



## **Standard Option and Basic Option Prior Approval List – Effective January 1, 2024**

Enrollment codes 104, 105, 106, 111, 112, 113 (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

### **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,

048294 (11-01-2024)

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/](https://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.