

FEDERAL EMPLOYEE PROGRAM (FEP) SERVICES REQUIRING PRIOR AUTHORIZATION OR NOTIFICATION

SERVICES REQUIRING PRIOR AUTHORIZATION	Standard & Basic	FEP Blue Focus
GENETIC TESTING		
BRCA screening or diagnostic testing	X	X
Large genomic rearrangements of the BRCA1 and BRCA2 genes screening or diagnostic testing	X	X
Genetic testing for the diagnosis and/or management of an existing medical condition		X
SURGICAL SERVICES		
Outpatient surgery for morbid obesity	X	X
Outpatient surgical correction of congenital anomalies	X	X
Outpatient surgery needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth	X	X
Gender reassignment surgery	X	X
Breast reduction or augmentation not related to treatment of cancer		X
Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint (TMJ)		X
Orthopedic procedures: hip, knee, ankle, spine, shoulder and all orthopedic procedures using computer-assisted musculoskeletal surgical navigation		X
Reconstructive surgery for conditions other than breast cancer		X
Rhinoplasty		X
Septoplasty		X
Varicose vein treatment		X
OTHER SERVICES		
Outpatient intensity-modulated radiation therapy (IMRT)	X	X
Cardiac rehabilitation		X
Cochlear implants		X
Prosthetic devices (external), including: microprocessor controlled limb prosthesis; electronic and externally powered prosthesis		X
Pulmonary rehabilitation		X
Radiology, high technology including: <ul style="list-style-type: none"> - Magnetic resonance imaging (MRI) - Computed tomography (CT) scan - Positron emission tomography (PET) scan Note: High technology radiology related to immediate care of a medical emergency or accidental injury does not require prior approval.		X
Specialty durable medical equipment (DME), rental or purchase, to include: <ul style="list-style-type: none"> - Specialty hospital beds - Deluxe wheelchairs, power wheelchairs and mobility devices and related supplies 		X
Gene therapy and cellular immunotherapy, for example CAR-T and T-Cell receptor therapy	X	X
Air Ambulance Transport (non-emergent)	X	X
Outpatient sleep studies performed outside the home	X	
Applied behavior analysis (ABA)	X	X
All covered organ/tissue transplants, except kidney and cornea transplants	X	X
Blood or marrow stem cell transplants	X	X
Clinical trials for certain blood or marrow stem cell transplants	X	X
Transplant travel	X	X
SERVICES REQUIRING PRIOR NOTIFICATION		
Maternity Care		X