WEST VIRGINIA UNIVERSITY HEALTH SYSTEM
FINANCIAL ASSISTANCE POLICY - ATTACHMENT III
Excluded Procedures and Services List

**Clinical Services**
- DNA testing that is not medically necessary
- Out of Network Services
- Eligible inpatients refusing VA Center Treatment with no other coverage
- Services not typically covered under medical coverage
  - Vision
  - Dental
- Applied Behavior Analysis (ABA)

**Elective Procedures**
- Bariatric
- Cosmetics
  - Elective or denied by insurance
- Varicose Vein Procedures
- Fertility Treatments/Services/Counseling
- Lasik Eye Procedures
- Other elective procedures not typically covered by insurance

**Injections**
- Cosmetic

**Therapy**
- Cardiac Rehab III

**Other Services**
- Nursing Home/Long Term Care (LTC)
- Residential treatment for substance abuse and psychiatric disorders