

## **2019 Federal Employee Program (FEP) Prior Approval/Pre-Certification List for FEP Blue Focus**

*Please note: There is a separate Prior Approval/Pre-Certification list for the FEP Standard Option and Basic Option products.*

Federal Employee Program members only require prior approval\* or pre-certification\* on the following services, which are based on medical necessity. For a complete quote of benefit information, please contact the local Blue Cross and Blue Shield plan on the back of the patient's identification card.

\*If another carrier is primary (such as Medicare), prior approval/pre-certification may be required. See the grid at the end of this document for full details.

### **Services requiring Pre-Certification:**

- Inpatient hospital admissions
- Inpatient residential treatment centers

### **Services requiring Prior Approval:**

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

Prior approval is required for all non-emergent air ambulance transports. Air ambulance transports related to immediate care or a medical emergency or accidental injury does not require prior approval.

#### **Applied Behavioral Analysis (ABA)**

Prior approval is required for all ABA and all related services, including assessments, evaluations and treatments.

#### **Cardiac Rehabilitation**

#### **Cochlear Implants**

#### **Durable Medical Equipment (DME) – Specialty**

Prior approval is required for all specialty DME to include:

- Specialty hospital beds
- Deluxe wheelchairs, power wheelchairs, and mobility devices and related supplies

#### **Gene Therapy and Cellular Immunotherapy**

Prior approval is required for all gene therapy and cellular immunotherapy, including Car-T and T-cell receptor therapy.

#### **Genetic Testing**

Prior approval is required for all genetic testing including the following: BRCA screening or diagnostic testing, large genomic rearrangements of the BRCA1 and CRCA2 genes screening or diagnostic testing, genetic testing for the diagnosis and/or management of an existing medical condition.

## **Inpatient Surgical Services**

The surgical services listed below require prior approval when care is provided in an inpatient setting. Precertification is required for the hospital stay.

- **Breast Reduction or augmentation** not related to the treatment of cancer
- **Gender Reassignment Surgery** – prior to surgical treatment of gender dysphoria, a treatment plan including all surgeries planned and the estimated date each will be performed must be submitted. A new prior approval must be obtained if the treatment plan is approved and later needs to be modified.
- **Morbid Obesity Procedures** – note, these must be performed in a Blue Distinction Specialty Care Center for Bariatric (weight loss surgery)
- Oral maxillofacial surgeries/surgery on the jaw, cheek, lips, tongue, floor and roof of the mouth and related procedures.

## **Intensity-Modulated Radiation Therapy (IMRT)/Outpatient**

Prior approval is required for all outpatient IMRT services except IMRT related to the treatment of the head, neck, and 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.

## **Hospice Care**

Prior approval is required for home hospice, continuous home hospice or inpatient hospice care services. Note: must use FEP approved home hospice care agencies.

## **Prescription Drugs**

Certain prescription drugs require prior approval. Contact CVS Caremark, our Pharmacy Program administrator at (800) 624-5060 to request prior approval or to obtain and updated list of prescription drugs that require prior approval. You must periodically renew prior approval for certain drugs.

## **Prosthetic Devices (external)**

Prior approval is required for external prosthetic devices including: microprocessor controlled limb prosthesis; electronic and externally powered prosthesis.

## **Pulmonary Rehabilitation**

### **Radiology – High Technology**

Prior approval is required for all high technology radiology including:

- 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.

### **Residential Treatment Center Care (Outpatient)**

Prior approval is required for any condition.

### **Stem Cell Transplants (Blood or Marrow)**

All services require prior approval. Note, these must be performed in a transplant program designated as a Blue Distinction Center for Transplants.

Clinical trials for certain blood or marrow stem cell transplants, contact the FEP customer service team for details as some benefit are only available for specific type of clinical trial.

For the purposes of the blood or marrow stem cell clinical trial transplants covered, a clinical trial is a research study whose protocols has been reviewed and approved by the Institutional Review Board (IRB) of the Blue Distinction Center for Transplants where the procedure is performed.

### **Surgical Services (Inpatient or Outpatient Settings)**

The surgical services listed below require prior approval when care is provided in an inpatient or outpatient setting. Precertification is required for the hospital stay.

- **Breast Reduction or augmentation** not related to the treatment of cancer
- **Congenital Anomalies** surgical correction
- **Gender Reassignment Surgery** – prior to surgical treatment of gender dysphoria, a treatment plan including all surgeries planned and the estimated date each will be performed must be submitted. A new prior approval must be obtained if the treatment plan is approved and later needs to be modified.
- **Morbid Obesity Procedures** – note, these must be performed in a Blue Distinction Specialty Care Center for Bariatric (weight loss surgery)
- **Oral maxillofacial surgeries/surgery** on the jaw, cheek, lips, tongue, floor and roof of the mouth and related procedures.
- **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**

### **Transplants**

Prior approval is required for all transplants\*, except cornea and kidney. Prior approval is required for transplant travel, the procedure and if benefits require, the transplant program; precertification is required for inpatient care. Benefits for certain transplants are limited to designated transplant centers or programs or if not available, at a preferred facility with a Medicare-Approved Transplant Program for the type of transplant anticipated if Medicare has an approval program for the type of transplant.

*\*See Stem Cell Transplants above for specifics related to that transplant.*

### Special Prior Approval situations related to Coordination of Benefits (COB)

The table below provides the special situations regarding prior approval and pre-certification when another healthcare insurance is the primary payor:

<b>Service Type</b>	<b>Primary Payor</b>	<b>Pre-certification</b>	<b>Prior Authorization</b>
Inpatient hospital admission	<ul style="list-style-type: none"> <li>• Medicare Part A or</li> <li>• Other healthcare insurance</li> </ul>	No	Not applicable
Medicare hospital benefits exhausted and member does not want to use their Medicare lifetime reserve days	<ul style="list-style-type: none"> <li>• Medicare Part A - benefits not provided</li> </ul>	Yes	Not applicable
Gender reassignment surgery when performed during an inpatient admission	<ul style="list-style-type: none"> <li>• Medicare Part A or</li> <li>• Other healthcare insurance</li> </ul>	Yes	Yes
Gender reassignment surgery in an outpatient hospital or ambulatory surgical center	<ul style="list-style-type: none"> <li>• Medicare Part B or</li> <li>• Other healthcare insurance</li> </ul>	Not applicable	Yes
Morbid obesity surgery when performed during an inpatient admission	<ul style="list-style-type: none"> <li>• Medicare Part A or</li> <li>• Other healthcare insurance</li> </ul>	No	Yes
Morbid obesity surgery in an outpatient hospital or ambulatory surgical center	<ul style="list-style-type: none"> <li>• Medicare Part B or</li> <li>• Other healthcare insurance</li> </ul>	Not applicable	Yes
Residential treatment center admission- inpatient	<ul style="list-style-type: none"> <li>• Medicare Part A or</li> <li>• Other healthcare insurance</li> </ul>	Yes	Not applicable
Residential treatment center – outpatient care	<ul style="list-style-type: none"> <li>• Medicare Part B or</li> <li>• Other healthcare insurance</li> </ul>	Not applicable	Yes