

2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals****Lab, X-ray and Other Diagnostic Tests**

Benefit Description**Lab, X-ray and Other Diagnostic Tests**

Diagnostic tests, such as:

- Laboratory tests (such as blood tests and urinalysis)
- Pathology services
- EKGs
- Cardiovascular monitoring
- EEGs
- Neurological testing
- Ultrasounds
- X-rays (including set-up of portable X-ray equipment)
- Bone density tests
- CT scans*/MRIs*/PET scans*
- Angiographies
- Genetic testing*

***Prior approval is required**

- Notes:
 - Benefits are available for specialized diagnostic genetic testing when it is medically necessary to diagnose and/or manage a patient's existing medical condition. Benefits are not provided for genetic panels when some or all of the tests included in the panel are not covered, are experimental or investigational, or are not medically necessary.

Refer to the next paragraph for information about diagnostic BRCA.

- You must obtain prior approval for BRCA testing (see page [43](#)). Diagnostic BRCA testing, including testing for large genomic rearrangements in the BRCA1 and BRCA2 genes: Benefits are available for members with a cancer diagnosis when the requirements in the note above are met, and the member does not meet criteria for Preventive BRCA testing. Benefits are limited to one test of each type per lifetime whether covered as a diagnostic test or paid under *Preventive Care* benefits (see page [43](#)).
 - See page [43](#) in this Section for coverage of genetic counseling and testing services related to family history of cancer or other disease.
- Nuclear medicine
 - Sleep studies

Note: See Section 5(c) for services billed for by a facility, such as the outpatient department of a hospital.

You Pay

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

Note: \$0 member cost-share for the first 10 laboratory tests performed in each of these different laboratory test categories (Basic metabolic panels; Cholesterol screenings; Complete blood counts, Fasting lipoprotein profiles; General health panels; Urinalysis) and 10 Venipunctures when not associated with preventive maternity or accidental injury care.

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

Note: When care is provided by a Non-preferred laboratory and/or radiologist, as stated on page [18](#) for an exception, you pay:

- Participating laboratories or radiologists: 30% of the Plan allowance (deductible applies)
- Non-participating laboratories or radiologists: 30% of the Plan allowance, plus any difference between our allowance and the billed amount (deductible applies)