

## Out-of-Area Services

### Benefit Coverage

The subscriber, spouse and dependents are covered for the following types of services while outside the Primary Care Physician's service area:

- Non-emergency services referred out-of-area and authorized by the IPA/medical group and/or Blue Shield HMO.
- Urgent Services within California – Members who are traveling within California but outside of the Primary Care Physician service area who are unable to contact their Primary Care Physician should call the phone number listed on the back of their ID card for assistance in receiving urgent services.
- Urgent Services within the United States - When traveling within the United States, a member can access a network of participating health plans that will provide urgent services. Members can also receive urgent care from non-participating providers. The member should call the 24-hour toll-free number at (800) 810-BLUE (2583) to obtain information about the nearest participating provider.
- Urgent Care and Emergency Services outside of the United States –The member may call Blue Shield Global Core at (800) 810-BLUE (2583) for the nearest participating provider, or when outside the country, call collect at (804) 673-1177. If the member does not use Blue Shield Global Core, and the claim is for services other than inpatient care, the member will need to pay the claim at the time the service is rendered. The member can obtain a Blue Shield Global Core International Claim Form (C14764) by calling the member services number on the back of their ID card. The member will then need to submit the claim form and a copy of the bill to the following address:

Blue Shield of California Foreign Claims Unit  
P.O. Box 272550  
Chico, California 95927-2550

- Urgent Mental Health and Substance Use Disorder Services - Within California, the member should contact the MHSA at (877) 263-8827.
- Services provided through the Away From Home Care<sup>SM</sup> Program.

### Copayment

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

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### Benefit Exclusions

Unauthorized treatment outside the Primary Care Physician's service area when it is determined by the Plan that emergency services were not required, or urgent services received were obtained and retrospective review indicated the services would not have been authorized as urgent services, is not covered.

Follow-up care to urgent or emergency services that is not medically necessary is not covered.

### Benefit Limitations

Blue Shield HMO members who qualify for Away From Home Care will receive services through the local BCBS HMO where they reside. Their benefit plan will be one offered by the local HMO.

Authorization by Blue Shield HMO is required for more than two out of area follow-up outpatient visits following an urgent or emergency visit or for care that involves a surgical or other procedure or inpatient stay. Blue Shield HMO may direct the patient to receive follow-up services from the Primary Care Physician.

### Exceptions

Out-of-area treatment for renal failure is covered while the member is temporarily traveling **only** when prior authorized by the IPA/medical group or Blue Shield HMO.

### Examples of Covered Services

- Emergency services
- Emergency ("first aid" care), immediate, and initial palliative services to medically or dentally stabilize the teeth and the structures of the mouth immediately following trauma or an accident to the mouth and oral structures
- Non-emergency/non-urgent services rendered out-of-area and authorized by the IPA/medical group and/or Blue Shield HMO
- Urgent services received through the Blue Shield network, a non-network provider, the Away From Home Care Program, or BlueCard network

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### Examples of Non-Covered Services

- Non-emergency/non-urgent self-referrals
- Out-of-area follow-up care for an urgent or emergency visit that is not medically necessary
- Out-of-area follow-up care for an urgent or emergency visit in excess of two outpatient visits (except for non-marketed IFP plan members) that was not authorized by Blue Shield HMO
- Out-of-area follow-up care for an urgent or emergency visit that involves any procedure or facility component unless prior authorized by Blue Shield HMO
- All dental services that are not the immediate, initial and emergency palliative treatments performed as the direct result of an accident to include fillings falling out, crowns falling out, extraction of teeth, lost dentures, broken dentures, broken fixed dental bridges, foreign objects “stuck” to the gums or teeth, broken orthodontic brackets, broken orthodontic arch wires, gum surgery, oral appliances of any type (TMJ, obstructive sleep apnea, nightguards for bruxing, orthodontic retainers) and etc. Thorough documentation from the provider must be submitted to the Dental Plan Administrator for reimbursement consideration to include pre, post-operative radiographs and medical quality photographs.

### References

*Evidence of Coverage*

*IFP Evidence of Coverage and Health Service Agreement*

*HMO Benefit Guidelines for:*

*Emergency*

*Urgent Services*

*Blue Shield HMO IPA/Medical Group Procedures Manual*

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