



Standard Option and Basic Option Prior Approval List

Federal Employees Health Benefits (FEHB) (effective January 1, 2024)

FEP Blue Standard: 104, 105, 106

FEP Blue Basic: 111, 112, 113

Found on the member's ID card

Postal Service Health Benefits (PSHB) (effective January 1, 2025)

FEP Blue Standard: 33D, 33E, 33F

FEP Blue Basic: 33A, 33B, 33C

Found on the member's ID card

Failure to obtain pre-certification of an inpatient hospital admission will result in a \$500 penalty to the preferred provider.

Inpatient hospital admission

- ✓ Admission precertification (prior authorization) and continued stay medical necessity review is required for all Blue Cross and Blue Shield Federal Employee Program (FEP) members.
- ✓ Any procedure(s)/service(s) to be performed are also reviewed for medical necessity.

Maternity admissions: Precertification is required only if the patient's stay is over 48 hours for vaginal birth or 96 hours for a C-section, from the date of delivery. Further, if the newborn stays after the mother is discharged, then pre-certification of additional days for the newborn is required.

Urgent/emergent admissions: Prior authorization requests need to be submitted within two business days following the day of the emergency admission even if member has been discharged. Medical necessity review is performed.

Inpatient residential treatment center admission

Pre-certification is required prior to admission.

Skilled nursing facility admission

Pre-certification is required prior to admission.

Air ambulance transport (non-emergent)

Codes A0430, A0431, A0435, A0436

Applied behavior analysis (ABA)

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

BRCA genetic testing

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

Gene therapy and cellular immunotherapy, for example CAR-T and T-Cell receptor therapy

Codes C9148, J1411, J1413, J3398, J3399, J9029, J9380, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, S2107, 0537T, 0538T, 0539T, 0540T

048294 (1-22-2025)

Genetic testing

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, 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, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U, 0438U, 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

Hearing Aids - prior approval is required to receive coverage for hearing aids.

Codes V5011, V5020, V5030, V5040, V5050, V5060, V5070, V5080, V5090, V5100, V5110, V5120, V5130, V5140, V5150, V5160, V5171, V5172, V5181, V5190, V5200, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5240, V5241, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5265, V5267, V5279, V5298, V5299

Hospice care

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

Codes 99497, 99498, S0255, S0257, S0271 or S9126.

Revenue Codes 0651, 0652, 0115, 0125, 0135, 0145, 0155, 0235, 0655, 0656 or 0658

Sleep studies performed outside the home

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

DRUGS

High-cost drugs provided in the medical setting

C9161, C9257, J0222, J0223, J0224, J0178, J0179, J0225, J0885, J1300, J1303, J1442, J1447, J1449, J1602, J1745, J2327, J2350, J2506, J2777, J2778, J3357, J3358, J9035, J9311, J9312, J9332, J9355, J9356, Q5101, Q5103, Q5104, Q5106, Q5107, Q5108, Q5109, Q5110, Q5111, Q5112, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5121, Q5122, Q5123, Q5124, Q5125, Q5126, Q5127, Q5128, Q5129, Q5130; and unlisted drug procedure code C9399, J3490, J3590, J3591, J7699, J7799, J8498, J8499, J8597, J8999, J9999, Q0181 when the unlisted code is for NDC codes 72126000701, 72126000702, 71336100001, 71336100101, 71336100201, 25682000101 or 73475304105

Certain drugs (other than the high-cost drugs listed above) that are provided in the **medical** setting may be reviewed for medical necessity as a post-service review by the local Blue Cross Blue Shield plan.

Prescription drugs and supplies dispensed in the pharmacy setting, including medical foods administered orally

Call CVS Caremark (FEP's pharmacy program administrator) at **877-727-3784** from 7 a.m. to 9 p.m., Eastern time to request prior approval or to obtain a list of drugs and supplies that require prior approval in the **pharmacy** setting. To register for electronic prior authorization (ePA) for drugs and supplies in the pharmacy setting, visit covermymeds.com/epa/caremark/

Proton Beam Therapy

Prior approval required except for members aged 21 and younger, or when related to the treatment of neoplasms of the nervous system including the brain and spinal cord; malignant neoplasms of the thymus; Hodgkin and non-Hodgkin lymphomas.
77520, 77522, 77523, 77525, C9795

Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy

Prior approval required except when related to the treatment of malignant neoplasms of the brain and of the eye specific to the choroid and ciliary body, benign neoplasms of the cranial nerves, pituitary gland, aortic body, or paraganglia; neoplasm of the craniopharyngeal duct and glomus jugular tumors; trigeminal neuralgias, temporal sclerosis, certain epilepsy conditions, or arteriovenous malformations.
77371, 77372, 77373, C9795

REPRODUCTIVE SERVICES

Artificial insemination, including Intracervical insemination (ICI), intrauterine insemination (IUI), and intravaginal insemination (IVI).
58321, 58322, 58323, 89257, 89260, 89261, 89264, 89353, 89354, S4028, S4035

Artificial insemination Drugs

J0725, J1950, J1951, J1952, J2675, J9217, J9218, S0122, S0126, S0128, S0132

Assisted reproductive technology (ART) in vitro fertilization

Benefit available for Standard Option members only.

*58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, *89257, 89258, 89259, *89260, *89261, *89264, 89268, 89272, 89280, 89281, 89290, 89291, 89335, 89337, 89342, *89343, *89344, *89346, 89352, *89353, *89354, 89356, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4027, *S4028, S4030, S4031, S4037 or S4040

Note: Procedure codes marked with an asterisk (*) are not covered for Basic Option when identified as In Vitro Fertilization service.

Sperm/egg storage

89343, 89346

SURGERY

Procedures to treat severe obesity

Codes 0813T, 43644, 43645, 43770, 43773, 43775, 43845, 43846, 43847, 43848

Surgery to correct accidental injuries to jaw, cheeks, lips, tongue, roof and floor of mouth

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, D7961, D7962

Gender-affirming surgery

The prior approval request must include all surgical procedures anticipated/planned and the estimated procedure date(s).

Codes 11920, 11921, 11922, 17380, 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, 58661, 58720, C1813, C2622, 17380, 53410, 54125, 54520, 54690, 55970, 56805, 57291, 57292, 57335, 58999

Gender-affirming facial surgery – Benefit is available for Standard Option members only.

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

TRANSPLANTS

Prior approval is required for all transplants, except cornea transplants.

Artificial heart transplants

Codes 33927, 33928, 33929

Blood or marrow stem cell transplants

Codes 38240, 38241, S2142, S2150

Clinical trials for certain blood or marrow stem cell transplants

38240, 38241, S2140, S2142, S2150

Organ/tissue transplants

Codes 0584T, 0585T, 0586T, 32851, 32852, 32853, 32854, 33935, 33945, 44135, 44136, 47135, 48160, 48554, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50380, 50547, G0341, G0342, G0343, S2053, S2054, S2060, S2065, S2152

Transplant travel

Travel to a Blue Distinction Center for transplants if the member is 50 miles or more from the facility.