

**2026 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)**

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**• 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:** 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 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:** 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