
2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 3. How You Get Care
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You need prior Plan approval for certain services

The pre-service claim approval processes for inpatient hospital admissions (called precertification) and for Other services (called prior approval) are detailed in this Section. A **pre-service claim** is any claim, in whole or in part, that requires approval from us before you receive medical care or services. In other words, a pre-service claim for benefits may require precertification and prior approval. If you do not obtain precertification, there may be a reduction or denial of benefits. Be sure to read all of the following precertification and prior approval information. Our FEP medical policies may be found by visiting www.fepblue.org/policies.

• Inpatient hospital admission, inpatient residential treatment center admission, or skilled nursing facility 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, inpatient residential treatment center, or skilled nursing facility whether or not they have contacted us and provided all necessary information. You may contact us at the phone number on the back of your ID card to ask if we have received the request for precertification. Keep reading this section for information about precertification of an emergency inpatient hospital admission.

• 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 for gender affirming surgery and admissions to residential treatment centers, and skilled nursing facilities.
- You have another group health insurance policy that is the primary payor for the hospital stay; with the exception of admissions for gender affirming surgery.
- Medicare Part A is the primary payor for the hospital or skilled nursing facility stay; with the exception of admissions for gender affirming surgery.

Note: Precertification for covered organ/tissue transplants performed at Blue Distinction Centers for Transplants is required even if you have another primary group health insurance policy or have primary Medicare Part A coverage.

Note: If you exhaust your Medicare hospital benefits and do not want to use your Medicare lifetime reserve days, then you **do** need precertification.

Note: Severe obesity surgery performed during an inpatient stay (even when Medicare Part A is your primary payor) must meet the surgical requirements listed in our medical policy in order for benefits to be provided for the admission and surgical procedure.

- **Other services**

You must obtain prior approval for these services under both Standard and Basic Option in all outpatient and inpatient settings unless otherwise noted. Precertification is also required if the service or procedure requires an inpatient hospital admission. Contact us using the customer service phone number listed on the back of your ID card before receiving these types of services, and we will request the medical evidence needed to make a coverage determination:

- **Gene therapy and cellular immunotherapy, for example, CAR-T and T-Cell receptor therapy**

- **Medical benefit drugs** – We require prior approval for certain drugs that will be submitted on a medical claim for reimbursement. Contact the customer service number on the back of your ID card or visit us at fepblue.org/medicalbenefitdrugs for a list of these drugs.
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