Document Number: FFBF25.03.4.03 Chapter: Blue Cross and Blue Shield Service Benefit Plan

## 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 provide 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

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**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 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

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

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Prior Approval: Not applicable

Service Type: Residential treatment center – outpatient care

Primary Payor: Other healthcare insurance

Precertification: Not applicable

Prior Approval: Yes