2023 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 74

Benefit Description

Outpatient Hospital or Ambulatory Surgical Center (cont.)

- 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 70 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 102.

Notes:

- See pages 81-84 for our payment levels for care related to a medical emergency or accidental injury.
- See page 47 for our coverage of family planning services.

- See page 76 for outpatient drugs, medical devices, and durable medical equipment billed for by a facility.
- See page 71 for maternity care provided in an outpatient facility.

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

Non-preferred facilities (Member/Non-member): You pay all charges

---

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 page 43 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 71 in this Section.

***Prior approval is required.**

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

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

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

---

Outpatient Hospital or Ambulatory Surgical Center – continued on next page

---

Go to page 73. Go to page 75.