

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:****Inpatient hospital admission, inpatient residential treatment center admission**

- **Inpatient hospital admission, inpatient residential treatment center admission**

Precertification is the process by which – prior to your inpatient admission – we evaluate the medical necessity of your proposed stay, the procedure(s)/service(s) to be performed, the number of days required to treat your condition, and any applicable benefit criteria. Unless we are misled by the information given to us, we will not change our decision on medical necessity.

In most cases, your physician or facility will take care of requesting precertification. Because you are still responsible for ensuring that your care is precertified, you should always ask your physician, hospital or inpatient residential treatment center if they have contacted us and provided all necessary information. You may also contact us at the phone number on the back of your ID card to ask if we have received the request for precertification. Later in this section, there is more information about precertification of an *Emergency inpatient admission*.

Note: Special rules apply when Medicare or another payer is primary, as explained later in this section.

Warning:

We will reduce our benefits for the inpatient hospital stay by \$500, even if you have obtained prior approval for the service or procedure being performed during the stay, if no one contacts us for precertification. If the stay is not medically necessary, we will not provide benefits for inpatient hospital room and board or inpatient physician care; we will only pay for covered medical services and supplies that are otherwise payable on an outpatient basis.

Exceptions:

You do not need precertification in these cases:

You are admitted to a hospital outside the United States; with the exception of admissions to residential treatment centers.

Note: Special rules apply when Medicare or another payer is primary, as explained later in this section.