

**2020 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 3. How You Get Care**  
**Page 20**

---

- Genetic testing for the diagnosis and/or management of an existing medical condition

Note: Necessary medical evidence for BRCA related genetic testing includes the results of genetic counseling.

- **Surgical services** – The surgical services on the following list require prior approval and when care is provided in an inpatient setting, precertification is required for the hospital stay.
  - Procedures to treat morbid obesity (see page [60-61](#))

Note: Benefits for the surgical treatment of morbid obesity – performed on an inpatient or outpatient basis – are subject to the pre-surgical requirements listed on page [61](#). Benefits are only available for the surgical treatment of morbid obesity when provided at a Blue Distinction Specialty Care Center for Bariatric (weight loss) surgery.

Note: See tables on page [22-23](#) for special situations when another payor is primary.

- Breast reduction or augmentation not related to treatment of cancer
- Gender reassignment surgery – Prior to surgical treatment of gender dysphoria, your provider must submit a treatment plan including all surgeries planned and the estimated date each will be performed. A new prior approval must be obtained if the treatment plan is approved and your provider later modifies the plan.

Note: See tables on page [22-23](#) for special situations when another payor is primary.

- Outpatient surgical correction of congenital anomalies (see definition on page [132](#))
- Oral maxillofacial surgeries/surgery on the jaw, cheeks, lips, tongue, roof and floor of the mouth, and related procedures
- Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint (TMJ)
- Orthopedic procedures: hip, knee, ankle, spine, shoulder and all orthopedic procedures using computer-assisted musculoskeletal surgical navigation
- Reconstructive surgery for conditions other than breast cancer
- Rhinoplasty

- Septoplasty
- Varicose vein treatment
  
- **Outpatient intensity-modulated radiation therapy (IMRT)** – Prior approval is required for all outpatient IMRT services except IMRT related to the treatment of head, neck, breast, prostate or anal cancer. Brain cancer is not considered a form of head or neck cancer; therefore, prior approval is required for IMRT treatment of brain cancer.
  
- **Hospice care** – Prior approval is required for home hospice, continuous home hospice, or inpatient hospice care services. We will advise you which home hospice care agencies we have approved. See page [80](#) for information about the exception to this requirement.
  
- **Cardiac rehabilitation**
  
- **Cochlear implants**
  
- **Outpatient residential treatment center care** for any condition
  
- Note: See tables on pages [22-23](#) for special situations when another payor is primary.
  
- **Prosthetic devices (external)**, including: microprocessor controlled limb prosthesis; electronic and externally powered prosthesis
  
- **Pulmonary rehabilitation**
  
- **Radiology, high technology** including:
  - Magnetic resonance imaging (MRI)
  - Computed tomography (CT) scan