FEP Blue Focus Prior Approval List

For enrollment codes 131, 132, 133 (located on the member’s ID card)

Contents

Durable Medical Equipment and Prosthetic Devices

Specialty Durable Medical Equipment (DME)

Prosthetic Devices (External)

Surgical Services

Surgery for Morbid Obesity

Surgery for Breast Reduction/Augmentation Not Related to Treatment of Cancer

Gender Reassignment Surgery

Surgical Correction of Congenital Anomalies

Oral Maxillofacial Surgeries/Surgery on The Jaw, Cheeks, Lips, Tongue, Floor and Roof of The Mouth, and Related Procedures

Other Surgeries

Transplants

Blood or Marrow Stem Cell Transplants

Artificial Heart Transplant

Organ/Tissue Transplants

Travel Benefits

Genetic Testing

BRCA Genetic Testing and Testing for Large Genomic Rearrangements in the BRCA1 and BRCA2 Genes

Genetic Testing for the Diagnosis and/or Management of an Existing Medial Condition

Radiology, High Technology

Magnetic Resonance Imaging (MRI), Computed Tomography (CT) Scan, and Positron Emission Tomography (PET) Scan

Other Services Requiring Prior Approval

Air Ambulance Transport (non-emergent)

Gene Therapy and Cellular Immunotherapy (e.g., CAR-T and T-Cell Receptor Therapy)

Applied Behavior Analysis (ABA)

Cardiac Rehabilitation

Cochlear Implants

Outpatient Intensity-Modulated Radiation Therapy (IMRT)
Pulmonary Rehabilitation .......................................................................................................................... 8
Hospice Care ........................................................................................................................................ 8
Inpatient Hospital Admission and Inpatient Residential Treatment Center (RTC) Admission .......... 8
Outpatient Residential Treatment Center Care for Any Condition ........................................................ 8
Prescription Drugs and Supplies, Including Medical Foods Administered Orally .............................. 8
When FEP is Not the Primary Payor ..................................................................................................... 9
When Medicare is the Primary Payor .................................................................................................... 9
When Another Healthcare Insurance is the Primary Payor ................................................................. 10
Durable Medical Equipment and Prosthetic Devices

Specialty Durable Medical Equipment (DME)

Rental or purchase, to include specialty hospital beds, deluxe wheelchairs, power wheelchairs and mobility devices, and related supplies.


Prosthetic Devices (External)

Including microprocessor-controlled limb prosthesis; electronic and externally powered prosthesis

Surgical Services

Surgery for Morbid Obesity
Benefits may only be available when provided at a Blue Distinction Specialty Care Center for bariatric surgery.
Procedure Codes 43644, 43645, 43770, 43773, 43775, 43845, 43846, 43847, 43848

Surgery for Breast Reduction/Augmentation Not Related to Treatment of Cancer
Procedure Codes 15777, 19316, 19318, 19325, 19328, 19330, 19340, 19342

Gender Reassignment Surgery
The prior approval request must include all surgical procedures anticipated/planned to change the member’s biological gender, where the procedure(s) will be performed, and the estimated procedure date(s).

For Female-to-Male Gender Reassignment Surgery—Procedure Codes 19303, 53430, 54400, 54401, 54405, 54660, 55175, 55180, 55899, 55980, 56625, 57110, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, C1813, C2622

For Male-to-Female Gender Reassignment Surgery—Procedure Codes 53410, 54125, 54520, 54690, 55970, 56805, 57291, 57292, 57335, 58999

Electrolysis Performed at The Operative Site for A Gender Reassignment Surgery—Procedure Code 17380

Surgical Correction of Congenital Anomalies
Procedure Codes 23400, 27158, 27258, 27259, 27727, 31300, 33813, 33814, 34707, 34708, 35180, 35182, 35184, 40700, 40701, 40702, 40720, 40761, 42200, 42205, 42210, 42215, 42220, 42225, 43313, 43314, 44126, 44127, 44128, 47700, 50070, 50135, 50405, 52400, 61613, 61680, 61682, 61684, 61686, 61690, 61692, 61705, 61708, 61710, 63250, 63251, 63252, 69320, 93580, 93581, D7961, D7962

Oral Maxillofacial Surgeries/Surgery on The Jaw, Gums, Lips, Tongue, Roof and Floor of the Mouth, and Related Procedures
Procedure Codes 0510T, 0511T, 21010, 21050, 21060, 21070, 21073, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21440, 21445, 21452, 21454, 21461, 21462, 21465, 21470, 21480, 21485, 21490, 21497, 29804, 40510, 40520, 40525, 40527, 40530, 40650, 40652, 40654, 40800, 40801, 40804, 40805, 40830, 40831, 41000, 41005, 41006, 41007, 41008, 41009, 41015, 41016, 41017, 41018, 41250, 41251, 41252, 42180, 42182
Other Surgeries

- 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

Procedure Codes 0524T, 15769,15771, 15772, 15773, 15774, 15775, 15776, 15777, 15778, 15779, 15780, 15781, 15782, 15783, 15784, 15785, 15786, 15787, 15788, 15789, 15790, 15791, 15792, 15793, 15794, 15795, 15796, 15797, 15798, 15799, 15800, 15801, 15802, 15803, 15804, 15805, 15806, 15807, 15808, 15809, 15810, 15811, 15812, 15813, 15814, 15815, 15816, 15817, 15818, 15819, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15827, 15828, 15829, 15830, 15831, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15840, 15841, 15842, 15843, 15844, 15845, 15846, 15847, 15848, 15849, 15850, 15851, 15852, 15853, 15854, 15855, 15856, 15857, 15858, 15859, 15860, 15861, 15862, 15863, 15864, 15865, 15866, 15867, 15868, 15869, 15870, 15871, 15872, 15873, 15874, 15875, 15876, 15877, 15878, 15879, 15880, 15881, 15882, 15883, 15884, 15885, 15886, 15887, 15888, 15889,
Effective January 01, 2021

29891, 29895, 29897, 29898, 29899, 29914, 29915, 30040, 30041, 30042, 30043, 30045, 30046, 30042, 30520, 36465, 36466, 36468, 36467, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 40490, 40500, 40806, 40808, 40810, 40812, 40814, 40816, 40819, 40820, 41010, 41100, 41105, 41108, 41110, 41112, 41113, 41114, 41115, 41116, 41120, 41130, 41150, 41520, 42000, 42100, 42104, 42106, 42107, 42120, 42140, 42145, 42160, 42300, 42305, 42310, 42320, 42330, 42335, 42340, 67971, 67973, 67974, 67975, 69310, 69641, 69642, 69643, 69644, 69646

Transplants

Blood or Marrow Stem Cell Transplants
Procedure Codes 38240, 38241, S2142, S2150

Note: This also includes clinical trials for blood or marrow stem cell transplants

Artificial Heart Transplant
Procedure Codes 33927, 33928, 33929

Organ/Tissue Transplants
Procedure Codes 0584T, 0585T, 0586T, 32851, 32852, 32853, 32854, 33935, 33945, 44135, 44136, 47135, 47136, 48160, 48554, G0341, G0342, G0343, S2053, S2054, S2060, S2152

Travel Benefits
Procedure Codes S9992, S9994

Genetic Testing

BRCA Genetic Testing and Testing for Large Genomic Rearrangements in the BRCA1 and BRCA2 Genes
Procedure Codes 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 0138U

Genetic Testing for the Diagnosis and/or Management of an Existing Medial Condition
Radiology, High Technology

Magnetic Resonance Imaging (MRI), Computed Tomography (CT) Scan, and Positron Emission Tomography (PET) Scan

High technology radiology related to immediate care of a medical emergency or accidental injury does not require prior approval.

Procedure Codes 0042T, 0332T, 0398T, 0501T, 0502T, 0503T, 0504T, 0588T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 70557, 70558, 70559, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 75571, 75572, 75573, 75574, 75635, 76376, 76377, 76380, 76390, 76391, 76497, 77011, 77012, 77013, 77014, 77078, 78072, 74172, 74173, 75557, 75559, 75561, 75563, 75565, 76498, 77021, 77022, 77046, 77047, 77048, 77049, 77084, 78071, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78469, 78491, 78492, 78494, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 78830, 78831, 78832, 78835, 78837, 78803, C8903, C8905, C8906, C8908, C9762, C9763, G0288, S8092
Other Services Requiring Prior Approval

Air Ambulance Transport (non-emergent)
Procedure Codes A0430, A0431, A0435, A0436

Gene Therapy and Cellular Immunotherapy (e.g., CAR-T and T-Cell Receptor Therapy)
Procedure Codes J3398, J3399, Q2041, Q2042, S2107, 0537T, 0538T, 0539T, 0540T

Applied Behavior Analysis (ABA)
Procedure Codes 0362T, 97151, 97153, 97154, 97155, 97156, 97158

Cardiac Rehabilitation
Procedure Codes 93797, 93798, S9472, G0422, G0423

Cochlear Implants
Procedure Codes 69930, L8614, L8627, L8628, L8615, L8616, L8617, L8618, L8619

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.
Procedure Codes 77301, 77338, 77385, 77386, G6015, G6016

Pulmonary Rehabilitation
Procedure Codes S9473, G0424, G0237, G0238, G0239

Hospice Care
Home hospice, continuous home hospice, or inpatient hospice care services

Inpatient Hospital Admission and Inpatient Residential Treatment Center (RTC) Admission
If pre-certification is not obtained prior to admission, inpatient benefits (i.e., room and board) are not available for inpatient care at the residential treatment center.

Outpatient Residential Treatment Center Care for Any Condition
Revenue Code Range 086X

Prescription Drugs and Supplies, Including Medical Foods Administered Orally
To request prior approval or obtain a list of drugs and supplies that require prior approval, call CVS Caremark (FEP’s pharmacy program administrator) at 877-727-3784 from 7:00AM to 9:00PM. Providers may submit prior approval drug requests securely online. To register for electronic prior authorization (ePA), visit covermymeds.com/epa/caremark/.
When FEP is Not the Primary Payor

When Medicare is the Primary Payor

The table below provides the special situations regarding prior approval and precertification when Medicare is the primary payor.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Primary Payor</th>
<th>Precertification</th>
<th>Prior Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital admission</td>
<td>Medicare Part A</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Medicare hospital benefits exhausted, and the Medicare lifetime reserve days are not used</td>
<td>Medicare Part A benefits not provided</td>
<td>Yes</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Gender reassignment surgery when performed during an inpatient admission</td>
<td>Medicare Part A</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gender reassignment surgery in an outpatient hospital or ambulatory surgical center (ASC)</td>
<td>Medicare Part B</td>
<td>Not Applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Morbid obesity surgery when performed during an inpatient admission</td>
<td>Medicare Part A</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Morbid obesity surgery in an outpatient hospital or ambulatory surgical center (ASC)</td>
<td>Medicare Part B</td>
<td>Not Applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Residential treatment center admission - Inpatient</td>
<td>Medicare Part A</td>
<td>Yes</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Residential treatment center – Outpatient Care</td>
<td>Medicare Part B</td>
<td>Not Applicable</td>
<td>Yes</td>
</tr>
</tbody>
</table>
When Another Healthcare Insurance is the Primary Payor

The table below provides the special situations regarding prior approval and precertification when another healthcare insurance is the primary payor.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Primary Payor</th>
<th>Precertification</th>
<th>Prior Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital admission</td>
<td>Other Healthcare Insurance</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Gender reassignment surgery when performed during an inpatient admission</td>
<td>Other Healthcare Insurance</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gender reassignment surgery in an outpatient hospital or ambulatory surgical center (ASC)</td>
<td>Other Healthcare Insurance</td>
<td>Not Applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Morbid obesity surgery when performed during an inpatient admission</td>
<td>Other Healthcare Insurance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Morbid obesity surgery in an outpatient hospital or ambulatory surgical center (ASC)</td>
<td>Other Healthcare Insurance</td>
<td>Not Applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Residential treatment center admission - Inpatient</td>
<td>Other Healthcare Insurance</td>
<td>Yes</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Residential treatment center – Outpatient Care</td>
<td>Other Healthcare Insurance</td>
<td>Not Applicable</td>
<td>Yes</td>
</tr>
</tbody>
</table>