal comfort items, such as radios, television sets and telephones, which do not contribute meaningfully to the treatment of an illness;
Alcoholic beverages, even if prescribed for remedial or therapeutic reasons;
Autopsies;
Any service requiring prior authorization for which prior authorization is denied, or for which prior authorization was not obtained prior to the provision of the service except in emergency circumstances;
Services subject to review and approval pursuant to s. 150.21 , Stats., but which have not yet received approval;
Psychiatric examinations and evaluations ordered by a court following a person's conviction of a crime, pursuant to s. 972.15 , Stats.;
Consultations between or among providers, except as specified in s. DHS 107.06 (4) (e) ;
Medical services for adult inmates of the correctional institutions listed in s. 302.01 , Stats.;
Medical services for a child placed in a detention facility;
Expenditures for any service to an individual who is an inmate of a public institution or for any service to a person 21 to 64 years of age who is a resident of an institution for mental diseases (IMD), unless the person is 21 years of age, was a resident of the IMD immediately prior to turning 21 and has been continuously a resident since then, except that expenditures for a service to an individual on convalescent leave from an IMD may be reimbursed by MA.
Services provided to recipients when outside the United States, except Canada or Mexico;
Separate charges for the time involved in completing necessary forms, claims or reports;
Services provided by a hospital or professional services provided to a hospital inpatient are not covered services unless billed separately as hospital services under s. DHS 107.08 or 107.13 (1) or as professional services under the appropriate provider type. No recipient may be billed for these services as non-covered;

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Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK21-10-0(1.21)FL



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Service

Services, drugs and items that are provided for the purpose of enhancing the prospects of fertility in males or females, including but not limited to the following:

- (a) Artificial insemination, including but not limited to intra-cervical and intra-uterine insemination;
- (b) Infertility counseling;
- (c) Infertility testing, including but not limited to tubal patency, semen analysis or sperm evaluation;
- (d) Reversal of female sterilization, including but not limited to tubouterine implantation, tubotubal anastomoses or fimbrioplasty;
- (e) Fertility-enhancing drugs used for the treatment of infertility;
- (f) Reversal of vasectomies;
- (g) Office visits, consultations and other encounters to enhance the prospects of fertility; and
- (h) Other fertility-enhancing services and items;

Surrogate parenting and related services, including but not limited to artificial insemination and subsequent obstetrical care;

Ear lobe repair;

Tattoo removal;

Impotence devices and services, including but not limited to penile prostheses and external devices and to insertion surgery and other related services; and

Testicular prosthesis.

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