
2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 3. How You Get Care
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- **Warning:**

We will reduce our benefits by \$100 for medically necessary services that require prior approval, if no one contacts us for prior approval. If the service is not medically necessary, we will not provide benefits. This benefit reduction does not apply to prescription drugs that require prior approval, see page [22](#).

- **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: Morbid obesity surgery when performed during an inpatient admission

Primary Payor: Medicare Part A

Precertification: No
Prior Approval: Yes

Service Type: Morbid 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

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