Source – Blue Cross Blue Shield Service Benefit Plan®, aka Federal Employee Program®, Precertification/Prior Approval Requirements

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

Inpatient Admission:
  o Inclusive of all Acute Inpatient, Long Term Acute Rehab, and OB delivery stays beyond the federal mandate minimum LOS (including newborn stays beyond the mother’s stay)
  o Emergency Admissions (Requires Plan notification no later than 2 business days after admission)

Outpatient Services:
  o Surgical treatment of morbid obesity, even when Medicare is primary
  o BRCA testing- whether it is performed for preventive or diagnostic
    o Note: patient must receive genetic counseling and evaluation service before preventive BRCA is ordered
  o Surgical correction of congenital anomalies
  o Surgery to correct accidental injuries to jaws, cheeks lips tongue roof and floor of mouth
  o Intensity-modulated radiation therapy (IMRT) for cancers
    o IMRT for cancers (including brain cancer) require prior approval
    o IMRT related to other head, neck, breast, anal or prostate cancer do not require prior approval
  o Hospice Care
  o Sleep studies performed in a location other than the patient’s home
  o We now provide benefits for gender reassignment surgery, limited to once per lifetime, for adult members age 18 or older even when Medicare is primary
    o Treatment plan must be submitted prior to scheduling any related services
  o Certain prescription drugs and supplies require prior approval. Contact CVS Caremark, the Federal Employee Pharmacy Program Administrator 1-800-624-5060. The following categories require prescription drug approval through CVS Caremark:
    o Autoimmune
    o Multiple Sclerosis
    o Growth Hormones
    o Other
       Actimmune
       Apokyn
       Firazyr
       Forteo
       Fuzeon
       H.P. Acthar Gel
Human Organ and Bone Marrow/Stem Cell Transplants:
- Inpatient admits for ALL solid organ and bone marrow/stem cell transplants (Including kidney only transplants)
- 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

Mental Health/Substance Abuse (MHSA)

Phone: MHSA: 800 424-4011 (8AM – 5PM ET) Monday-Friday
FAX: 866 793-0469

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 and is medically necessary
  - Individual psychotherapy
  - Intensive Outpatient Programs
  - Group psychotherapy
  - Partial Hospitalization Program
  - 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

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Last update: 01/2017
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.

Benefits are available for inpatient admission to Residential Treatment if covered by Medicare. Basic Option members must use Preferred facilities.

Autism Spectrum Disorder / Applied Behavioral Analysis

Benefits will be provided for approved diagnosis codes for Autism Spectrum Disorder (ASD) for 2017.

- Prior approval is not required for diagnostic evaluation for ASD
- Prior approval required for the initial assessment, functional behavioral assessment
- 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
- ABA therapy via telemedicine is not applicable for coverage

Applied Behavior Analysis (ABA):

- Benefits for ABA and all related services, including assessments, evaluations, and treatments are included for 2017.
- Prior approval is required for the initial assessment, functional behavioral assessment.
- 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.
- ABA therapy via telemedicine is not applicable for coverage.

ICD-10 Diagnosis Codes and Descriptions for (ASD):

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F84.0</td>
<td>childhood autistic disorder</td>
</tr>
<tr>
<td>F84.3</td>
<td>other childhood, disintegrative disorder</td>
</tr>
<tr>
<td>F84.5</td>
<td>Asperger’s syndrome</td>
</tr>
<tr>
<td>F84.8</td>
<td>other pervasive developmental disorders</td>
</tr>
<tr>
<td>F84.9</td>
<td>pervasive developmental</td>
</tr>
</tbody>
</table>

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