

**2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus****Section 3. How You Get Care****Page 20**

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- **High-cost drugs** – We require prior approval for certain high-cost drugs obtained outside of a pharmacy setting. Contact the customer service number on the back of your ID card or visit us at [www.fepblue.org/highcostdrugs](http://www.fepblue.org/highcostdrugs) for a list of these drugs.
- **Air Ambulance Transport (non-emergent)** – Air ambulance transport related to immediate care of a medical emergency or accidental injury does not require prior approval; see Section 5(c), page [80](#), for more information.
- **Applied behavior analysis (ABA)** – Prior approval is required for ABA and all related services, including assessments, evaluations, and treatments.
- **Genetic testing including the following:**
  - BRCA screening or diagnostic testing
  - Large genomic rearrangements of the BRCA1 and BRCA2 genes screening or diagnostic testing
  - Genetic testing for the diagnosis and/or management of an existing medical condition

Note: Necessary medical evidence for BRCA-related genetic testing includes the results of genetic counseling.

- **Surgical services** – The surgical services on the following list require prior approval and when care is provided in an inpatient setting, precertification is required for the hospital stay.
  - Procedures to treat morbid obesity (see pages [57-58](#))

Note: Benefits for the surgical treatment of morbid obesity – performed on an inpatient or outpatient basis – are subject to the pre-surgical requirements listed on page [58](#). Benefits are only available for the surgical treatment of morbid obesity when provided at a Blue Distinction Specialty Care Center for Bariatric (weight loss) surgery.

Note: See pages [23-24](#) for special situations when another payor is primary.

- Breast reduction or augmentation not related to treatment of cancer
- Gender affirming surgery – Prior to surgical treatment of gender dysphoria, your provider must submit a treatment plan including all surgeries planned and the estimated date each will be performed. A new prior approval must be obtained if the treatment plan is approved and your provider later modifies the plan.

Note: See pages [23-24](#) for special situations when another payor is primary.

- Surgical correction of congenital anomalies (see definition on page [129](#))
  - Oral maxillofacial surgeries/surgery on the jaw, cheeks, lips, tongue, roof and floor 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
  - **Intensity-modulated radiation therapy (IMRT)** – Prior approval is required for all IMRT services except IMRT related to the treatment of head, neck, 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.
  - **Proton beam therapy, stereotactic radiosurgery, and stereotactic body radiation therapy**
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Go to page [19](#). Go to page [21](#).