No payment may be made under the Medicaid program for certain items and services, including but not limited to the following:

1. Items or services which are furnished gratuitously without regard to the individual's ability to pay and without expectation of payment from any source, such as free x-rays provided by a health department.

2. Any operative procedure, or any portion of a procedure, performed primarily to improve physical appearance and/or treat a mental condition through change in bodily form.

3. Routine physical examinations, such as school, sports, or employment physicals that are not part of the well child screening program for beneficiaries under 21 years of age **or** are not covered through provisions set forth in Section 53.18, **or** are not covered through the Wellness Program in Section 53.30 of the Provider Policy Manual.

4. Immunizations or other preventive health services that are not a part of the screening program for beneficiaries under 21 years of age.

5. Immunizations for adults other than flu or pneumonia not related to treatment of injury or direct exposure to a disease such as rabies or tetanus.

6. Services of a physical therapist or speech therapist are not covered for Medicaid beneficiaries 21 years of age or older, except when provided as an inpatient or outpatient hospital service, or as a nursing facility service. Therapy services are not covered in a nursing facility when performed by a home health agency.

7. Prosthetic and orthotic devices, and orthopedic shoes for beneficiaries 21 years of age or older, except for crossover claims allowed by Medicare.

8. Hospital inpatient items not directly related to the treatment of an illness or injury (such as TV, massage, haircuts, etc.).

9. Psychological evaluations and testing by a psychologist except when performed as an inpatient hospital service and billed on a hospital claim form, or as a part of the EPSDT program for children under 21 years of age.

10. Vitamin injections, except for B-12 as specific therapy for certain anemias such as fish tapeworm anemia, other B-12 complex deficiencies, pernicious anemia, vitamin B-12 deficiency anemia, atrophic gastritis, idiopathic steatorrhea, sprue, blind loop syndrome, partial or total gastrectomy, pancreatic steatorrhea, and other specified intestinal malabsorption.

11. Select prescription vitamins and mineral products except for prenatal vitamins for women up to age 45, fluorinated vitamins for beneficiaries up to age 21, and certain renal vitamins (for dialysis patients).

12. Services denied by the UM/QIO.

13. Routine circumcisions for newborn infants.

14. Interest on late pay claims.

15. Physician assistants prior to July 1, 2001.

16. Freestanding substance abuse rehabilitation centers and psychiatric facilities for beneficiaries 21 years of age or older.

17. Reimbursement for services provided to only Qualified Medicare Beneficiaries (QMB) except for Medicare/Medicaid crossover payments of Medicare deductibles and coinsurance.

18. Medicare deductibles and co-insurance will not be paid for QMBs in non-Medicaid eligible facilities.

19. Reimbursement for any Medicaid service for Specified Low-income Medicare Beneficiaries (SLMB) and Qualified Individuals (QI). These individuals are entitled only to payment or partial payment of their Medicare Part B premium.

20. Ambulance transport to and from dialysis treatment unless prior approved by Medicaid.

21. Infertility studies, procedures to enhance fertility including reversal of sterilization, artificial or intrauterine insemination or in-vitro fertilization.

22. Services, procedures, supplies or drugs which are still in clinical trials and/or investigative or experimental in nature.

23. Routine foot care in the absence of systemic conditions.

24. Gastric surgery (any technique or procedure) for the treatment of obesity or weight control, regardless of medical necessity.

25. Telephone contacts/consultations and missed or cancelled appointments.

26. Wigs

27. Services ordered, prescribed, administered, supplied or provided by an individual or entity that has been excluded by DHHS.

28. Services ordered, prescribed, administered, supplied or provided by an individual or entity that is no longer licensed by their governing board.

29. Services outside the scope and/or authority of a practitioner's specialty and/or area of practice.

30. Services not specifically listed or defined by Medicaid are not covered.

31. Any exclusion listed elsewhere in the Mississippi Medicaid Provider Policy Manual, bulletins, or other Mississippi Medicaid publications.

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11. ~~Prescription vitamins and mineral products are excluded except for prenatal vitamins for obstetrical patients, fluoride vitamins for children, and B complex with C vitamins for dialysis patients.~~ Select prescription vitamins and mineral products except for prenatal vitamins for women up to age 45, fluorinated vitamins for beneficiaries up to age 21, and certain renal vitamins (for dialysis patients).

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