SECTION 4
EXCLUSIONS
No benefits are available for services listed in this section. The following list is not a complete list. In addition to these general exclusions, limitations and conditions there may be others that apply to specific Covered Services that can be found in the Covered Services section and elsewhere in this Benefit Plan. If a benefit or service is not covered, then all services, treatments, devices or supplies provided in conjunction with that benefit or service are not covered. Please read this section carefully before seeking services and submitting claims. Please contact Member Services at the telephone number listed on the back of the Identification Card if you have any questions.

4.1 EXCLUSIONS
No benefits are available for:
1. Services not prescribed or performed by or under the direct supervision of a Professional Health Care Provider consistent with the Professional Health Care Provider’s licensure and scope of practice.
2. Services provided and billed by a registered nurse (other than an Advanced Practice Registered Nurse), intern (professionals in training), licensed athletic trainer or other paramedical personnel.
3. Inpatient Admission services received prior to the effective date of the Member’s eligibility under this Benefit Plan or before the Member satisfied the required Waiting Period.
4. Special education, counseling, therapy or care for learning disorders or behavioral problems whether or not associated with a manifest mental disorder, mental retardation or other disturbance.
5. Sex therapy services or therapy for marital or family dysfunction.
6. Bereavement, codependency, marital dysfunction, family dysfunction, sex or interpersonal relationship counseling services.
7. Counseling services for the treatment of a gambling addiction or nicotine addiction.
8. Services that are received during a Waiting Period of 365 consecutive days, beginning on the effective date of the individual Member’s coverage for human organ and tissue transplants, tonsillectomies, adenoidectomies, tympanostomies requiring the insertion of ventilating tubes, a myringotomy without ventilating tubes, excision of cataracts, hysterectomies, sterilization procedures, treatment of hernias, treatment of hemorrhoids, breast reduction surgery, the surgical treatment of morbid obesity, maternity delivery services (except for complications of pregnancy), postnatal care, or the surgical treatment of gallbladder and the bile duct system. Days of coverage under Qualifying Previous Coverage, if continuous until at least 63 days prior to the individual Member’s effective date of coverage under this Benefit Plan, may be applied to the 365-day Waiting Period. Members under age 19 will not be subject to a Waiting Period.
9. Any drug, device, medical service, treatment or procedure that is Experimental or Investigative.
10. Services, treatments or supplies that BCBSND determines are not Medically Appropriate and Necessary.
11. Human organ and tissue transplants, except as specified in this Benefit Plan. Benefits are not available for donor organs or tissue other than human donor organs or tissue.
12. Services that are related to annual, periodic or routine examinations, except as specifically allowed in the Covered Services Section of this Benefit Plan.
13. Immunizations, testing or other services required for foreign travel.
14. Inpatient services performed primarily for diagnostic examinations, Physical Therapy, rest cure, convalescent care, Custodial Care, Maintenance Care or sanitaria care.
15. Services by a vocational residential rehabilitation center, a community reentry program, Halfway House or Group Home.

For the purpose of this exclusion, the following definitions apply:
Halfway House – a facility for the housing or rehabilitation of persons on probation, parole, or early release from correctional institutions, or other persons found guilty of criminal offenses or a facility for the housing or rehabilitation of alcoholics or drug dependent persons.
Group Home – a facility for the housing or rehabilitation of developmentally, mentally or severely disabled persons that does not provide skilled or intermediate nursing care.

16. The surgical or nonsurgical treatment of temporomandibular (TMJ) or craniomandibular (CMJ) joint disorder(s) when charges exceed the limits covered by this Benefit Plan. No benefits will be provided for orthodontic services (except as determined Medically Appropriate and Necessary and when Prior Approval is received from BCBSND) or osseointegrated implant surgery or related services performed for the treatment of temporomandibular or craniomandibular joint disorder(s).

17. Treatment leading to or in connection with sex change or transformation surgery and related complications.

18. All contraceptive medications, devices, appliances, supplies and related services when used for contraception, including contraceptive products that do not require a Prescription Order or dispensing by a Health Care Provider.

19. Evaluations and related procedures to evaluate sterilization reversal procedures and the sterilization reversal procedure.

20. Abortions, except for those necessary to prevent the death of the woman. No benefits are available for removal of all or part of a multiple gestation.

21. Donor eggs including any donor treatment and retrieval costs, donor sperm, cryopreservation or storage of unfertilized sperm or eggs, Surrogate pregnancy and delivery, Gestational Carrier pregnancy and delivery, and preimplantation genetic diagnosis testing.

For the purpose of this exclusion, the following definitions apply:
Gestational Carrier - an adult woman who enters into an agreement to have a fertilized egg, gamete, zygote or embryo implanted in her and bear the resulting child for intended parents, where the embryo is conceived by using the egg and sperm of the intended parents.
Surrogate - an adult woman who enters into an agreement to bear a child conceived through assisted conception for intended parents.

22. Medications obtained without a Prescription Order or for any charges for the administration of legend drugs or insulin that may be self-administered unless such administration is Medically Appropriate and Necessary.

23. Medical treatment and dietary management programs for obesity, except as specifically allowed in the Covered Services Section of this Benefit Plan. Benefits for surgical services performed for the treatment of morbid obesity are available only when Prior Approval is obtained from BCBSND. Benefits are subject to a Lifetime Maximum of 1 operative procedure per Member. A Lifetime Maximum of 1 revision will be allowed per Member due to technical staple line failure. Benefits are not provided for repair or modification of a gastric bypass/banding procedure.

24. Surgery and related services primarily intended to improve appearance and not to restore bodily function or correct deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes.

25. Standby services provided or billed by a Health Care Provider.

26. Biofeedback services.

27. Acupuncture services.

28. All forms of thermography for all uses and indications.

29. Testicular prostheses regardless of the cause of the absence of the testicle.

30. Orthotic Devices, Including orthopedic shoes and Home Medical Equipment required for leisure or recreational activities or to allow a Member to participate in sport activities unless Medically Appropriate and Necessary and approved by BCBSND.
31. Palliative or cosmetic foot care, foot support devices (except custom made support devices) or subluxations of the foot, care of corns, bunions (except for capsular or bone surgery), calluses, toenails, fallen arches, weak feet, chronic foot strain and symptomatic complaints of the feet. Benefits are available for the care of corns, calluses and toenails when Medically Appropriate and Necessary for Members with diabetes or circulatory disorders of the legs or feet.

32. Dentistry or dental processes and related charges, Including extraction of teeth, dental appliances including orthodontia placed in relation to a covered oral surgical procedure, removal of impacted teeth, root canal therapy or procedures relating to the structures supporting the teeth, gingival tissues or alveolar processes.

33. Eyeglasses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses, except as specifically allowed in the Schedule of Benefits and Covered Services Sections of this Benefit Plan. No benefits are available for routine vision examinations. No benefits are available for refractive eye surgery when used in otherwise healthy eyes to replace eyeglasses or contact lenses.

34. Hearing aids or examinations for the prescription or fitting of hearing aids. Benefits are available for hearing aids for Members under age 18 when Prior Approval is received from BCBSND. No benefits are available for routine hearing examinations. No benefits are available for a tinnitus masker.

35. Services when benefits are provided by any governmental unit or social agency, except for Medicaid or when payment has been made under Medicare Part A or Part B. Medicare Part A and Part B will be considered the primary payor with respect to benefit payments unless otherwise required by federal law.

36. Illness or injury caused directly or indirectly by war or an act of war or sustained while performing military services, if benefits for such illness or injury are available under the laws of the United States or any political subdivision thereof.

37. Illness or bodily injury that arises out of and in the course of a Member’s employment if benefits or compensation for such illness or injury are available under the provisions of a state workers’ compensation act, the laws of the United States or any state or political subdivision thereof.

38. Loss caused or contributed by a Member’s commission or attempted commission of a felony (except losses caused or contributed by an act of domestic violence or any health condition) or a Member’s involvement in an illegal occupation following the Member’s enrollment in this Benefit Plan.

39. Any services when benefits are provided by a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, similar person or group.

40. Services provided by a Health Care Provider who is a member of the Member’s Immediate Family.

41. The following allergy testing modalities: nasal challenge testing, provocative/neutralization testing for food and food additive allergies, leukocyte histamine release, Rebuck skin window test, passive transfer or Prausnitz-Kustner test, cytotoxic food testing, metabisulfite testing, candidiasis hypersensitivity syndrome testing, IgG level testing for food allergies, general volatile organic screening test and mauve urine test.

The following methods of desensitization treatment: provocation/neutralization therapy for food/chemical or inhalant allergies by sublingual, intradermal and subcutaneous routes, Urine Autoinjections, Repository Emulsion Therapy, Candidiasis Hypersensitivity Syndrome Treatment or IV Vitamin C Therapy.

This exclusion also includes clinical ecology, orthomolecular therapy, vitamins or dietary nutritional supplements, or related testing provided on an inpatient or outpatient basis.

42. Telephone consultations or charges for failure to keep a scheduled visit or charges for completion of any forms required by BCBSND.

43. Personal hygiene and convenience items, Including air conditioners, humidifiers or physical fitness equipment.

44. Health screening assessment programs or health education services, Including all forms of communication media whether audio, visual or written.

45. Health and athletic club membership or facility use, and all services provided by the facility, Including physical therapy, sports medicine therapy and physical exercise.

46. Artificial organs, donor search services or organ procurement if the organ or tissue is not donated.
47. Prosthetic Limbs or components intended only for cosmetic purposes or customized coverings for terminal devices. Benefits are not available for Prosthetic Limbs or components required for work-related tasks, leisure or recreational activities or to allow a Member to participate in sport activities.

48. Physical Therapy Maintenance Care, Occupational Therapy Maintenance Care or Speech Therapy Maintenance Care, work hardening programs, prevocational evaluation, functional capacity evaluations or group speech therapy services.

49. Chiropractic maintenance care that is typically long-term, by definition not therapeutically necessary but is provided at preferably regular intervals to prevent disease, prolong life, promote health and enhance the quality of life. This includes care provided after maximum therapeutic improvement, without a trial of withdrawal of treatment, to prevent symptomatic deterioration or it may be initiated with patients without symptoms in order to promote health and to prevent further problems.

50. Complications resulting from noncovered services received by the Member.

51. Services prescribed by, performed by or under the direct supervision of a Nonpayable Health Care Provider.

52. Services that a Member has no legal obligation to pay in the absence of this or any similar coverage.

53. Cost Sharing Amounts.

54. Services when Prior Approval was required but not obtained.

55. Brand Name prescription tobacco deterrents if Generic equivalent is available.

56. Low protein modified food products or medical food for maple syrup urine disease or phenylketonuria (PKU), to the extent those benefits are available under a department of health program or other state agency.

57. Collection and storage of umbilical cord blood.

58. Services, treatments or supplies not specified as a Covered Service under this Benefit Plan.