



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 when in network care is readily available
- 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 (not medically necessary)
- 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