2024 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals

Page 56

 You must use Preferred providers in order to receive benefits. See below and Section 3 or the exceptions to this requirement.

# 10/30/23 correction (red text)

 We provide benefits at Preferred benefit levels for services provided in Preferred facilities by Non-preferred radiologists, anesthesiologists, certified registered nurse anesthetists (CRNAs), pathologists, neonatologists, emergency room physicians, and assistant surgeons (including assistant surgeons in a physician's office). You may be responsible for any difference between our payment and the billed amount. See Section 3 Section 4, NSA, for information on when you are not responsible for this difference.

Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.

## **Benefit Description**

## **Surgical Procedures**

A comprehensive range of services, such as:

- Operative procedures
- Assistant surgeons/surgical assistance if required because of the complexity of the surgical procedures
- Treatment of fractures and dislocations, including casting
- Normal pre- and post-operative care by the surgeon
- Correction of amblyopia and strabismus
- Colonoscopy, with or without biopsy
   Note: Preventive care benefits apply to the professional charges for your first covered colonoscopy of the calendar year (see Section 5(a)). We provide benefits as described

Document Number: FBF24-056 Chapter: Blue Cross and Blue Shield Service Benefit Plan

here for subsequent colonoscopy procedures performed by a professional provider in the same year.

- Endoscopic procedures
- Injections
- Biopsy procedures
- Removal of tumors and cysts
- · Correction of congenital anomalies
- Treatment of burns
- Male circumcision
- Insertion of internal prosthetic devices. See Section 5(a), Orthopedic and Prosthetic
   Devices, and "Other hospital services and supplies" in Section 5(c), Inpatient Hospital, for
   our coverage for the device.
- Procedures to treat severe obesity when you meet the clinical criteria listed in our medical
  policy at <a href="https://www.fepblue.org/legal/policies-guidelines">www.fepblue.org/legal/policies-guidelines</a> for any initial and subsequent surgery (prior
  approval required).

#### Notes:

- Surgical services to treat severe obesity must be performed in a Blue Distinction Center for Comprehensive Bariatric Surgery.
- When multiple surgical procedures that add time or complexity to patient care are
  performed during the same operative session, the Local Plan determines our allowance for
  the combination of multiple, bilateral, or incidental surgical procedures. Generally, we will
  allow a reduced amount for procedures other than the primary procedure.
- We do not pay extra for "incidental" procedures (those that do not add time or complexity to patient care).

#### You Pay

Preferred: 30% of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

Revision #: v1.1 Page 2 of 3 Date Published: 1/1/2024

Document Number: FBF24-056 Chapter: Blue Cross and Blue Shield Service Benefit Plan

Surgical Procedures - continued on next page

Go to page <u>55</u>. Go to page <u>57</u>.

Revision #: v1.1 Page 3 of 3 Date Published: 1/1/2024