Ohio Administrative Code
Rule 5160-1-61 Non-covered services.
Effective: January 1, 2017

(A) Medicaid does not cover the following services:

(1) A service that is specified in a rule in agency 5160 of the Administrative Code as non-covered or excluded from payment;

(2) A service that is experimental in nature and is not performed in accordance with customary standards of medical practice;

(3) A service that is performed for purposes of research or clinical trial;

(4) A service that is related to forensic studies;

(5) An autopsy service;

(6) An infertility service defined in Chapter 5160-21 of the Administrative Code;

(7) An abortion that does not meet the criteria for coverage set forth in rule 5160-17-01 of the Administrative Code;

(8) A service that does not meet the criteria for coverage set forth in any other rule in agency 5160 of the Administrative Code;

(9) Plastic or cosmetic surgery performed solely for aesthetic purposes;

(10) Biofeedback;

(11) A service pertaining to a pregnancy that is a result of a contract for surrogacy services, under which a woman agrees to become pregnant for the purpose of carrying and giving birth to a child she
will not raise but instead will relinquish to the other contracting party; and

(12) Assisted suicide and other measures taken actively with the specific intent of causing or hastening death.

(B) Nothing in this rule precludes payment for a service that meets all of the following criteria:

(1) The service is medically necessary;

(2) The service is not experimental;

(3) The service is provided to an individual who has received another service that is experimental in nature or that is performed for purposes of research or clinical trial; and

(4) The need for the non-experimental service did not arise solely because the individual received an experimental service or participated in research or a clinical trial.

(C) Neither the withholding or withdrawing of treatment nor the provision of palliative care constitutes assisted suicide, even if the measure may increase the likelihood of death, so long as the measure is not taken for the specific purpose of causing death.