

**2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus****Section 6. General Exclusions – Services, Drugs, and Supplies We Do Not Cover****Page 112**

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- Orthodontic care for malposition of the bones of the jaw or for temporomandibular joint (TMJ) syndrome.
- Services of standby physicians.
- Self-care or self-help training.
- Custodial or long-term care (see *Definitions*).
- Personal comfort items such as beauty and barber services, radio, television, or phone.
- Furniture (other than medically necessary durable medical equipment) such as commercial beds, mattresses, chairs.
- Routine services, such as periodic physical examinations; screening examinations; immunizations; and services or tests not related to a specific diagnosis, illness, injury, set of symptoms, or maternity care, except for those preventive services specifically covered under Preventive Care, Adult and Preventive Care, Child in Sections 5(a) and 5(c), the preventive screenings specifically listed on pages [41-45](#) and page [75](#); and certain routine services associated with covered clinical trials (see page [121122](#)).
- Recreational or educational therapy, and any related diagnostic testing, except as provided by a hospital during a covered inpatient stay.
- Applied behavior analysis (ABA) and related services for any condition other than an autism spectrum disorder.
- Applied behavior analysis (ABA) services and related services performed as part of an educational program; or provided in or by a school/educational setting; or provided as a replacement for services that are the responsibility of the educational system.
- Topical Hyperbaric Oxygen Therapy (THBO).
- Research costs (costs related to conducting a clinical trial such as research physician and nurse time, analysis of results, and clinical tests performed only for research purposes).
- Professional charges for after-hours care, except when associated with services provided in a physician's office.

- Incontinence products such as incontinence garments (including adult or infant diapers, briefs, and underwear), incontinence pads/liners, bed pads, or disposable washcloths.
  - Alternative medicine services including, but not limited to, botanical medicine, aromatherapy, herbal/nutritional supplements (see page [99](#)), meditation techniques, relaxation techniques, movement therapies, and energy therapies.
  - Services, drugs, or supplies related to medical marijuana.
  - Hearing aids including bone-anchored hearing aids.
  - Advanced care planning, except when provided as part of a covered hospice care treatment plan (see page [78](#)).
  - Membership or concierge service fees charged by a healthcare provider.
  - Fees associated with copies, forwarding or mailing of records except as specifically described in Section 8.
  - Services not specifically listed as covered.
  - Services or supplies we are prohibited from covering under the Federal Law.
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