

TRH Major Medical 5000 Exclusions (1/2009)

1. Services or supplies not prescribed or performed by a physician or other professional provider (as defined in the EOC).
2. Services or supplies which the Administrator determines are not medically necessary or medically appropriate.
3. Services provided before the member's coverage begins or after this coverage is terminated. Services for a pre-existing condition during the pre-existing condition waiting period.
4. A drug, device, or medical treatment or procedure which is investigational (as defined in the EOC).
5. Any work related illness or injury (unless resulting from self-employment not subject to workers compensation insurance requirements).
6. Services or supplies furnished without cost under the laws of any government except Medicaid (TennCareSM) coverage provided by the State of Tennessee.
7. Illness or injury resulting from war.
8. Services for which the member is not required or legally obligated to pay.
9. Services, supplies or prosthetics primarily to change or improve appearance or which are provided in order to correct or repair the results of a prior surgical procedure the primary purpose of which was to change or improve appearance, except as otherwise specified in the EOC.
10. Self-treatment or services provided by any person related to a member by blood or marriage or any person who resides in the member's immediate household. A pharmacist may not be you or a member of your immediate household.
11. Services rendered by providers other than a hospital, physician, or other provider(s) specified in the EOC.
12. Services paid under any group plan, blanket or franchise insurance coverage, any other BlueCross or BlueShield group contract, other health insurance place, union welfare plan, or labor-management trust plan.
13. Personal, physical fitness, recreational or convenience items and services such as: diapers, disposable underpads, and incontinence pads; barber and beauty services, television; breast pumps; air conditioners; humidifiers; air filters; heaters; physical fitness equipment or programs; recreational equipment; saunas; whirlpools; water purifiers; swimming pools; tanning beds; weight loss programs; home modifications or improvements; motorized vehicles (except medically necessary electric wheelchairs).
14. Telephone and email consultations, unless approved by the Administrator; charges incurred due to failure to keep a scheduled appointment; charges to complete forms or to provide requested medical information or records; writing or calling in a prescriptions; depositions, testimony or court related fees; handling fees; postage, shipping, mail charges or sales tax; admitting orders unless billed with in-hospital medical visits.
15. Hospital admissions which are primarily for diagnostic studies.
16. Whole blood, blood components, and blood derivatives which are not officially classified as drugs.
17. Custodial care, such as help in walking, getting in or out of bed, or any service that could be performed by non-professional personnel.
18. Routine foot care including, but not limited to, trimming of toe nails, except for diabetic patients. Foot orthotics, shoe inserts and custom made shoes except for diabetic patients or as part of a leg brace.
19. Routine physical examinations and screening examinations, except as otherwise specified in the EOC.
20. Immunizations and vaccinations including, but not limited to, flu shots, flu mist, Human Papilloma Virus (HPV) and shots for traveling outside of the United States, except as otherwise specified in the EOC. Administration charges for non-covered immunizations and vaccinations are not eligible.
21. Services or supplies for dental care, except as otherwise specified in the EOC. Dental services include routine, restorative, prosthetic and orthodontic services.
22. Eyeglasses, contact lenses, and examinations for and the fitting of eyeglasses and contact lenses, except as otherwise specified in the EOC. Eye exercises and/or therapy and visual training.
23. Hearing aids and examinations for prescribing or fitting of hearing aids. For the purpose of this coverage, hearing aids shall include any service, device or surgical procedure designed to restore or enhance the ability to hear, including, but not limited to, audient bone conductor, electromagnetic, and/or surgically implanted devices (cochlear implant).
24. Hospital admissions primarily for physical therapy.
25. Habilitative services of any kind (services to achieve a level of functioning that the member has never attained). Rehabilitative services including, but not limited to, hydrotherapy, educational therapy, occupational therapy, speech therapy, recreational therapy, massage therapy, craniosacral therapy, vision exercise therapy, neuromuscular reeducation, cognitive rehabilitation, nutrition therapy, dietary supplements (vitamins); and acupuncture, unless otherwise specified in the EOC. If the Administrator determines that services during a continuous hospital confinement have developed into primarily rehabilitative services, that portion of the stay beginning on the day of such development shall not be covered under this plan.
26. Surgery to change sex and related services.
27. Service or supplies that are designed to medically enhance a member's level of fertility in the absence of a disease state, create a pregnancy, or improve conception quality. Services include, but are not limited to: artificial insemination; in vitro fertilization; fallopian tube reconstruction; uterine reconstruction; assisted reproductive technology (ART) including, but not limited to, GIFT and ZIFT; fertility injections; fertility drugs; sperm preservation; services for follow up care related to infertility treatment. However, a service or supply may be covered if it is provided to treat an illness or underlying medical condition resulting in infertility, which includes treatment to correct a previous tubal pregnancy and treatment by ovulatory drugs (such as clomid) or hormonal treatment used primarily to treat irregular menstrual periods.
28. Services covered under Medicare, except as required by applicable state or federal law.
29. Non-medical self-care or self-help training and any related diagnostic testing or medical social services.
30. Services, surgeries or supplies to detect or correct refractive errors of the eye.

31. Services or supplies incurred after a concurrent review determines that services and supplies are no longer medically necessary.
32. Charges in excess of the maximum allowable charge for a service or supply.
33. Services rendered for or in connection with physical therapy which consist primarily in the application, supervision, or direction in the use of exercise or physical fitness equipment – whether or not such services are rendered by an eligible provider.
34. Services or supplies for inpatient treatment of bulimia, anorexia, or other eating disorders which consist primarily of behavior modification, diet and weight monitoring and educational services.
35. Any treatment, service or supply including, but not limited to, surgical procedures for the treatment of obesity or morbid obesity. Any treatment, service or supply arising out of the rendering of, or failure to render, treatment for obesity or morbid obesity.
36. Any charges for services and supplies rendered to a member which require prior authorization, where such prior authorization is not given, except as otherwise specified in the EOC.
37. Services or expenses for treatment of illness or injury sustained in the commission of a crime or for treatment while confined in a prison, jail or other penal institution or while in the custody of any government or law enforcement entity.
38. Room, board, and general nursing care rendered on the date of discharge, unless both admission and discharge occur on the same day.
39. A second or third opinion rendered by a physician in the same medical group or practice as (a) the physician who initially recommended the surgery, or (b) the physician who rendered the second surgical opinion.
40. Staff consultations require by hospital rules.
41. Prosthetic appliances or items of durable medical equipment to replace those which were lost, damaged (self-inflicted), stolen or prescribed as a result of improved technology.
42. Dental appliances, including those used for correction of jaw malformations, except where prescribed as part of a surgical procedure necessary to restore a major bodily function or except as otherwise specified in the EOC.
43. Inpatient private duty nursing in an acute care hospital.
44. Over-the-counter drugs (not requiring a prescription), unless required by law or specifically designated as covered under this plan; prescription devices, dietary supplements, vitamins, except for those which by law require a prescription; and/or prescription drugs dispensed in a doctor's office. Medical supplies that can be obtained without a prescription (except for diabetic supplies) including, but not limited to, adhesive bandages, dressing material for home use, antiseptics, medicated creams and ointments, cotton swabs, and eyewash.
45. Replacement of implanted cataract lenses.
46. Court-ordered treatment for members unless benefits are otherwise payable.
47. Medical treatment for which a member has been reimbursed under a mass tort or class action lawsuit, settlement or judgment.
48. Any treatment, services or supplies required as a result of attempted suicide or an intentionally self-inflicted illness or injury whether sane or insane, including any treatment, services or supplies arising out of the rendering of, or failure to render, treatment of any such attempted suicide or self-inflicted illness or injury.
49. Cranial prostheses (wigs).
50. Service or supplies for the reversal of sterilization.
51. Well child services, except as otherwise specified in the EOC.
52. An artificial heart or any other artificial organ, or any associated expense.
53. Maintenance medications for substance abuse disorders (such as methadone and buprenorphine).
54. Treatment of sexual dysfunction including, but not limited to, erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido. Treatment includes prescription drugs (such as Viagra, Cialis, etc.) and prosthetic appliances.
55. Services or expenses in connection with a surrogate birth. Surrogate birth means the union of an egg and sperm then placed in another woman to carry to term or; the insemination of a woman under contract, who carries to term and relinquishes the child to the biological father (as his wife) to parent.
56. Orthognathic surgery or other similar maxillofacial surgery intended to treat appearance, TMJ syndrome, malocclusion, underbite, overbite, misalignment of teeth, hypognathia, hypergnathia, or other similar maxillo-mandibular conditions, except as otherwise specified in the orthognathic surgery benefit in the EOC.
57. Orthotripsy (extracorporeal shock wave therapy for musculoskeletal conditions).
58. Speech devices and examinations for prescribing or fitting of speech devices including, but not limited to, Dynavox.
59. Any medical treatment, services or supplies required as a result of taking an illegal drug or substance.
60. Marriage counseling, pastoral counseling, conjoint therapy, sex therapy, assertiveness training, hypnosis and regressive hypnotic techniques.
61. Cranial orthosis, including helmet or headband, for the treatment of plagiocephaly.
62. Genetic testing and genetic counseling for preventive services.
63. Services and supplies related to complications for non-covered services.
64. Nicotine replacement therapy and aids to smoking cessation including, but not limited to, patches or prescription drugs.
65. Prescription drugs intended to terminate a pregnancy including, but not limited to, RU-486.
66. Ambulance charges for dispatch of an ambulance that is not used by a member; charges for transport to a physician's office, outpatient department of a hospital for medical care of the patient's home; or charges for waiting time and extrication.
67. Services not listed in the EOC as a covered service.