Precertification – Precertification is the contractual requirement of the member to contact the Local Plan where the services will be performed, before being admitted to a hospital for inpatient care, or within two business days following the admission when the hospital admission is an emergency.

Prior-approval – Precertification for outpatient services.

Phone:  800 860-2156  (8AM – 7PM ET) Monday-Friday
FAX:   800 732-8318

Inpatient Admission (Standard, Basic, & Blue Focus):
The following services require prior approval under both Standard and Basic Option:

- Inclusive of all Inpatient, Long Term Acute Rehab, and OB delivery stays beyond the federal mandate minimum LOS (including newborn stays beyond the mother’s stay)
- Emergency Admissions (Requires Plan notification no later than 2 business days after admission)
- Inpatient admits for ALL solid organ and bone marrow/stem cell transplants (Including kidney only transplants)

Outpatient Services (Standard & Basic):
The following services require prior approval under both Standard and Basic Option:

- Air ambulance transport (non-emergent)
- Applied behavior analysis
- Artificial heart implantation
- Breast reduction or augmentation not related to cancer treatment (Requirement applies to FEP Blue Focus only; refer to Prior Approvals – Blue Focus section. If prior approval is not obtained, the Local Plan should apply the $100 penalty specified in the SBP FEP Blue Focus brochure.)
- BRCA/LGR testing, whether performed for preventive or diagnostic reasons
- Clinical trials for certain blood or marrow stem cell transplants
- Gender Reassignment Surgery (refer to GRS-CS document for additional information)
- Gene therapy and cellular immunotherapy, for example, CART and T-cell receptor therapy
- Hospice care
- Organ/tissue transplants (Prior approval does not apply for kidney or cornea transplant)
Services provided by Empire HealthChoice Assurance, Inc. dba Empire BlueCross BlueShield. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

- Outpatient: All procedures considered to be transplant or transplant related including but not limited to: Stem Cell/Bone Marrow transplant (with or without myeloablative therapy)
  - Donor Leukocyte Infusion
  - Clinical trials for certain blood or marrow stem cell transplants
- Outpatient intensity-modulated radiation therapy (IMRT) for cancers other than head, neck, breast or prostate cancer and other anal cancer (effective 2015)
  - Exception: Brain cancer is not considered a form of head or neck cancer; therefore, prior approval is required for IMRT treatment of brain cancer
- Outpatient surgery for morbid obesity
- Surgery to treat morbid obesity
- Outpatient surgery needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth
- Outpatient surgical correction of congenital anomalies
- Certain prescription drugs and supplies
- Sleep studies performed outside the home

The chart that follows advises when prior approval is needed when Medicare or Other Commercial Coverage is the primary payer:

<table>
<thead>
<tr>
<th>Benefit Requiring Prior Approval (as described in the SBP brochure)</th>
<th>Medicare Primary applied benefits</th>
<th>Other Party Primary applied benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRCA testing</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morbid Obesity</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Correction of Congenital anomalies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accidental injuries related to jaws, cheeks, lips, tongue, roof and floor of mouth</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospice care (home and inpatient)</td>
<td>No</td>
<td>Yes Prior approval is required for hospice services, except when Medicare Part A is primary</td>
</tr>
<tr>
<td>Outpatient Intensity-Modulated Radiation Therapy (IMRT), for cancers other than head, neck, breast, prostate or anal</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Applied behavior analysis (ABA)</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Gender reassignment surgery (GRS)</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Last update: 10/2019
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organ / tissue transplants. Includes artificial hearts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior approval does not apply for kidney or cornea transplants, even when FEP is the primary payer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical trial organ /tissue transplants</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prescription drugs via pharmacy benefit Managers (PBM) – Retail Pharmacy and Mail Service programs, including drugs purchased outside the United States</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prescription drugs from other sources</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Note: Special medical review guidelines may apply to certain drugs when obtained from &quot;other sources&quot; for any drug identified on the prior approval drug list. When a caller is seeking to obtain a list of these drugs or to obtain prior approval forms, they should be directed to the Retail Pharmacy Program. A list of the drugs and forms can also be obtained from the FEPBlue.org website.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep Studies performed in the home</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sleep Studies performed outside the home</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Only when Medicare denies benefits or Medicare benefits are exhausted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only when OCC denies benefits or OCC benefits are exhausted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outpatient Services (Blue Focus):**

There are specific procedures that require prior approval under the Blue Focus contract. When prior approval is not obtained a $100 penalty will be applied to services for professional and outpatient facility claims once services have been approved. The following services require prior approval:

- Gene Therapy and Cellular Immunotherapy
- Air Ambulance Transport (non-emergent)
- Applied Behavior Analysis (ABA)
- Genetic Testing

**Services provided by Empire HealthChoice Assurance, Inc. dba Empire BlueCross BlueShield. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.**

_Last update: 10/2019_
• BRCA
• Large genomic rearrangements of BRCA1 and BRCA2
• Genetic testing for diagnosis and/or management of an existing medical condition
• Surgical Services
• Morbid obesity
• Breast reduction or augmentation not related to cancer
• Gender reassignment
• Outpatient surgical correction of congenital anomalies
• Oral maxillofacial surgeries on the jaw, cheeks, lips, tongue, floor and roof of mouth
• Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of TMJ
• Orthopedic procedures
• Reconstructive surgery for conditions other than breast surgery
• Rhinoplasty
• Septoplasty
• Varicose vein treatment
• Outpatient Intensity-modulated Radiation therapy (IMRT)
• Hospice Care
• Cardiac rehabilitation
• Cochlear implants
• Outpatient Residential Treatment centers
• Prosthetic devices (external)
• Pulmonary rehabilitation
• Radiology, high technology

**Note:** Not related to immediate care of medical emergency or accidental injury
• Specialty DME
• Specialty hospital beds
• Deluxe equipment
• Transplants (except cornea and kidney)
• Blood or marrow stem cell transplants
• Clinical trials for certain blood or marrow stem cell transplants
• Organ/tissue transplants
• Transplant travel
• Prescription drugs and supplies ($100 penalty does not apply to drugs)

**Mental Health/Substance Abuse (MHSA):**

**Phone:** MHSA: 800 424-4011 (8AM – 5PM ET) Monday-Friday  
**FAX:** 866 793-0469
Go to www.fepblue.org/telehealth or call 855-636-1579 (TTY: 855-636-1578) toll free to access on-demand, affordable, high-quality care for adults and children experiencing non-emergency medical issues, including treatment of minor acute conditions (see page 134 for definition), dermatology care and counseling for mental health and substance use disorder. Note: This benefit is available only through the contracted telehealth provider network.

**Inpatient Admission:**
All admissions for mental health and substance abuse to an inpatient treatment facility require prior approval based on the Service Benefit Plan description of Medical Necessity.

**Outpatient Professional Services:**
Outpatient Services do not require prior approval. These services must be provided by Licensed Professional Mental Health and Substance Abuse practitioners when acting within the scope of their license:
- Individual psychotherapy
- Group psychotherapy
- Medication Management
- Psychological Testing
- Office Visits
- Clinic Visits
  - Home Visits

**Residential Treatment Centers (RTC):**
Benefits are available for inpatient mental health and substance abuse services or supplies provided and billed by residential treatment centers other than room and board and inpatient physician care.
- FEP members must be enrolled and participating in case management prior to RTC admission and remain in case management through post discharge
- Facility must provide a preliminary treatment plan and a discharge plan prior to admission
- Care must be medically necessary for treatment of a mental health, substance abuse or medical condition
- Precertification must be obtained prior to admission or the entire admission is denied as non-covered
- The Residential Treatment Center must be licensed and accredited
- FEP Blue Focus: We cover up to a combined total (medical and mental health) of 30 days of inpatient care provided and billed by an RTC for members enrolled and participating in case management through the Local Plan, when the care is medically necessary for treatment of a medical, mental health, and/or substance use disorder for members. We cover outpatient mental health and substance use disorder services or supplies provided and billed by residential treatment centers at the levels shown here. Prior approval is required
- Benefits are available for inpatient admission to Residential Treatment if covered by Medicare. Basic Option and FEP Blue Focus members must use Preferred facilities
Autism Spectrum Disorder / Applied Behavioral Analysis

Phone: ASD Team: 844 269-0538 (8AM – 7PM ET) Monday-Friday
FAX: 866 582-2287

Applied Behavior Analysis (ABA):
Benefits for ABA and all related services, including assessments, evaluations, and treatments are included for 2019.

- Benefits will be provided for approved diagnosis codes for Autism Spectrum Disorder (ASD)

<table>
<thead>
<tr>
<th>ICD-10 Diagnosis Codes and Descriptions for (ASD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F84.0 childhood autistic disorder</td>
</tr>
<tr>
<td>F84.3 other childhood, disintegrative disorder</td>
</tr>
<tr>
<td>F84.5 Asperger’s syndrome</td>
</tr>
<tr>
<td>F84.8 other pervasive developmental disorders</td>
</tr>
<tr>
<td>F84.9 pervasive developmental</td>
</tr>
</tbody>
</table>

- Prior approval is required for all ABA therapy
- Clinical review is required for medical necessity determination.
- Parents/Guardians must be engaged in the treatment plan

Benefits for ABA are excluded when:

- Applied behavior analysis (ABA) and related services for any condition other than an autism spectrum disorder
- Applied behavior analysis (ABA) services and related services performed as part of an educational program; or provided in or by a school/educational setting; or provided as a replacement for services that are the responsibility of the educational system