FEP Standard and Basic Options Prior Approval List

For enrollment codes 104, 105, 106, 111, 112, 113 (located on the member’s ID card)

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Surgical Services

Surgery for Morbid Obesity
Benefits may be available only for the following procedures when all benefit requirements are met: Roux-en-Y, Gastric Bypass, Laparoscopic Adjustable Gastric Banding, Sleeve Gastrectomy, and Biliopancreatic Bypass with Duodenal Switch.

Procedure Codes 43644, 43645, 43770, 43773, 43775, 43845, 43846, 43847, 43848

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, Cheeks, Lips, Tongue, Floor and Roof of The Mouth, and Related Procedures
Procedure Codes 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, 40532, 40560, 40565, 40564, 40580, 40801, 40804, 40805, 40830, 40831, 41000, 41005, 41006, 41007, 41008, 41009, 41015, 41016, 41017, 41018, 41250, 41251, 41252, 42180, 42182, 40530

Transplants

Blood or Marrow Stem Cell Transplants
Procedure Codes 38240, 38241, 52142, 52150

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 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 44135, 44136, 47135, 48160, 48554, G0341, G0342, G0343, S2053, S2054, S2060, S2152

Note—Prior approval is not required for kidney transplants or transplants of corneal tissue.

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, 81168, 81212, 81215, 81216, 81217, 0138U

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

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

Outpatient Sleep Studies Performed Outside the Home
Procedure Codes 95782, 95783, 95803, 95805, 95807, 95808, 95810, 95811

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

Inpatient Hospital Admission, Inpatient Residential Treatment Center (RTC) Admission, or Skilled Nursing Facility (SNF) 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, or, when Medicare Part A is not the primary payor, at a Skilled Nursing Facility. We will only consider payment for medical services and supplies that are otherwise payable on an outpatient basis.
**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/.