

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 0813T, 43290, 43291, 43644, 43645, 43770, 43771, 43773, 43775, 43845, 43846, 43847, 43848, 43886, 43888, C9784, C9785

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, 53430, 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, 19328, 19350, 19357, 53410, 54125, 54520, 54690, 55970, 56805, 57291, 57292, 57335, 58999, C1789, L8600

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

Gender Affirming Facial Surgery Procedure Codes - 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

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, 40650, 40652, 40654, 40800, 40801, 40804, 40805, 40830, 40831, 41000, 41005, 41006, 41007, 41008, 41009, 41015, 41016, 41017, 41018, 41250, 41251, 41252, 42180, 42182, 40530

Spinal Surgery

Procedure Codes 22836, 22837, 27278

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 32851, 32852, 32853, 32854, 33935, 33945, 44135, 44136, 47135, 48160, 48554, 0584T, 0585T, 0586T, G0341, G0342, G0343, S2053, S2054, S2060, S2065, S2152

Kidney Transplants

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

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, 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, 04337U, 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

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, 97152, 97153, 97154, 97155, 97156, 97158

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

Sperm or Egg Storage

Procedure codes 89343, 89344, 89346

In Vitro Fertilization Procedures (Standard Option Only)

58970, 58974, 58976, 76948, S4011, S4013, S4014, S4015, S4016, S4017, S4048, S4020, S4021, S4022, S4027, S4028, S4037, S4040, 89250, 89253, 89254, 89255, 89258, 89268, 89272, 89280, 89281, 89290, 89291, 89335, 89337, 89342, 89344, 89352, 89353 89354, 89354

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.

Proton Beam Therapy

Procedure codes 77520, 77522, 77523, 77525, C9795 (Prior approval not required for ages 21 and younger)

Stereotactic Radiosurgery

Procedure codes 77371, 77372

Stereotactic Body Radiation Therapy

Procedure codes 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

Assisted Reproductive Technology

Procedure Codes S4023, S4025, S4026

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, J8498, 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. covermy meds.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

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 covermy meds.com/epa/caremark/.

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

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

