

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

The following physician services are noncovered:

- (A) All services exceeding the policies and limitations defined in ~~Chapters~~ Chapter 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~~ except for the covered preventive medicine services listed in rule 5101:3-4-34 of the Administrative Code.
- (D) Abortions, ~~except other than those meeting that meet the requirements in Chapter criteria for coverage set forth in rule 5101:3-17-01~~ 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)(E) Services for or related to the treatment of infertility ~~Infertility services, defined in accordance with rule 5101:3-21-03 of the Administrative Code, including but not limited to artificial insemination, in vitro fertilization, assisted reproductive technologies (ART), and procedures for reversal of voluntary sterilization.~~
- (I)(F) ~~Services for the treatment~~ Treatment of obesity, including but not limited to gastroplasty, gastric stapling, ileo-jejunal shunt, or other gastric restrictive procedures.
- (J)(G) 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, skin grafts, lipectomy, and blepharoplasty.
- (K)(H) Services related to forensic studies.
- (L)(I) Paternity testing.

~~(M)~~(J) Acupuncture.

~~(N)~~(K) Biofeedback services.

~~(O)~~(L) Services determined by another third-party payer or medicare as not medically necessary.

~~(P)~~(M) Services of a research nature or services that are experimental and not in accordance with customary standards of medical practice.

~~(Q)~~(N) Autopsy services.

~~(R)~~(O) 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)~~(P) Assisted suicide ~~which are~~ and other services for the purpose provided for the specific intent of causing, or assisting to cause, ~~the death of an individual.~~ This Assisted suicide does not pertain to the include 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 palliative care, even if the ~~use~~ service may increase the risk of death, so long as the service is not furnished for the specific purpose of causing death.

(Q) Patient convenience items, including television service.

(R) Pregnancy related services pertaining to a pregnancy that is a result of a contract for surrogacy services. For the purposes of this rule, "surrogacy services" means a woman agrees to become pregnant for the purpose of gestating and giving birth to a child she will not raise, but hand over to a contracted party.

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Certification

Date

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