

5101:3-4-28            **Noncovered services.**

The following physician services are noncovered:

(A) All services exceeding the policies and limitations defined in Chapters 5101:3-1 and 5101:3-4 of the Administrative Code.

(B) Services determined by the department as not medically necessary as defined in rule 5101:3-1-01 of the Administrative Code.

(C) Services of a preventive nature, such as routine laboratory procedures and annual physical checkups ~~with the following exceptions:~~ except for the covered preventive medicine services listed in rule 5101:3-4-34 of the Administrative Code.

~~(1) All Healthek (EPSDT) services;~~

~~(2) Immunizations;~~

~~(3) Routine pelvic examinations, pap smears and breast examinations;~~

~~(4) Family planning visits and services;~~

~~(5) Pregnancy related services;~~

~~(6) Annual chest x-rays for nursing home residents;~~

~~(7) The required physician visits for LTCF residents;~~

~~(8) Routine infant checkups;~~

~~(9) Mammography services in accordance with rule 5101:3-4-25.1 of the Administrative Code;~~

~~(10) Required physicals for employment or for participation in job training programs, when the employer (or other available funds) does not provide a physical free of charge. Documentation to support that the physical was performed for employment must be in the patient's medical records.~~

~~(11) Required annual physical examinations for individuals living in residential facilities licensed by the ohio department of mental retardation and developmental disabilities. This annual examination is not required for those individuals who are receiving ongoing medical services from a licensed physician; and~~

~~(12) Prostate cancer screening tests;~~

~~(13) Glaucoma screening is covered as a vision service as described in Chapter~~

~~5101:3-06 of the Administrative Code; and~~

- ~~(14) Screening colonoscopies once every two years for high risk patients.~~
- (D) Abortions, except those meeting the requirements in Chapter 5101:3-17 of the Administrative Code.
- (E) Hysterectomies performed for sterilization purposes or not meeting the requirements in Chapter 5101:3-21 of the Administrative Code.
- (F) Voluntary sterilizations not meeting the requirements in Chapter 5101:3-21 of the Administrative Code.
- (G) Artificial insemination and related services.
- (H) Services for or related to the treatment of infertility, including procedures for reversal of voluntary sterilization.
- (I) Services for the treatment of obesity, including but not limited to gastroplasty, gastric stapling, ileo-jejunal shunt, or other gastric restrictive procedures.
- (J) Plastic or cosmetic surgery when surgery is performed for aesthetic purposes, including, but not limited to: rhinoplasty, ear piercing, mammary augmentation or reduction, tattoo removal, excision of keloids, fascioplasty, osteoplasty (prognathism and micrognathism), ~~dermabrasion~~ dermabrasion, skin grafts, lipectomy, and blepharoplasty.
- (K) Services related to forensic studies.
- (L) Paternity testing.
- (M) Acupuncture.
- (N) Biofeedback services.
- (O) Services determined by another third-party payer or medicare as not medically necessary.
- (P) Services of a research nature or services ~~which~~ that are experimental.
- (Q) Autopsy services.

- (R) Special services and reports listed under miscellaneous services in the CPT. "CPT" (current procedural terminology) as used in this rule is defined in rule 5101:3-1-19.3 of the Administrative Code.
- (S) Assisted suicide which are services for the purpose of causing, or assisting to cause, the death of an individual. This does not pertain to the withholding or withdrawing of medical treatment or care, nutrition or hydration or to the provision of a service for the purpose of alleviating pain or discomfort, even if the use may increase the risk of death, so long as the service is not furnished for the specific purpose of causing death.

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CERTIFIED ELECTRONICALLY

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Certification

11/03/2006

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Date

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