

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	3
Specialty Durable Medical Equipment (DME)	3
Prosthetic Devices (External)	3
Surgical Services	5
Surgery for Morbid Obesity	5
Surgery for Breast Reduction/Augmentation Not Related to Treatment of Cancer	5
Gender Reassignment Surgery	5
Oral Maxillofacial Surgeries/Surgery on The Jaw, Cheeks, Lips, Tongue, Floor and Roof of The Mouth, and Related Procedures	5
Other Surgeries	6
Transplants	7
Blood or Marrow Stem Cell Transplants	7
Artificial Heart Transplant	7
Organ/Tissue Transplants	7
Travel Benefits	7
Kidney Transplants	7
Genetic Testing	7
BRCA Genetic Testing and Testing for Large Genomic Rearrangements in the BRCA1 and BRCA2 Genes	7
Genetic Testing for the Diagnosis and/or Management of an Existing Medical Condition	7
Radiology, High Technology	8
Other Services Requiring Prior Approval	9

Hearing Aids.....	9
Air Ambulance Transport (non-emergent)	9
Gene Therapy and Cellular Immunotherapy (e.g., CAR-T and T-Cell Receptor Therapy)	9
Applied Behavior Analysis (ABA)	9
Cardiac Rehabilitation	9
Cochlear Implants	9
CT Scan/MRI/Pet Scan.....	9
Pulmonary Rehabilitation	10
Hospice Care	10
Sperm or Egg Storage	10
Assisted Reproductive Technology	10
Proton Beam Therapy	10
Stereotactic Radiosurgery and Radiation Therapy	10
Artificial Insemination	10
Inpatient Hospital Admission and Inpatient Residential Treatment Center (RTC) Admission	10
Outpatient Residential Treatment Center Care for Any Condition	10
Drugs and Supplies not including Retail and Specialty drug program... ..	11
Site of Care Specialty Drug Management Program	11
Prescription Drugs and Supplies, Including Medical Foods Administered Orally. Administered through Retail and Specialty drug program.....	11
When FEP is Not the Primary Payor	12
When Medicare is the Primary Payor	12
When Another Healthcare Insurance is the Primary Payor	13

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.

Procedure Codes E0265, E0266, E0270, E0277, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0983, E0984, E0985, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1230, E1239, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368, E2369, E2370, E2371, E2372, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2398, K0010, K0011, K0012, K0013, K0014, K0108, K0733, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899

Prosthetic Devices (External)

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

Procedure Codes K1014, K1015, L3161, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5926, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5991, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672,

L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L7700, L8000, L8001, L8002, L8010, L8015, L8020, L8030, L8031, L8032, L8033, L8035, L8039, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8608, L8701, L8702

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 0813T, 43290, 43291, 43644, 43645, 43770, 43771, 43773, 43775, 43842, 73843, 73845, 73846, 43847, 43848, 43886, 43888, C9784, C9785

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 11920, 11921, 11922, 15877, 19303, 19318, 19350, 153430, 54400, 54401, 54405, 54660, 55175, 55180, 55899, 55980, 56625, 57110, 58150, 58180, 58260, 58262, 58275, 58290, 582941, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, C1813, C2622

For Male-to-Female Gender Reassignment Surgery—Procedure Codes 11920, 11921, 11922, 11970, 15771, 15772, 19325, 19350, 19357, 53410, 54125, 54520, 54690, 55970, 56805, 57291, 57292, 57335, 58999, C1789, L8600

Gender Affirming Facial Surgery - Procedure Codes 11950, 11951, 11952, 11954, 15769, 15773, 15774, 15775, 15776, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15876, 17380, 21025, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21188, 21193, 21194, 21195, 21196, 21208, 21209, 21210, 21230, 21235, 21244, 21245, 21246, 21248, 21249, 21270, 21899, 30400, 30410, 30420, 30430, 30435, 30450, 31599, 40799, 67900, 69300

Breast Repair/Reconstruction – 19316*, 19318, 19324, 19325*, 19328, 19340*, 19342*, 19357*, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380*, 19396

* does not require prior approval when billed with Gender Dysphoria diagnosis code

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

0054T, 0055T, 0524T, 0717T, 0718T, 0719T, 0775T, 15769, 15771, 15772, 15773, 15774, 19350, 19355, 19357,19361, 19364, 19367, 19368, 19369, 19380*, 19396, 20650, 20662, 20663, 20665, 20670, 20680, 20690, 20692,20693, 20694, 20696, 20697, 20900, 20902, 20920, 20922, 20924, 20930, 20931, 20936, 20937, 20938, 20939,20955, 20956, 20962, 20970, 20985, 21026, 21030, 21031, 21032, 21034, 21040, 21044, 21045, 21046, 21047,21048, 21049, 21116, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143,21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21181, 21182,21183, 21184, 21188, 21208, 21209, 21230, 21235, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270,21275, 21280, 21282, 21295, 21296, 21740, 21742, 21743, 22010, 22015, 22100, 22101, 22102, 22103, 22110,22112, 22114, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22532,22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612,22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22836,22837, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22853, 22854,22855, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22864, 22865, 22867, 22868, 22869, 22870, 23020,23035, 23040, 23044, 23100, 23101, 23105, 23106, 23107, 23120, 23125, 23130, 23170, 23172, 23174, 23180, 23182, 23184, 23190, 23195, 23395, 23397, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440, 23450,23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23480, 23485, 23490, 23491, 23700, 23800,23802, 23900, 23920, 23921, 24134, 24140, 24344, 24346, 24498, 26500, 26502, 26541, 26542, 26545, 26992,27000, 27001, 27003, 27005, 27006, 27025, 27027, 27030, 27033, 27036, 27050, 27052, 27054, 27057, 27070,27071, 27080, 27097, 27098, 27100, 27105, 27110, 27111, 27120, 27122, 27125, 27130, 27132, 27134, 27137,27138, 27140, 27146, 27147, 27151, 27156, 27161, 27165, 27170, 27175, 27176, 27177, 27178, 27179, 27181,27185, 27187, 27275, 27278, 27279, 27280, 27282, 27284, 27286, 27290, 27295, 27303, 27305, 27306, 27307,27325, 27326, 27330, 27331, 27332, 27333, 27334, 27335, 27350, 27360, 27380, 27381, 27385, 27386, 27390,27391, 27392, 27393, 27394, 27395, 27396, 27397, 27400, 27403, 27405, 27407, 27409, 27412, 27415, 27416,27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435, 27437, 27438, 27440, 27441, 27442,27443, 27445, 27446, 27447, 27448, 27450, 27454, 27455, 27457, 27465, 27466, 27468, 27470, 27472, 27475,27477, 27479, 27485, 27486, 27487, 27495, 27496, 27497, 27498, 27499, 27570, 27580, 27598, 27600, 27601,27602, 27605, 27606, 27607, 27612, 27620, 27625, 27626, 27640, 27641, 27650, 27652, 27654, 27656, 27658,27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685, 27686, 27687, 27690, 27691, 27692, 27695, 27696, 27698, 27700, 27702, 27703, 27705, 27707, 27709, 27712, 27715, 27720, 27722, 27724, 27725, 27726, 27730,27732, 27734, 27740, 27742, 27745, 27860, 27870, 27871, 27889, 27892, 27893, 27894, 27899, 28005, 28238,29800, 29806, 29807, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29862, 29863, 29866,29867, 29868, 29871, 29873, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886,29887, 29888, 29889, 29891, 29895, 29897, 29898, 29899, 29914, 29915, 29916, 30400, 30410, 30420, 30430,30435, 30450, 30460, 30462, 30520, 36465, 36466, 36468, 36470, 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, 63052, 63053, 67971, 67973, 67974, 67975, 69310, 69641, 69642, 69643, 69644, 69646, C9781

Transplants

Blood or Marrow Stem Cell Transplants

Procedure Codes 38240, 38241, S2142, S2150, 38205, 38206, 38207, 38230, 38232, S2140

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, 48160, 48554, G0341, G0342, G0343, S2053, S2054, S2060, S2065, S2152

Travel Benefits

Procedure Codes S9992, S9994

Kidney Transplants

Procedure codes 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50380, 50547 (Donor)

Genetic Testing

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

Procedure Codes 81162, 0138U, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217

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

G0452, G9143, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870, 0001M, 0001U, 0004M, 0005U, 0006M, 0007M, 0008U, 0009M, 0009U, 0010U, 0011M, 0012M, 0013M, 0016M, 0017M, 0016U, 0017U, 0018U, 0019U, 0022U, 0023U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0039U, 0040U, 0055U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0081U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0101U, 0102U, 0103U, 0111U, 0112U, 0113U, 0114U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U,

0201U, 0203U, 0204U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0221U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0249U, 0250U, 0252U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0282U, 0285U, 0286U, 0287U, 0288U, 0289U, 0291U, 0292U, 0293U, 0294U, 0295U, 0296U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U, 0326U, 0327U, 0329U, 0331U, 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0356U, 0362U, 0363U, 0364U, 0368U, 0369U, 0370U, 0371U, 0372U, 0373U, 0374U, 0378U, 0379U, 0380U, 0388U, 0391U, 0392U, 0395U, 0396U, 0398U, 0400U, 0401U, 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0414U, 0416U, 0417U, 0419U, 0420U, 0421U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U, 0438U, 0439U, 0440U, 0443U, 0444U, 0445U, 0448U, 0449U, 81120, 81121, 81161, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81493, 81504, 81507, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81528, 81529, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81595, 81599, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291

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, 70498, 75571, 75572, 75573, 75574, 75635, 76376, 76377, 76380, 76390, 76391, 76497, 77011, 77012, 77013, 77014, 77078, 78072, 74712, 74713, 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, 78803, C8903, C8905, C8906, C8908, C9762, C9763, G0288, S8092 0648T, 0649T, 0697T, 0698T, 0742T,

Other Services Requiring Prior Approval

Hearing Aids Require Prior Approval Even If Other Insurance is Primary

V5030, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5265, V5298, V5299

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 J1411, J1413, J3398, J3399, J3401, J9029, J9380, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, S2107, 0537T, 0538T, 0539T or 0540T

Applied Behavior Analysis (ABA)

Procedure Codes 0362T, 0373T, 97151, 97154, 97155, 97156, 97158, 97153,

Cardiac Rehabilitation

Procedure Codes 93797, 93798, S9472, G0422, G0423

Cochlear Implants

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

CT Scan/MRI/PET Scan

0042T, 0332T, 0398T, 0501T, 0502T, 0503T, 0504T, 0588T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0648T, 0649T, 0697T, 0698T, 0742T, 0808T, 0865T, 0866T, 70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 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, 75571, 75572, 75573, 75574, 75580, 76376, 76377, 76380, 76390, 76391,76497,77011, 77012, 77013, 77014, 77078, 78072, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 76498, 77021, 77022, 77046, 77047, 77048, 77049, 77084, 78071, 78429, 78430, 78431, 78432, 78433,78434, 78451, 78452, 78459, 78469, 78491, 78492, 78494, 78608, 78609, 78811, 78812, 78813, 78814,78815, 78816, 78830, 78831, 78832, 78835, 78803, C8903, C8905, C8906, C8908, C9762, C9763,, C9791, G0219, G0235, G0252, G0288, S8092

Pulmonary Rehabilitation

Procedure Codes 94625, 94626, S9473, G0237, G0238, G0239

Hospice Care

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

Sperm or Egg Storage

Procedure Code 89343,89344,89346

Assisted Reproductive Technology

Procedure Codes S4023, S4025, S4026

Proton Beam Therapy

Procedure codes 77520, 77522, 77523, 77525, C9795 (No longer required for those aged 21 and younger)

Stereotactic Radiosurgery and Radiation Therapy

Procedure codes 77371, 77372, 77373, C9795

Artificial Insemination

Procedure code is 58321, 58322, 58323, 89257, 59259, 89260, 89261, 89264, S4030, S4031, S4035
Drug Codes J0725, J1950, J1951, J1952, J2675, J9217, J9218, S0122, S0126, S0128, S0132

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. (Case Management Is not required for Residential Treatment Centers)

Outpatient Residential Treatment Center Care for Any Condition

Drugs including NOC codes

C9161, C9142, C9257, C9399, J0223, J0224, J0225, J0178, J0179, J0224, J0225, J0885, J1442, J1447, J1449, J1602, J2327, J2505, J2506, J2777, J2778, J3357, J3358, J9035, J9311, J9312, J9355, J9356, J5490, Q5101, Q5106, Q5107, Q5108, Q5109, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122, Q5123, Q5124, Q5125, Q5126, Q5127, Q5128, Q5129, Q5130

The following NOC codes when billed with NDC 72126000701, 72126000702 billed with C9399, J3490, J3590, J3591, J7699, J7799< J8499, J8597, J8999, J9999 or Q1081, S5000, S5001

NDC Codes 72126000701, 72126000702, 71336100001, 71336100101, 71336100201, 25682000101 or 73475304105

Once-In-A-Lifetime Self-Administered Injectable Drugs

The following drugs are only payable once-in-a-lifetime under medical benefits. Aer that they must be approved and processed by Caremark. covermyeds.com/epa/caremark/

Auto-immune Drugs	J0135, J1438, J2793, J3357, Q5131
Multiple Sclerosis Drugs	J1595, J1830, J1826, Q3027, Q3028
Growth Hormones	J2170, J2941
Other Drugs	J0364, J1324, J1744, J3110, J9216

Site of Care Specialty Drug Management Program

The following drug codes require prior approval effective April 1, 2023.

J0129, J0172, J0174, J0180, J0218, J0219, J0221, J0222, J0256, J0257, J0490, J0491, J0596, J0597, J0598, J0791, J1300, J1301, J1302, J1303, J1305, J1322, J1458, J1459, J1554, J1556, J1557, J1561, J1566, J1568, J1569, J1572, J1576, J1599, J1602, J1743, J1745, J1747, J1786, J1823, J1931, J2350, J2840, J3032, J3060, J3241, J3262, J3380, J3385, J3397, J9332, Q5103, Q5104, Q5121

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 covermyeds.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.

Service Type	Primary Payor	Precertification	Prior Approval
Inpatient hospital admission	Medicare Part A	No	Not Applicable
Medicare hospital benefits exhausted, and the Medicare lifetime reserve days are not used	Medicare Part A benefits not provided	Yes	Not Applicable
Gender reassignment surgery when performed during an inpatient admission	Medicare Part A	Yes	Yes
Gender reassignment surgery in an outpatient hospital or ambulatory surgical center (ASC)	Medicare Part B	Not Applicable	Yes
Morbid obesity surgery when performed during an inpatient admission	Medicare Part A	No	Yes
Morbid obesity surgery in an outpatient hospital or ambulatory surgical center (ASC)	Medicare Part B	Not Applicable	Yes
Residential treatment center admission - Inpatient	Medicare Part A	Yes	Not Applicable
Residential treatment center – Outpatient Care	Medicare Part B	Not Applicable	Yes

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.

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

