

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: 12/01/10
Section: Family Planning (Non-Waiver)	Section: 70.05	
Subject: Program Exclusions	Pages: 1	Cross Reference:

Services and items that are **not considered family planning services** include, but are not limited to, the following:

- Facilitating services such as parking and child care while family planning services are being obtained.
- Indirect services such as telephone contacts/consultations.
- Drugs used to promote fertility.
- Emergency contraceptives and related services.
- Over-the-counter drugs and supplies including, but not limited to, pregnancy tests, condoms, and spermicides.
- Infertility studies, procedures to enhance fertility including reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization.
- Abortions and related services.
- Hysterectomy and related services.
- Menopausal/post menopausal treatment and related services.
- Removal of an implanted device if the beneficiary is not Medicaid eligible when it is time for the device to be removed.
- Natural Family Planning services.
- Mammograms.
- Ultrasound and radiology.
- All services provided for the **treatment of medical conditions** including medical complications of a family planning service.
- Cancer screening services except for pap smears.
- Services to a beneficiary whose age or physical condition precludes reproduction.
- Services to a beneficiary known to be pregnant.
- Services outside the scope and/or authority of the provider's specialty and/or area of practice.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: X Current: <u> </u>	Effective Date: 07/01/06 12/01/10
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- Drugs used to promote fertility.
- Emergency contraceptives and related services.
- Over-the-counter drugs and supplies including, but not limited to, pregnancy tests, condoms, and spermicides.
- ~~Procedures to enhance fertility including, but not limited to, sterilization reversal, in vitro fertilization, artificial or intrauterine insemination, and all related services~~
- Infertility studies, procedures to enhance fertility including reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization.
- Abortions and related services.
- Hysterectomy and related services.
- Menopausal/post menopausal treatment and related services.
- Removal of an implanted device if the beneficiary is not Medicaid eligible when it is time for the device to be removed.
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