



Ohio Administrative Code Rule 5160-1-61 Non-covered services.

Effective: July 1, 2022

(A) The following services are entirely excluded from coverage:

- (1) A service that is experimental in nature and is not performed in accordance with standards of medical practice;
- (2) A service that is related to forensic studies;
- (3) An autopsy service;
- (4) A service for the treatment of infertility;
- (5) An abortion that does not meet the criteria for coverage set forth in rule 5160-17-01 of the Administrative Code;
- (6) A service that does not meet the criteria for coverage set forth in any other rule in agency 5160 of the Administrative Code;
- (7) 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
- (8) Assisted suicide and other measures taken actively with the specific intent of causing or hastening death.

(B) In accordance with Division CC, Title II, Section 210 of the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260), payment may be made for routine patient costs associated with participation in a qualifying clinical trial involving an experimental procedure.



(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.
