

2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5(e). Mental Health and Substance Use Disorder Benefits
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Benefit Description

Outpatient Hospital or Other Covered Facility

Outpatient services provided and billed by a covered facility

- Diagnostic tests
- Group psychotherapy
- Individual psychotherapy
- Intensive outpatient treatment
- Partial hospitalization
- Pharmacologic (medication) management
- Psychological testing

Note: We cover outpatient mental health and substance use disorder services or supplies provided and billed by residential treatment centers at the levels shown here. **Prior approval is required.** Failure to obtain prior approval will result in a \$100.00 penalty. See page [19](#).

You Pay

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

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

Benefit Description

Not covered:

- *Marital, family, educational, or other counseling or training services*
- *Services performed by a noncovered provider*

- *Testing for and treatment of learning disabilities and intellectual disability*
- *Inpatient services performed or billed by residential treatment centers, except as described on pages [76](#) and [87](#)*
- *Services performed or billed by schools, halfway houses, group homes or members of their staffs*
Note: We cover professional services as described on page [16](#) when they are provided and billed by a covered professional provider acting within the scope of their license.
- *Psychoanalysis or psychotherapy credited toward earning a degree or furtherance of education or training regardless of diagnosis or symptoms that may be present*
- *Services performed or billed by residential therapeutic camps (e.g., wilderness camps, Outward Bound, etc.)*
- *Light boxes*
- *Custodial or long-term care (see Definitions)*
- *Costs associated with enabling or maintaining providers' telehealth (telemedicine) technologies, non-interactive telecommunication such as email communications, or asynchronous store-and-forward telehealth services*

You Pay

All charges

Go to page [87](#). Go to page [89](#).