NONCOVERED MEDICAID SERVICES

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
- Advance care planning
- Alcoholic beverages
- Autopsies
- Body piercing
- Dental implants
- Drugs that are not approved by the FDA, including regimens when all medications in the regimen do not have FDA approval
- Drug testing that is not medically indicated
- Equine therapy
- Experimental and investigational service, procedure, or products (this includes if the member has primary insurance, and the primary insurance denies the service, procedure, or product as experimental.)
- Exercise classes
- Health services paid by another source i.e. Workers Compensation claims, eyeglasses covered by a Fraternal Organization
- Health services for obtaining or maintaining a medical marijuana registry identification card
- Health services which require service authorizations that were not obtained according to program policy and rules
- Health services not in compliance 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, when consent is required
- Health services for which a physician's order or a referral from a practitioner of the healing arts or PCP are required but not obtained
- Health services not documented in the member's medical record or plan of care
- 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 (diagnostic, medical, surgical, or pharmaceutical services related to infertility)

- Instructional materials and books
- 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, unless medically necessary
- Music therapy
- Non-CLIA certified lab services
- Non-face-to-face services, except for services listed in the Telehealth policy
- Nutritional supplements for the purpose of weight reduction
- Out of state services that were not prior approved
- Paternity testing
- Patient convenience (example: moving patient to facility closer to home)
- Payment for a private room in a nursing facility or basic care facility
- Pharmacogenetic panel tests for therapy selection, such as panel tests for psychotropic, analgesics, or ADHD stimulant medications
- Plan of care oversight activities
- Removal of healthy tissue or organ
- Reversal of sterilization
- Routine circumcisions for dates of service prior to October 1, 2023
- Services not documented in the member's health care record
- Services for members ages 21 through 64 in an Institution for Mental Disease (IMD)
- Services rendered via telehealth that are not on the list of approved telehealth services.
- 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 denied by a third-party payer because third-party requirements were not followed
- Tattoo or tattoo removal
- Team conference without patient present
- 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 Medicaid services billed by school