

## APPENDIX B

### SERVICES NOT ELIGIBLE FOR COTTAGE CARE

Certain services are considered to be elective and are not eligible under Cottage Hospital's financial assistance program (Cottage Care). The following is a list of ~~example~~ procedures considered to be elective. This list may not be all inclusive:

1. Autopsy as a family request
2. Acne care
3. Acupuncture
4. Biofeedback
5. Blood cord study
6. Cardiac Wellness Program
7. Cosmetic procedures, including plastic surgery, Botox injections, etc.
8. Dental services except for bone impacted teeth
9. Admits to Intermediate Care (ICF), custodial care, rest cures in swing beds
10. Experimental / investigational procedures
11. Infertility procedures including artificial insemination, in-vitro fertilization, intra-uterine implantation procedures, laparoscopy (for treatment of infertility)
12. Insurance company claims denied for lack of referral / pre-certification that the patient is required to obtain or for patient failure to submit information being required by the insurance company
13. Massage therapy
14. Occupational health services- Employment Physicals
15. Physical exams and related services for work or insurance purposes or as required for other administrative or liability reasons
16. PT/OT if not referred by a Physician/Nurse Practitioner/Physician Assistant
17. Routine eye exams (only covered if determined to be medically necessary and / or there is an underlying medical condition) and eyeglasses
18. Services or procedures available through federal, state, or local law, regulations or programs
19. Services or procedures for any condition, disease or injury arising out of or in the course of employment, when the member has the opportunity to be covered by Worker Compensation programs
20. Services or procedure for disease or injury sustained as a result of war, riot, or civil disobedience
21. Sex transformation procedures and related services
22. Sterilization and / or reversal of voluntary sterilization charges (Physician consultation charges for discussion of possible sterilization may be covered)

23. Supplies, including but not limited to: hearing aid(s), allergy serum, IUD and other birth control devices, cast cover, and durable medical equipment
24. Travel immunizations.
25. Medical Nutritional Therapy and Diabetes Self-Management Training that exceeds the Medicare Coverage Guidelines of:
  - a. Medical Nutritional Therapy (MNT)
    1. 3 hours of initial MHT in the first calendar year
    2. 2 hours of follow-up MNT annually
  - b. Diabetes Self-Management Training (DSMT)
    1. 10 hours of initial DSMT in a 12 month period
    2. 2 hours follow-up DSMT annually.