



## BlueCross BlueShield of Texas

### Essential Health Benefits for Purposes of Determining Annual and Lifetime Dollar Maximums

The Affordable Care Act defines essential health benefits to include at least the following general categories and items and services covered within the categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

### Blue Cross and Blue Shield of Texas (BCBSTX) Determination

Absent contrary regulatory guidance, BCBSTX believes that certain items and services in the following categories constitute **essential health benefits**:

- Allergy
- Ambulance
- Ambulatory patient services
- Chiropractor rendering medical services
- CT, PET, MRI, Nuclear Medicine
- Coordinated Home Care
- Diabetic Management (medical)
- Durable Medical Equipment
- Emergency Services
- Hearing & Vision Test
- Home Health Care
- Hospitalization
- Hospice
- Human Organ Transplants
- Infertility - diagnosis
- Maternity and newborn care
- Mental Health and substance abuse services
- Occupational Therapy
- Pediatric services
- Physical Therapy
- Prescription Drugs
- Preventive Care
- Private Duty Nursing
- Prosthetics
- Rehabilitative and habilitative services and devices
- Skilled Nursing Facility
- Speech Therapy
- Surgery
- Temporomandibular Joint Disorders (TMJ)

This information is for informational purposes only, does not constitute legal or other advice, and should not be relied upon to determine coverage. BCBSTX's determination as to essential health benefits is for purposes of addressing annual and lifetime dollar maximums and is not exhaustive. Federal regulatory agencies are expected to issue regulations on essential health benefits. Therefore, BCBSTX's determination as to essential health benefits is subject to change.



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of Texas**

**Essential Health Benefits for Purposes of Determining  
Annual and Lifetime Dollar Maximums**

| <b>Service being rendered</b>                    | <b>Is service considered an Essential Health Service?</b>  |
|--|--|
| <b>CHIROPRACTIC</b>                              |  |
| Chiropractic medical services                    | Yes. No calendar year dollar or lifetime dollar maximums on medical services (such as routine office visits) provided by a chiropractor. |
| Chiropractic muscle manipulation                 | No. If covered, current dollar maximums can still apply.   |
| <b>DIABETIC SERVICES</b>                         |  |
| Diabetic Management (medical)                    | Yes. No calendar year dollar or lifetime dollar maximums.  |
| Diabetic Management Education                    | Yes (based on state mandates, if applicable).  |
| <b>EQUIPMENT, ETC</b>                            |  |
| Durable Medical Equipment                        | Yes. No calendar year dollar or lifetime dollar maximums.  |
| Orthotics  | No. If covered, current dollar maximums can still apply.   |
| Prosthetics                                      | Yes. No calendar year dollar or lifetime dollar maximums.  |
| Wigs   | No. If covered, current dollar maximums can still apply.   |
| <b>HEARING AND VISION</b>                        |  |
| Hearing Aid Appliance                            | Yes. 2 Hearing Aids every 36 months.   |
| Hearing Test                                     | Yes. No calendar year dollar or lifetime dollar maximums.  |
| Vision Appliances (frames/lenses)                | Yes, for children. No calendar year dollar or lifetime dollar maximums.  |
| Vision Test                                      | Yes, for children. No calendar year dollar or lifetime dollar maximums.  |
| <b>INFERTILITY</b>                               |  |
| Infertility Diagnosis                            | Yes. No calendar year dollar or lifetime dollar maximums.  |
| Infertility – Artificial Reproduction Technology | No. If covered, current dollar maximums can still apply.   |
| <b>LIFESTYLE MANAGEMENT</b>                      |  |
| Nutritional Counseling                           | Yes. Covered at 100% under preventive care provision.  |
| Obesity Diagnosis & Treatment                    | Yes. Healthy diet counseling and obesity screening/counseling is covered at 100% under preventive care provision.                        |
| Obesity Surgery                                  | No.  |
| Smoking Cessation Counseling                     | Yes. Covered at 100% under preventive care provision (Note: Prescription drugs not covered at 100%).                                     |
| Hospice  | Yes. No calendar year dollar or lifetime dollar maximums.  |



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**Essential Health Benefits for Purposes of Determining  
Annual and Lifetime Dollar Maximums, continued**

| <b>Service being rendered</b> | <b>Is service considered an Essential Health Service?</b>  |
|-------------------------------|--|
| <b>NURSING/HOME HEALTH</b>    |  |
| Coordinated Home Care         | Yes, may include limit on the number of visits but not dollars.  |
| Private Duty Nursing          | No. May include limit on number of visits but not dollars.<br>HMO – Only covered when medically necessary<br>PPO – Only covered for extended care  |
| Skilled Nursing Facility      | Yes, may include limit on the number of visits but not dollars.  |
| <b>THERAPIES</b>              |  |
| Occupational Therapy          | Yes, may include limit on the number of visits but not dollars.  |
| Physical Therapy              | Yes, may include limit on the number of visits but not dollars.  |
| Speech Therapy                | Yes, may include limit on the number of visits but not dollars.  |
| <b>TRANSPLANTS</b>            |  |
| Human Organ Transplants       | Yes. No calendar year dollar or lifetime dollar maximums.  |
| Travel/Meals/Lodging          | No. (Current Internal Revenue Services (IRS) per diem allowances can still apply.)   |
| <b>OTHER MEDICAL SERVICES</b> |  |
| Acupuncture                   | No. If covered, current dollar maximums still apply.   |
| Ambulance                     | Yes. No calendar year dollar or lifetime dollar maximums.  |
| Autism Spectrum Disorder      | Yes. No calendar year dollar or lifetime dollar maximums, although maximums on Applied Behavior Analysis (ABA) services can still apply. Please refer to medical policy for specific coverage details. |
| Bereavement counseling        | Yes. No calendar year dollar or lifetime dollar maximums.  |
| Napropathic Services          | No. If covered, current dollar maximums can still apply.   |
| Prescription Drugs            | Yes. No calendar year dollar or lifetime dollar maximums.  |
| TMJ                           | Yes. No calendar year dollar or lifetime dollar maximums.  |

**Note: The Affordable Care Act and regulations prohibit annual limits on the dollar value of essential health benefits generally but allow certain restricted annual limits with respect to essential health benefits for plan years (in the individual market, policy years) beginning before Jan. 1, 2014. Grandfathered individual market policies are exempted from this provision. Federal regulations and guidance provide for a waiver program with respect to restricted annual limits.**