

Date Updated February 12, 2025  
Applicable for Pennsylvania, West Virginia, and Delaware

## FEP Standard and Basic Options Prior Approval List

### Background

This content is for enrollment codes 104, 105, 106, 111, 112, and 113, 33A, 33B, 33C, 33D, 33E, 33F located on the member’s identification (ID) card, and is applicable for Delaware, Pennsylvania, and West Virginia.

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## Category: Surgical Services

### Topic: Surgery for Morbid Obesity

Note: Procedure Codes marked with an asterisk (\*) are for services incurred on or after January 1, 2024. 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, 43842\*, 43843\*, 43845, 43846, 43847, 43848, 43886, 43888, C9784\*, C9785\*

### Topic: 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).

Note: For services incurred on or after January 1, 2024, Procedure Codes marked with an asterisk (\*) are covered for Male-to-Female Gender Affirming Surgery Services.

Note: • For services incurred on or after January 1, 2024, Procedure Codes marked with asterisks (\*\*) are only covered for Male-to-Female transitions when associated with Gender Affirming Breast Augmentation Surgical Services.

**Specific: 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, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, C1813, C2622

**Specific: 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

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

**Specific: 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

### **Topic: Oral Maxillofacial Surgeries**

Surgery on the Jaw, Cheeks, Lips, Tongue, Floor and Roof of The Mouth, and Related Procedures

Codes marked with an asterisk (\*) when billed with a Gender Dysphoria diagnosis code billed after January 1, 2024 do not require review.

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 or 40530

### **Topic: Spinal Surgery**

Procedure Codes 22836, 22837, 27278

## **Category: Transplants**

### **Topic: Blood or Marrow Stem Cell Transplants**

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

Note: Procedure Codes marked with an asterisk (\*) are donor procedure codes

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

### **Topic: Artificial Heart Transplant**

Procedure Codes 33927, 33928, 33929

### **Topic: Organ/Tissue Transplants**

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

Donor Procedure Codes 0494T, 0495T, 0496T, 0894T, 0895T, 0896T, 32850, 33930, 33940, 44132, 44133, 47133, 47140, 47141, 47142, 48550, S2055, S2061

Backbench Procedure Codes 32855, 32856, 33933, 33944, 44715, 44720, 44721, 47143, 47144, 47145, 47146, 47147, 48551, 48552

### **Topic: Kidney Transplants**

Note: \*denotes living donor code

Procedure Codes: 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50380, 50547\* (Donor)

### **Topic: Travel Benefits**

Procedure Codes S9992, S9994 (on exhibit 3 not for S&B but C61 is the edit)

## **Category: Genetic Testing**

### **Topic: 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

**Topic: Genetic Testing for the Diagnosis and/or Management of an Existing Medial Condition –**

Procedure Codes 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, 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, 0452U, 0453U, 0454U, 0456U, 0460U, 0463U, 0464U, 0465U, 0466U, 0467U, 0469U, 0470U, 0471U, 0473U, 0474U, 0475U, 0488U, 0489U, 0495U, 0496U, 0498U, 0499U, 0500U, 0501U, 0506U, 0507U, 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, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460,

81462, 81463, 81464, 81465, 81470, 81471, 81479, 81493, 81504, 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

## Category: Other Services Requiring Prior Approval

### **Topic: 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

### **Topic: Air Ambulance Transport (non-emergent)**

Procedure Codes A0430, A0431, A0435, A0436

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

Procedure Codes J1411, J1413, J3393, J3394, J3398, J3399, J3401, J9029, J9380, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, S2107, 0537T, 0538T, 0539T or 0540T

### **Topic: Applied Behavior Analysis (ABA)**

Procedure Codes 0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97158.

### **Topic: Outpatient Sleep Studies Performed Outside the Home**

Procedure Codes 95782, 95783, 95803, 95805, 95807, 95808, 95810, 95811.

### **Topic: Hospice Care**

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

### **Topic: Sperm or Egg Storage**

Procedure codes 89343, 89344, 89346

### **Topic: In Vitro Fertilization Procedures (Standard Option Only)**

Procedure codes 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

### **Topic: 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.

**Topic: Proton Beam Therapy**

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

**Topic: Stereotactic Radiosurgery**

Procedure codes 77371, 77372

**Topic: Artificial Insemination**

Procedure code is 58321, 58322, 58323, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89335, 89342, \*89343, 89344, \*89346, 89352, 89353, 89354, 89356

**Category: Drugs**

Drug Codes J0725, J1675, J1950, J1951, J1952, J2675, J3315, J3316, J9217, J9218, S0122, S0126, S0128, S0132

**Topic: NOC Drug**

Procedure Codes C9399, J3490, J3590, J3591, J7699, J7799, J8498, J8499, J8597, J8999, J9155, J9202, J9225, J9226, J9999, Q0181, S5000, S5001

**Topic: NDC Codes For Artificial Insemination Drugs**

\*Highlighted in gray are new codes

00023615004, 00023615005, 00023615108, 00023615109, 00025016608, 00025016610, 00032170801, 00032171101, 00033226040, 00052031301, 00052031510, 00052031601, 00052032601, 00093004103, 00093004165, 00093535301, 00093535401, 00143972501, 00182080463, 00182080563, 00182116563, 00223776010, 00223777010, 00223777510, 00304133456, 00364658454, 00364658554, 00364658654, 00364670654, 00395650056, 00395650059, 00395650062, 00395806319, 00395806343, 00395806356, 00395806360, 00395806362, 00395810543, 00395810556, 00395810562, 00395816743, 00395816756, 00395816762, 00395816843, 00395816856, 00395816862, 00402012510, 00402012511, 00402012610, 00402012611, 00418581142, 00418582142, 00436021170, 00469150130, 00469150230, 00469151130, 00469151230, 00469153230, 00517075001, 00527012255, 00527015355, 00536040070, 00536050070, 00536512570, 00536513070, 00536513570, 00537244970, 00537245270, 00537245670, 00537245770, 00548500100, 00588509370, 00591078130, 00591312879, 00591396401, 00591396501, 00713088509, 00713088530, 00719309987, 00719310087, 00779753465, 00802806343, 00802806362, 00814172340, 00814172440, 00814172640, 00839556330, 00839556430, 00904118910, 10888713502, 10888713602, 16714015701, 16714015801, 17478076610, 17478076710, 17478079312, 33261053310, 33261053330, 33261096201, 35356035805, 35356035810, 37803064710, 37803064717, 37803164705, 37803164707, 37803164708, 37803164709, 38779004301, 38779004303, 38779004304, 38779004305, 38779004306, 38779004307, 38779004308, 38779004309, 38779005701, 38779005703, 38779005704, 38779005705, 38779005708, 38779005709, 38779031005, 38779031007, 38779031009, 38779039003, 38779039004, 38779039005, 38779039006, 38779039009, 38779230902,

38779230904, 38779230905, 38779230907, 38779230908, 38779230909, 38779232702, 38779267301,  
38779267302, 38779267306, 38779316905, 38779316908, 38779316909, 38779324708, 42291068801,  
42291068901, 42291069001, 42291069101, 43063025005, 43063064930, 43598034901,  
43598035001, 44087025001, 44087115001, 44087111501, 44087111601, 44087111701, 44087122501,  
44087900501, 44087900506, 44087903001, 44087907001, 46144010001, 46144012801, 46144014405,  
46144010101, 46144012601, 46144012605, 47202400701, 47649019005, 47679075830,  
47679077130, 49072012710, 49452214601, 49452214602, 49452214603, 49452214604, 49452214605,  
49452606001, 49452606002, 49452606003, 49452606004, 49452606005, 49452606006, 49452606101,  
49452606102, 49452606103, 49452606104, 49452606105, 49452606106, 49452608001, 49452608002,  
49452608003, 49452608004, 49452608005, 49452608006, 49452608101, 49452608102, 49452608103,  
49452608104, 49452608105, 49884070154, 49884070155, 50090067801, 50090252700, 50090252701,  
50090324000, 50090465600, 50090465601, 50090592800, 50090592801, 50090604900, 50488101200,  
50488101201, 51309040910, 51309041010, 51309041110, 51309041210, 51309041310, 51552000601,  
51552000603, 51552000604, 51552000605, 51552000606, 51552000607, 51552073803, 51552073804,  
51552073805, 51552073806, 51552073807, 51552082903, 51552082904, 51552082905, 51552082906,  
51552082907, 51552106603, 51552106604, 51552106605, 51552106606, 51552106607, 51552124805,  
51552124807, 51552127902, 51552127903, 51552127904, 51552127905, 51552127906, 51552127907,  
51552127909, 51552149202, 51552149203, 51927104600, 51927180800, 51927353000, 51927314700,  
51927356000, 51927358800, 51927499400, 51927512400, 51927901700, 52349010110, 52372082201,  
52372082202, 52372082203, 52372082204, 52372082205, 52372082206, 52372082301,  
52372082302, 52372909001, 52372909005, 52372959501, 52372959502, 52372959503, 52372959504,  
52372959505, 52372959506, 52372959507, 52372959508, 52372959510, 52372959550, 52544022524,  
52544025524, 52544025554, 52544025612, 52544025654, 53638012510, 53638012511, 53638012610,  
53638012611, 54274051962, 54274053262, 54348095005, 54348095010, 54348095015,  
54348095020, 54569138800, 54569237400, 54569266000, 54569494301, 54569660800, 54569528100,  
54868305900, 54868305901, 54868412100, 54868423000, 54868423001, 54868423002, 54868425000,  
54868425001, 55150030610, 55566101001, 55566150101, 55566150201, 55566650001, 55566650002,  
55566650003, 55566750102, 55812019801, 55812019802, 58597820101, 58597820102, 58597820104,  
58597820106, 58597820108, 58597830201, 58597830202, 58597830203, 58597847101, 58597847103,  
58597847104, 58597847106, 58597847107, 58597847108, 58597847109, 58597847203, 58597847204,  
58597847206, 58597847207, 58597847208, 58597847209, 58597862204, 58597862206, 58597862207,  
58597862208, 58597862209, 59651015201, 59651015301, 60429028101, 60429028201, 60429086801,  
60429086901, 60592060701, 60592060705, 60592060710, 60592060711, 60592060725, 61919037530,  
62991112301, 62991112302, 62991112303, 62991112304, 62991112308, 62991112309, 62991112401,  
62991112402, 62991112403, 62991112404, 62991112405, 62991112407, 62991112408, 62991218401,  
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#### High-Cost Drugs including NOC codes

Procedure Codes C9161, C9257, J0177, J0222, J0223, J0224, J0178, J0179, J0224, J0225, J0885, J1300, J1303, J1442, J1447, J1449, J1602, J1745, J1748, J2327, J2350, J2506, J2777, J2778, J3357, J3358, J9035, J9311, J9312, J9332, J9334, J9355, J9356, Q5101, Q5103, Q5104, Q5106, Q5107, Q5108, Q5109, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5121, Q5122, Q5123, Q5124, Q5125, Q5126, Q5127, Q5128, Q5129, Q5130, Q5137, Q5138

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

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

#### Topic: Once-In-A-Lifetime Self-Administered Injectable Drugs

The following drugs are only payable once-in-a-lifetime under medical benefits. After that they must be approved and processed by Caremark. [covermymeds.com/epa/caremark/](http://covermymeds.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

#### Topic: 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/](http://covermymeds.com/epa/caremark/).

**Topic: Site of Care Specialty Drug Management Program**

The following drug codes require prior approval effective April 1, 2023. J0129, J0172, J0174, J0177, J0180, J0218, J0219, J0221, J0222, J0256, J0257, J0490, J0491, J0589, 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, J2919, J3032, J3060, J3241, J3262, J3380, J3385, J3397, J9332, Q5103, Q5104, Q5121

**Category: When FEP is Not the Primary Payor**

**Topic: When Medicare is the Primary Payor**

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

<b>Service Type</b>	<b>Primary Payor</b>	<b>Precertification</b>	<b>Prior Approval</b>
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 benefits not provided	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 - Outpatient Care	Medicare Part B	Not Applicable	Yes
Applied Behavior Analysis- Inpatient/Outpatient	Medicare Part A Medicare Part B	Yes	Yes
Genetic Testing	Medicare Part B	Not Applicable	Yes

BRCA Testing	Medicare Part B	Not Applicable	Yes
High-Cost Drug	Medicare Part B	Not Applicable	No
Sperm or Egg Storage	Medicare A and B	Not Applicable	Yes
Invitro Fertilization	Medicare A/B Standard Option Only	Not Applicable	Yes
Artificial Insemination Drugs	Medicare A/B Standard Option Only	Not Applicable	Yes
Hearing Aid	Medicare Part A/B	Not Applicable	Yes

**Topic: When Another Healthcare Insurance is the Primary Payor**

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

<b>Service Type</b>	<b>Primary Payor</b>	<b>Precertification</b>	<b>Prior Approval</b>
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 - Outpatient Care	Other Healthcare Insurance	Not Applicable	Yes

Applied Behavior Analysis- Inpatient/Outpatient	Other Healthcare Insurance	Yes	Yes
Genetic Testing	Other Healthcare Insurance	Not Applicable	Yes
BRCA Testing	Other Healthcare Insurance	Not Applicable	Yes
High-Cost Drug	Other Healthcare Insurance	Not Applicable	No
Sperm or Egg Storage	Other Healthcare Insurance	Not Applicable	Yes
Invitro Fertilization	Other Healthcare Insurance	Not Applicable	Yes
Artificial Insemination Drugs	Other Healthcare Insurance	Not Applicable	Yes
Hearing Aid	Other Healthcare Insurance	Not Applicable	Yes

### Summary of Changes

Version	Intake Ref #	Date	Affected Section(s)	Summary of Revisions Made	Rationale/Approver
1.0	KM-010924426423	01/11/2024	All	Original Document Created	HPC KM Standard Process/Approver: Jolie Gendel, Lisa Dunlap
2.0	NA	01/11/2024	All	Doc Tagging: Updated Title, Doc Name, and Doc ID fields on Compass	Other: Compass Migration
3.0	KM-012624365879	02/05/2024	All	Code Updates	Process Improvement/Update
4.0	KM-050324613888	05/06/2024	Compass	Revised doc title	Update Compass Fields
5.0	KM-050324613888	05/06/2024	Compass	Undo title revision – no change.	Update Compass Fields
6.0	KM-050324613888	05/07/2024	All	Code Updates	Process Improvement/Update/Approver: Jolie Gendel
7.0	KM-060424604641	06/06/2024	All	Code Updates	Process Improvement/Update/Approver: Jolie Gendel

8.0	KM-062824656168	07/01/2024	All	Code Updates	Process Improvement/ Updates/Approver: Jolie Gendel
9.0	KM-123024646203	01/02/2025	All	Code Updates and File Name update	Process Improvement/ Updates/Approver: Jolie Gendel
10.0					