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
- Emergency services (Refer to the *HMO Benefit Guidelines* on *Emergency*)
- Urgent services (Refer to *HMO Benefit Guidelines* on *BlueCard* and *Urgent Services*)
- Services provided through the Away From Home Care℠ Program

Copayment

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

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.

Benefit Limitations

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.

Out-of-Area Services

Examples of Covered Services

- Emergency services
- Emergency ("first aid" care) 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

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, 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*:*

BlueCard
Emergency
Urgent Services

Blue Shield HMO IPA/Medical Group Procedures Manual