



NON-COVERED SERVICES

This document is subject to change. Please check our web site for updates.

This list refers to services that are not covered by the ND Medicaid program. Please note: This is **not** an all-inclusive list.

- Abortions (exceptions are: rape, incest or to save the life of the mother).
- Acupuncture
- Alcoholic beverages
- Artificial insemination
- Autopsies
- Body piercing
- Care Plan Oversight Services
- Dental implants
- Drugs that are not approved by the FDA
- Drug Testing
- Equine therapy
- Experimental services and procedures
- Gender reassignment surgery
- Health services paid by another source i.e. Workers Compensation claims, eye glasses covered by Fraternal Organization
- Health services which require Service Authorizations that were not obtained prior to service delivery
- Health services that do not comply with guidelines and limitations
- Health services, other than emergency health services, provided without the full knowledge and consent of the member or the member's legal guardian
- Health services for which a physician's order is required but not obtained
- Health services not in the member's plan of care
- Health services not documented in the member's health/medical record

- Health services of a lower standard of quality than the prevailing community standard of the provider's professional peers. (Providers of services, which are determined to be of low quality, must bear the cost of these services)
- Home modifications to accommodate mobility (example: wheelchair ramp, etc.)
- Hypnotherapy
- Infertility (testing, treatment, diagnostics or any related services)
- Interpreter services
- Massage therapy
- Missed appointments (providers may bill clients for missed appointments, if this is the normal practice for all patients)
- More than one office, hospital, long-term care facility, or home visit by the same provider, per member per day, except for an emergency
- Music therapy
- Non-CLIA certified lab services
- Non face to face services (i.e. telephone, email)
- Out-of-state services that were not prior approved
- Paternity testing
- Patient convenience (example: moving patient to facility closer to home)
- Reversal of sterilization
- Routine circumcisions
- Routine physical examination except for members in an ICF/IID
- Services for detoxification unless medically necessary to treat an emergency
- Services for members between the ages of 21-64 in an Institution for Mental Disease (IMD)
- Services provided by Alcoholics Anonymous
- Services performed outside of the practitioner's scope of practice as defined by state laws
- Services that are not medically necessary
- Services received by a member on the Coordinated Services Program (CSP) that were not referred by the CSP provider
- Services rendered to a member without a Primary Care Provider (PCP) referral
- Services that were denied by a third party payer because third party requirements were not followed
- Surgery primarily for cosmetic purposes

- Tattoo or tattoo removal
- Telephone calls
- Transportation for non-medical appointments
- Weight loss programs and exercise programs
- Vocational or educational services, including functional evaluations or employment physicals, except as provided under IEP-related services