
Medicaid Non-Covered Services

4.104 Medicaid Non-Covered Services (02/22/2018, GCR 17-073)

Vermont Medicaid does not cover certain items and services including:

4.104.1 Cosmetic Services

- (a) Any service or procedure performed solely for the purpose of improving appearance is considered cosmetic and is not covered.
- (b) Cosmetic Surgery
Cosmetic surgery and expenses incurred in connection with such surgery are not covered. Cosmetic surgery encompasses any surgical procedure directed at improving appearance (including removal of tattoos), except:
 - (1) When required for the prompt repair of an injury, (e.g., the exclusion does not apply, and payment would be made, for surgery in connection with treatment of severe burns or repair of the face following an auto accident),
 - (2) Surgery for the improvement of the functioning of a malformed body part, or
 - (3) Surgery for therapeutic purposes that coincidentally serves some cosmetic purpose.
- (c) Prior authorization may be required for surgery performed in 4.104.2(b)(2) and (3).

4.104.2 Experimental or Investigational Medical Services

- (a) Medical services that are experimental or investigational are not covered. As used in this section, a service includes a diagnostic service, surgery, treatment, facility, equipment, drug, or device.
- (b) A medical service is considered experimental or investigational if:
 - (1) It is not generally accepted by the professional medical community as established, proven, and effective medical care for the condition, disease, illness, or injury being treated, and
 - (2) The latest medical and scientific evidence available:
 - (A) Is insufficient or too inconclusive to permit Medicaid to evaluate if the service is safe and effective, or
 - (B) Demonstrates that the service is not safe and effective.
- (c) Criteria to evaluate medical and scientific evidence, as used in 4.104.3(b)(2) includes:
 - (1) Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community,
 - (2) Current professional practice guidelines and recommendations of professional governing bodies in the medical specialty area, or areas in which the service is applicable or used,
 - (3) The extent to which Medicare and private health insurers recognize and provide coverage for the service, or
 - (4) The item or service is approved by the Food and Drug Administration (FDA), if the service or item is FDA regulated.
- (d) The specific services that are under investigation as part of a clinical trial are not covered.

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4.104.3 Fertility Services

- (a) Fertility services and procedures performed in connection with such services are not covered. Non-covered fertility services include, in vitro, the gamete intrafallopian transfer (GIFT) procedure, fertility enhancing drugs, sperm banks, cloning, and services related to surrogacy.

4.104.4 Massage Therapists

Services performed by massage therapists are not covered.

4.104.5 Service Animals

Service animals, and the cost of care for service animals, individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability, are not covered.