

Hospital – Outpatient Care

Benefit Coverage

Hospital outpatient care is covered for medically necessary services and supplies for treatments, diagnostic tests, and emergency care, surgeries, and procedures performed in a hospital outpatient setting when appropriately authorized.

Any questions about the appropriate setting for a surgery/procedure should be referred to Blue Shield Medical Care Solutions.

For mental health and substance use disorder services, benefits are provided for outpatient care when prior authorized by the Blue Shield mental health services administrator (MHSA) and obtained from MHSA Participating Providers.

Members may call MHSA directly at (877) 263-9952 to arrange for mental health and substance use disorder services. Members may also ask their Primary Care Physicians to contact MHSA to arrange for these services for them.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Emergency Care

Mental Health and Substance Use Disorder

Optional Benefits

Infertility Services

Outpatient Hospital Services

Benefit Limitations

Refer to the Benefit Limitation sections of the *HMO Benefit Guidelines* for:

Ambulatory Surgeries/Procedures

Chemotherapy

Emergency Services

Infertility - Basic Plan/Optional Benefit

Mental Health and Substance Use Disorder

Hospital – Outpatient Care

Examples of Covered Services

Outpatient care is covered for:

- Computerized Axial Tomography (CAT) Scan
- Chemotherapy or other infused/injected medications
- Lymph Node Biopsy
- Magnetic Resonance Imaging (MRI)
- Treadmill tests

Examples of Non-Covered Services

Outpatient mental health and substance use disorder services not prior authorized or provided by the MHSA.

All routine dental services, e.g., root canals, fillings, crowns, dentures, third molar extractions, routine removal of any teeth, gum surgery, dental implants, any and all dental procedures associated with the future placement of dental implants, dentures, etc.

Administration of select infused or injected medications that require are not approved for outpatient hospital administration

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Facility Based Ambulatory Surgery/Procedures List

HMO Benefit Guidelines for:

Ambulatory Surgery/Procedures

Chemotherapy

Emergency Services

Infertility – Diagnosis and Treatment of the Cause

Infertility – Additional Benefits

Mental Health and Substance Use Disorder

Blue Shield HMO IPA/Medical Group Procedures Manual