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65. Charges for all medical complications which arise as the result of the Member receiving non-covered medical, surgical or diagnostic services. Examples of non-covered medical, surgical or diagnostic services include, but are not limited, to gastric bypass surgery, liposuction, cosmetic surgery, and elective abortions.
66. Charges for braces or any surgery for micrognathism and macrognathism when not Medically Necessary or solely for cosmetic purposes.
67. Illness or injury which is caused by the Member's unlawful possession of any item or substance or possession of any item or substance for an unlawful purpose.
68. Any hearing aids (air or bone conduction), speech generating devices, listening devices, or for examination or fitting regardless of Medical Necessity.
69. Telehealth performed by Provider other than Telemedicine Network Providers in accordance with Medical Policies.
70. In a Specialty Service Area, Specialty Services will only be covered by a Center of Excellence Network Provider or a Blue Specialty Network Provider.
71. Clinical Trials performed by Non-Network Providers or if the Member receives financial assistance from third party.
72. Services provided pursuant to any direct primary care agreement, fee-for-service agreement, or similar arrangement in which the Member directly pays a health care provider a fee for service for the provision of medical services that are not to be billed to any insurance company or other third party.
73. Member/patient initiated tele-provider online medical evaluation and management services performed by a Blue Primary Care Provider who is also a Telemedicine Network Provider. Online medical evaluation and management, which is an evaluation and management services not performed in-person with the patient by a provider in response to a patient's online inquiry, is a type of low complexity clinician interactive visit which requires an audio visual online communication to address urgent but not emergent clinical conditions.
74. Genetic testing, even if Medically Necessary, performed by a Provider who is not certified by the College of American Pathologists (CAP) and Clinical Laboratory Improvement Amendments (CLIA) Certified.
75. Services provided by Non-Network Independent Laboratories.
76. Medical marijuana, unless required by law.