

**2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus****Section 3. How You Get Care****You need prior Plan approval for certain services:****Other services**

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- **Other services**

**You must obtain prior approval for these services in all outpatient and inpatient settings unless otherwise noted. Failure to obtain prior approval will result in a \$100 penalty. Precertification is also required if the service or procedure requires an inpatient hospital admission. However, special rules apply when Medicare or another payer is primary, as explained later in this section. If an inpatient admission is necessary, precertification is also required. Contact us using the customer service phone number listed on the back of your ID card before receiving these types of services, and we will request the medical evidence needed to make a coverage determination:**

- **Gene Therapy and Cellular Immunotherapy**, including Car-T and T-cell receptor therapy
- **Medical benefit drugs** – We require prior approval for certain drugs that will be submitted on a medical claim for reimbursement. Contact the customer service number on the back of your ID card or visit us at [www.fepblue.org/medicalbenefitdrugs](http://www.fepblue.org/medicalbenefitdrugs) 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.
- **Applied behavior analysis (ABA)** – Prior approval is required for ABA and all related services, including assessments, evaluations, and treatments.
- **Genetic testing** - Prior approval for genetic testing will be required when the test is being performed to assess the risk of passing a genetic condition to a child, or when the member has no active disease or signs or symptoms of the disease that is being screened. Prior approval is not required when a member has an active disease, signs and symptoms of a genetic condition that could be passed to a child, or when the test is needed to determine a course of treatment for a disease.
- **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 severe obesity

Note: Benefits for the surgical treatment of severe obesity – performed on an inpatient or outpatient basis – are subject to the pre-surgical requirements listed in our Bariatric medical policy. See Section 5(b). Benefits are only available for the surgical treatment of severe obesity when provided at a Blue Distinction Specialty Care Center for Bariatric

- (weight loss) Surgery.
- Breast reduction or augmentation not related to treatment of cancer
  - 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
- **Proton beam therapy** – Prior approval is required for all proton beam therapy services 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.
  - **Stereotactic radiosurgery** – Prior approval is required for all stereotactic radiosurgery 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; neoplasms of the craniopharyngeal duct and glomus jugular tumors; trigeminal neuralgias, temporal sclerosis, certain epilepsy conditions, or arteriovenous malformations.
  - **Stereotactic body radiation therapy**
  - **Reproductive services** – Prior approval is required for intracervical insemination (ICI), intrauterine insemination (IUI), and intravaginal insemination (IVI)
  - **Sperm/egg storage** – Prior approval is required for the storage of sperm and eggs for individuals facing iatrogenic infertility.
  - **Cardiac rehabilitation**
  - **Cochlear implants**
  - **Residential treatment center care** for any condition

- **Prosthetic devices (external)**, including: microprocessor controlled limb prosthesis; electronic and externally powered prosthesis
- **Pulmonary rehabilitation**
- **Radiology, high technology** 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.
- **Specialty durable medical equipment (DME)**, rental or purchase, to include:
  - Specialty hospital beds
  - Deluxe wheelchairs, power wheelchairs and mobility devices and related supplies
- **Transplants:** Prior Approval is required for all transplants. **Prior approval is required** for both the procedure and if benefits require, the transplant program; precertification is required for inpatient care.
- **Blood or marrow stem cell transplants** listed in Section 5(b) must be performed in a transplant program designated as a Blue Distinction Center for Transplants. Read earlier in this section for more information about these types of programs.

Not every transplant program provides transplant services for every type of transplant procedure or condition listed, or is designated or accredited for every covered transplant. Benefits are not provided for a covered transplant procedure unless the transplant program is specifically designated as a Blue Distinction Center for Transplants for that procedure. Before scheduling a transplant, call your Local Plan at the customer service phone number appearing on the back of your ID card for assistance in locating an eligible facility and requesting prior approval for transplant services.

- **Clinical trials for certain blood or marrow stem cell transplants** – In Section 5(b) we provide a **list of conditions covered only in clinical trials**.
  - Contact us at the customer service phone number on the back of your ID card for information or to request prior approval before obtaining services. We will request the medical evidence we need to make our coverage determination.

Even though we may state benefits are available for a specific type of clinical trial, you may not be eligible for inclusion in these trials or there may not be any trials available in a Blue Distinction Center for Transplants to treat your condition. If your physician has recommended you receive a transplant or

that you participate in a transplant clinical trial, we encourage you to contact the Case Management Department at your Local Plan.

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

- **Organ/tissue transplants**

Benefits for certain transplants are limited to designated transplant centers or programs.

Some transplants listed in Section 5(b) must be performed in a transplant program designated as a Blue Distinction Center for Transplants.

Some organ transplants are not available in a Blue Distinction Center for Transplants and must be performed at a Preferred facility with a Medicare-Approved Transplant Program, if one is available. Transplants involving more than one organ must be performed in a facility that offers a Medicare-Approved Transplant Program for each organ transplanted. Contact your local Plan for Medicare's approved transplant programs.

If Medicare does not offer an approved program for a certain type of organ transplant procedure, this requirement does not apply and you may use any covered Preferred facility and Preferred provider that performs the procedure.

Contact us at the customer service phone number listed on the back of your ID card before obtaining services. We will request the medical evidence we need to make our coverage determination. Our review will include whether you meet the facility and transplant program criteria for the particular transplant.

All members (including those who have Medicare Part A or another group health insurance policy as their primary payor) must contact us at the customer service phone number listed on the back of their ID card before obtaining services.

- **Transplant travel** – If you travel to a Blue Distinction Center for Transplants, we reimburse up to \$5,000 per transplant for costs of transportation (air, rail, bus, and/or taxi) and lodging (for you and your traveling companions) if you live 50 miles or more from the facility.
- **Prescription drugs and supplies** – Certain prescription drugs and supplies, including medical foods administered orally, require prior approval. Contact CVS Caremark, our Pharmacy Program administrator, at 800-624-5060, TTY: 711, to request prior approval, or to obtain a list of drugs and supplies that require prior approval. We will request the information we need to make our coverage determination. You must periodically renew prior approval for certain drugs. See Section 5(f) for more information about our prescription drug prior approval program, which is part of our Patient Safety and Quality Monitoring (PSQM) program.

Notes:

- Updates are made periodically throughout the year to the list of drugs and supplies requiring prior approval. New drugs and supplies may be added to the list and prior approval criteria may change. Changes to the prior approval list or to prior approval criteria are not considered benefit changes.
- Until we approve them, you must pay for these drugs in full when you purchase them – even if you purchase them at a Preferred retail pharmacy or through our specialty drug pharmacy – and submit the expense(s) to us on a claim form. Preferred pharmacies will not file these claims for you.
- The Specialty Drug Pharmacy Program will not fill your prescription until you have obtained prior approval. CVS Caremark, the program administrator, will hold your prescription for you up to 30 days. If prior approval is not obtained within 30 days, your prescription will be returned to you along with a letter explaining the prior approval procedures.

- **Warning:**

We will reduce our benefits by \$100 for medically necessary services that require prior approval, if no one contacts us for prior approval. If the service is not medically necessary, we will not provide benefits. This benefit reduction does not apply to prescription drugs that require prior approval.