## 2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus Section 3. How You Get Care

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**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

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The examples below provide 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

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