2020 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services
Page 77

Benefit Description

Outpatient Hospital or Ambulatory Surgical Center (cont.)

Outpatient **surgical and treatment services** performed and billed by a facility, such as (*continued*):

- Cardiac rehabilitation
- Observation services

  Note: All outpatient services billed by the facility during the time you are receiving observation services are included in the cost-share amounts shown here. Please refer to Section 5(a) for services billed by professional providers during an observation stay and page 73 for information about benefits for inpatient admissions.
- Pulmonary rehabilitation
- Hospital-based clinic visits
- Outpatient hospital services and supplies related to:
  - Treatment of children up to age 22 with severe dental caries.
  - Dental procedures only when a non-dental physical impairment exists that makes the hospital setting necessary to safeguard the health of the patient. See Section 5(g), *Dental Benefits*, page 104.

Notes:

- See pages 84-86 for our payment levels for care related to a medical emergency or accidental injury.
- See pages 49-50 for our coverage of family planning services.
- See page 79 for outpatient drugs, medical devices, and durable medical equipment billed for by a facility.
- See page 74 for maternity care provided in an outpatient facility.

You Pay
See previous page

Benefit Description

Outpatient **diagnostic testing** performed and billed by a facility, such as:

- Angiographies
- Bone density tests
- CT scans*/MRIs*/PET scans*
- Genetic testing*

  Note: We cover specialized diagnostic genetic testing billed for by a facility, such as the outpatient department of a hospital, as shown here. See pages 43-44 for coverage criteria and limitations.
- Nuclear medicine
- Sleep studies
- Cardiovascular monitoring
- EEGs
- Ultrasounds
- Neurological testing
- X-rays (including set-up of portable X-ray equipment)
- EKGs
- Laboratory tests and pathology services

Note: For outpatient facility care related to maternity, including outpatient care at birthing facilities, see *Maternity – Facility*, page 74 in this Section.

***Prior approval is required.**

You Pay

Preferred facilities: 30% of the Plan allowance

Non-preferred facilities (Member/Non-member):

- Member: 30% of the Plan allowance
- Non-member: 30% of the Plan allowance, plus any difference between our allowance and the billed amount

---

Outpatient Hospital or Ambulatory Surgical Center - continued on next page