

Special prior authorization situations related to coordination of benefits (COB)

2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Section 3. How You Get Care

You need prior Plan approval for certain services:

Special prior authorization situations related to coordination of benefits (COB)

- **Special prior authorization situations related to coordination of benefits (COB)**

The examples below provides the special situations regarding prior approval and precertification when Medicare is the primary payor.

Service Type: Inpatient hospital admission

Primary Payor: Medicare Part A

Precertification: No

Prior Approval: Not applicable

Service Type: Medicare hospital benefits exhausted and you do not want to use your Medicare lifetime reserve days

Primary Payor: Medicare Part A benefits not provided

Precertification: Yes

Prior Approval: Not applicable

Service Type: Gender affirming surgery when performed during an inpatient admission

Primary Payor: Medicare Part A

Precertification: Yes

Prior Approval: Yes

Service Type: Gender affirming surgery in an outpatient hospital or ambulatory surgical center (ASC)

Primary Payor: Medicare Part B

Precertification: Not applicable

Prior Approval: Yes

Service Type: Severe obesity surgery when performed during an inpatient admission

Primary Payor: Medicare Part A

Precertification: No

Prior Approval: Yes

Service Type: Severe obesity surgery in an outpatient hospital or ambulatory surgical center (ASC)

Primary Payor: Medicare Part B
Precertification: Not applicable
Prior Approval: Yes

Service Type: Residential treatment center admission – inpatient
Primary Payor: Medicare Part A
Precertification: Yes
Prior Approval: Not applicable

Service Type: Residential treatment center – outpatient care
Primary Payor: Medicare Part B
Precertification: Not applicable
Prior Approval: Yes

The examples below provides the special situations regarding prior approval and precertification when another healthcare insurance is the primary payor.

Service Type: Inpatient hospital admission
Primary Payor: Other healthcare insurance
Precertification: No
Prior Approval: Not applicable

Service Type: Gender affirming surgery when performed during an inpatient admission
Primary Payor: Other healthcare insurance
Precertification: Yes
Prior Approval: Yes

Service Type: Gender affirming surgery in an outpatient hospital or ambulatory surgical center (ASC)
Primary Payor: Other healthcare insurance
Precertification: Not applicable
Prior Approval: Yes

Service Type: Severe obesity surgery when performed during an inpatient admission
Primary Payor: Other healthcare insurance
Precertification: No
Prior Approval: Yes

Service Type: Severe obesity surgery in an outpatient hospital or ambulatory surgical center (ASC)
Primary Payor: Other healthcare insurance
Precertification: Not applicable
Prior Approval: Yes

Service Type: Residential treatment center admission – inpatient
Primary Payor: Other healthcare insurance
Precertification: Yes

Prior Approval: Not applicable

Service Type: Residential treatment center – outpatient care

Primary Payor: Other healthcare insurance

Precertification: Not applicable

Prior Approval: Yes