

BCBSAZ Precertification Requirements – 2019

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Revisions made to one or more of the following lists on **4/25/19**

PRECERTIFICATION REQUIREMENTS LISTS	MEMBER ID PREFIXES	PAGE	REVISED
BCBSAZ standard precertification requirements list (for most BCBSAZ members)		Pages 1-2	04/25/19
PPO	XBB, XBM, XBP		
PPO Alliance	XBN		
PPO PimaConnect	PMA		
Indemnity	XBC, XBD		
HMO (not PCP Coordinated Care HMO)	XBK, XBO		
Large employer groups Note: Excludes the four groups listed below with customized precertification requirements.	Prefixes vary (some groups have unique prefixes)		
PCP Coordinated Care HMO list		Pages 3-4	01/01/19
Lists for employer groups with <i>customized</i> precertification requirements:			
ADOA – State of Arizona (Group # 030855)	SYD	Pages 5	01/01/19
City of Phoenix (Group #s 040000 and 040004)	PXO	Page 6	01/01/19
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GENERAL DISCLAIMERS

- Precertification is not a guarantee of coverage or payment.
- These precertification requirements lists are intended as a general summary only and are subject to change without notice.
- Precertification approval decisions are based on information provided during the request process. To complete a precertification, medical records may be requested.
- Although precertification may not be required for a particular service, the claim for the service may still be subject to review for medical necessity, as well as benefits, limitations, exclusions, and waivers, if applicable. For further predetermination research, please access the following resources: online eligibility and benefits verification, benefit plan summaries, medical coverage guidelines, pharmacy coverage guidelines, and the interactive voice response (IVR) system.
- Precertification requirements are determined and governed by the member’s benefit plan. Some large groups customize their precertification requirements. Refer to the large group custom precertification grids for these groups.
- **Penalties:** Any provider can initiate a precert request. If the required precertification is not obtained prior to service, the penalty is applied to: **A)** the contracted servicing provider or facility, or **B)** the member, if an out-of-network provider or facility is used.

Standard Precertification Requirements List

PPO (includes PPO Alliance and PPO PimaConnect), Indemnity, and HMO (not PCP Coordinated Care HMO)

(For PCP Coordinated Care HMO, see pages 3-4)

The list below displays standard precertification requirements for most BCBSAZ members. Some large employer groups have custom precertification requirements (see table of contents to access these lists).

eviCore precertification program information is highlighted in yellow. Some employer groups have opted out of the eviCore program. To determine if a member requires precert through eviCore for certain services or drugs, check eligibility and benefits (select service type 30 “Health Benefit Plan Coverage”).

2019 STANDARD PRECERTIFICATION REQUIREMENTS – for most BCBSAZ members	
Provider assistance for BCBSAZ members: (602) 864-4320 or 1 (800) 232-2345 For members enrolled in eviCore precertification program: online request tool For BlueCard (out-of-area) members from other Blue plans: 1 (800) 676-2583	Notes
CARDIOLOGY & RADIOLOGY: High-tech imaging (elective/non-emergent, diagnostic imaging provided in locations other than an inpatient hospital), such as: CTI, MRI, MRA/PET/NCM, MPI, and some CTAs	eviCore-delegated members require precert. Check eviCore delegation via eligibility and benefits inquiry (select service type 30 “Health Benefit Plan Coverage”). Use the eviCore online request tool . See specific CPT code list .
	Members not delegated for eviCore and who have HMO benefit plans require precert through BCBSAZ for high-tech imaging. (602) 864-4320 or 1 (800) 232-2345
Clinical trials	We request prompt notification of participation (from provider or member) to support claim processing for covered services associated with clinical trials.
Dental-related facility services or dental-related services integral to medical services when scheduled as an inpatient admission	(602) 864-4320 or 1 (800) 232-2345
Extended active rehabilitation (EAR) – inpatient rehabilitation services	
Home health visits (skilled nurse visits)	
Infusion/IV therapy in any setting (hospital outpatient, physician’s office, infusion center, home infusion) covered under <i>medical</i> benefits. Certain drugs may have coverage criteria, including a site-of-service review. See medical coverage guidelines for specifics.	See Specialty Medication List for specific requirements and provider assistance numbers.
Injectable medications that must be administered by a healthcare professional may require precertification and are billed under <i>medical</i> benefits. Injectable and oral medications that can be self-administered may require prior authorization and are billed under <i>pharmacy</i> benefits.	For medical benefits, call (602) 864-4320 or 1 (800) 232-2345 For pharmacy benefits, call 1 (866) 325-1794
Inpatient admission <ul style="list-style-type: none"> All scheduled admissions require precertification. Detoxification admissions require precertification. All emergency admissions, including medical, surgical, maternity, and behavioral health/substance abuse admissions, require notification within 48 hours of admission. Bariatric surgery for HMO members only: The site of service for bariatric surgery must be a Blue Distinction Center for Specialty Care (BDSC). For a current list of Blue Distinction Centers for bariatric surgery, use the BCBS Blue Distinction Facility Search tool. 	For benefits and limits, call (602) 864-4320 or 1 (800) 232-2345
LAB MANAGEMENT for genetic testing, including hereditary cancer syndromes (e.g., BRCA), carrier screening tests, tumor marker/molecular profiling, hereditary cardiac disorders, cardiovascular disease and thrombosis risk variant testing, pharmacogenomics testing, neurologic disorders, mitochondrial disease testing, intellectual disability/developmental disorders	Only members in the eviCore program require precert. Check eviCore delegation via eligibility and benefits inquiry (select service type 30 “Health Benefit Plan Coverage”). Use the eviCore online request tool . See comprehensive list of CPT codes.

Long-term acute care (LTAC)	(602) 864-4320 or 1 (800) 232-2345
MEDICAL ONCOLOGY: All medical oncology and hematology services in the following categories: infused drugs (may include site-of-service requirements), supportive agents, companion diagnostics/personalized medicine	Only members in the eviCore program require precert. Check eviCore delegation via eligibility and benefits inquiry (select service type 30 “Health Benefit Plan Coverage”). Use the eviCore online request tool . See comprehensive list of CPT codes.
Out-of-network provider	1, 2
RADIATION THERAPY treatment techniques, including clinical modalities such as: 2D, 3D conformal/IMRT/brachytherapy/SRS/SBRT/IORT (intraoperative) proton beam/neutron hyperthermia treatment, and non-clinical modalities such as SIM/planning/devices/imaging/physics/ management	Only members in the eviCore program require precert. Check eviCore delegation via eligibility and benefits inquiry (select service type 30 “Health Benefit Plan Coverage”). Use the eviCore online request tool . See comprehensive list of CPT codes.
Skilled nursing facility (SNF)	(602) 864-4320 or 1 (800) 232-2345
Transplants	
MEDICATION PRIOR AUTHORIZATION	
SPECIALTY DRUG MANAGEMENT for drugs in certain therapeutic classes that must be administered by healthcare professionals, and are covered under medical benefits (not pharmacy benefits): See comprehensive list of drug codes. <ul style="list-style-type: none"> For eviCore-delegated members (check eviCore delegation via eligibility and benefits inquiry with service type 30 “Health Benefit Plan Coverage” selected), use the eviCore online request tool For members not in the eviCore program, call BCBSAZ at (602) 864-4320 or 1 (800) 232-2345 	
Specialty Drugs <ul style="list-style-type: none"> See Specialty Medication List for specific requirements and contact information for provider assistance and requests For plan names EverydayHealth, Portfolio, SimpleHealth, and TrueHealth: See tiered formulary information 	
Retail & Mail Order Rx Meds <ul style="list-style-type: none"> See the complete list of Retail/Mail Order Medications with limitations and prior authorization requirements. <ul style="list-style-type: none"> Fax the appropriate fax request form to (602) 864-3126 If you have questions, call 1 (866) 325-1794 For plan names EverydayHealth, Portfolio, SimpleHealth, and TrueHealth: See tiered formulary information. 	

- 1) PPO benefit plans cover services from out-of-network (OON) providers; however, precertification is required for the member to receive in-network level benefits. The request for OON benefits must be initiated by the referring or treating provider. With precertification for in-network level benefits, the member is still responsible for the balance bill (the difference between the provider’s billed charges and BCBSAZ-allowed amounts). Call Provider Assistance for more information.
- 2) HMO benefit plans do not cover services from out-of-network (OON) providers except for emergent care or in cases where BCBSAZ has precertified OON care because the services cannot be provided in network. The request for OON services must be initiated by the referring or treating provider. The member is responsible for any applicable cost-share. Call Provider Assistance for more information.

eviCore is a separate independent company that provides precertification services to BCBSAZ members and providers.

PCP Coordinated Care HMO Precertification List

MEMBER ID PREFIXES: FQL, NNG, NNJ, PMK, XAH, XHK

2019 PRECERTIFICATION REQUIREMENTS – for members with PCP Coordinated Care HMO plans	
Provider assistance: 1 (844) 807-5106	Notes
Air ambulance (non-emergent)	1 (844) 807-5106
Clinical trials	We request prompt notification of participation (from provider or member) to support claim processing for covered services associated with clinical trials.
Dental-related facility services or dental-related services integral to medical services when scheduled as an inpatient admission	1 (844) 807-5106
Durable medical equipment (including repair or replacement of equipment/prosthetics):	
<ul style="list-style-type: none"> • Airway clearance devices (chest percussors, vests, etc.) • Bone growth stimulator • Continuous glucose monitor • Custom/special seating system • Custom wheelchair power wheelchair/scooter • Dynasplint/JAS (or other mechanical stretching device) • Enteral feedings/nutritional formulas • External wearable cardiac defibrillator • Intrapulmonary percussive ventilation • INR monitor, for home • Muscle stimulator • Prosthetics (except breast prosthetics) • Sonic accelerated fracture healing system • Spinal cord stimulator 	
Epidural/facet injections/radiofrequency ablation	
Extended active rehabilitation (EAR) – inpatient rehabilitation services	
Genetic testing	
Home health – visit limits apply. If home PT/OT/ST is needed, see precertification requirements for outpatient therapies below.	For benefits and limits, call 1 (844) 807-5106
Infusion/IV therapy in any setting (hospital outpatient, physician’s office, infusion center, home infusion) covered under <i>medical</i> benefits. Certain drugs may have coverage criteria, including a site-of-service review. See medical coverage guidelines for specifics.	See Specialty Medication List for specific requirements and provider assistance numbers. Call 1 (844) 807-5106
Injectable medications that must be administered by a healthcare professional may require precertification and are billed under <i>medical</i> benefits.	For medical benefits, call (844) 807-5106
Injectable and oral medications that can be self-administered may require prior authorization and are billed under <i>pharmacy</i> benefits.	For pharmacy benefits, call 1 (866) 325-1794
Inpatient admission	1 (844) 807-5106
<ul style="list-style-type: none"> • All scheduled admissions require precertification. • Detoxification admissions require precertification. • All emergency admissions, including medical, surgical, maternity, and behavioral health/substance abuse admissions, require notification within 48 hours of admission. • Bariatric surgery admissions: The site of service for bariatric surgery must be a Blue Distinction Center for Specialty Care (BDSC). For a current list of Blue Distinction Centers for bariatric surgery, use the BCBS Blue Distinction Facility Search tool. 	
Long-term acute care (LTAC)	
Medical foods, metabolic supplements and gastric disorder formula	
Out-of-network provider	1
Outpatient surgery – free-standing or hospital-based surgery center:	The site of service for bariatric surgery must be a Blue Distinction Center for Specialty Care (BDSC). For a current list of Blue Distinction Centers for bariatric surgery, use the BCBS Blue Distinction Facility Search tool. 1 (844) 807-5106
<ul style="list-style-type: none"> • Abdominoplasty • Bariatric surgery • Blepharoplasty • Cochlear implant • Hysterectomy • Implantable devices, including cochlear implant • Laser treatment (except for retinopathy) • Mammoplasty • Orthognathic services • Otoplasty • Rhinoplasty/septoplasty • Scar revision • Spinal surgery • Excision/scraping/shaving of lesions • Treatment of varicose veins • Uvulopalatopharyngoplasty (UPP) • Vagus nerve stimulation 	

PCP Coordinated Care HMO Precertification List

MEMBER ID PREFIXES: **FQL, NNG, NNJ, PMK, XAH, XHK**

Outpatient therapies (PT/OT/ST): Precertification required after 60 combined habilitative/rehabilitative visits	For benefit limits, call 1 (844) 807-5106
Outpatient XRT (conventional XRT, IMRT and proton beam)	1 (844) 807-5106
Radiology: High-tech imaging (in office, outpatient, ambulatory settings) – MRI, MRA/CT/PET scans/CAT, CTA	
Skilled nursing facility (SNF)	
Sleep studies and polysomnography	
Transplants	
Video EEG	

MEDICATION PRIOR AUTHORIZATION

Specialty Drugs

- For plan names Ascend, Ascend HMO, and Ascend HSA, see [Specialty Medication List](#) for specific requirements and contact information for provider assistance and requests.
- For plan names EverydayHealth, Portfolio, SimpleHealth, and TrueHealth, see [tiered formulary](#) information.

Retail & Mail Order Rx Meds

For plan names Ascend, Ascend HMO, and Ascend HSA, see the complete list of [Retail/Mail Order Medications](#) with limitations and prior authorization requirements. For plan names EverydayHealth, Portfolio, SimpleHealth, and TrueHealth, see [tiered formulary](#) information.

- Fax the appropriate fax request form to (602) 864-3126
- If you have questions, call 1 (866) 325-1794

- 1) HMO benefit plans do not cover services from out-of-network (OON) providers except for emergent care or in cases where BCBSAZ has precertified OON care because the services cannot be provided in network. The request for OON services must be initiated by the referring or treating provider. The member is responsible for any applicable cost-share.
 - Member’s benefit plan may include out-of-state travel reimbursement for precertified covered services to be provided outside of Arizona.

ADOA – State of Arizona Precertification List

MEMBER ID PREFIX: **SYD**
 PLAN TYPES: **PPO and EPO**
 GROUP NUMBER: **030855**

Services requiring precertification may vary upon group renewal date. Verify by calling Provider Assistance.

2019 CUSTOM PRECERTIFICATION REQUIREMENTS – for ADOA	
Arizona provider assistance: (602) 864-4320 or 1 (800) 232-2345	Notes
Ambulance (non-emergency ambulance transportation)	(602) 864-4320 or 1 (800) 232-2345
Autism spectrum disorder treatment	
Bariatric surgery	
Cancer clinical trials	
Cochlear implants and hearing aids	
Dental (accidental dental services, dental confinement)	
Dialysis (end-stage renal disease services)	
Durable medical equipment (foot orthotic devices and inserts; repair or replacement of equipment and prosthetics)	
Epidural and facet injections	
Extended active rehabilitation	
Home health care	
Hospital services that require precertification: <ul style="list-style-type: none"> All elective inpatient admissions Maternity (>48 hours for a normal delivery or >96 hours for cesarean delivery) Neonatal intensive care unit (NICU) admission Observation status exceeding 23 hours Emergent/urgent admissions require both notification and precertification by the end of the second scheduled business day after the admission. 	For benefits and limits, call (602) 864-4320 or 1 (800) 232-2345
Infusion/IV therapy in any setting (hospital outpatient, physician’s office, infusion center, home infusion) covered under <i>medical</i> benefits. Certain drugs may have coverage criteria, including a site-of-service review. See medical coverage guidelines for specifics.	See Specialty Medication List for specific requirements and provider assistance numbers
Injectable medications that must be administered by a healthcare professional may require precertification and are billed under <i>medical</i> benefits. Injectable and oral medications that can be self-administered may require prior authorization and are billed under <i>pharmacy</i> benefits.	For medical benefits, call (602) 864-4320 or 1 (800) 232-2345 For pharmacy benefits, call 1 (888) 648-6769
Long-term acute care (LTAC)	(602) 864-4320 or 1 (800) 232-2345
Medical foods, metabolic supplements and gastric disorder formula	
Orthognathic treatment or surgery	
Out-of-network provider (for services not available through an in-network provider)	1
Outpatient ambulatory: Cardiac testing/angiography/sleep testing (sleep studies and polysomnography)/video EEG/biofeedback	(602) 864-4320 or 1 (800) 232-2345
Radiofrequency ablation	
Radiology: High-tech imaging – CAT/ CT/MRI, MRA/PET scans/BEAM (brain electrical activity mapping) – outpatient and ambulatory	
Services that have a potential for a cosmetic component, including but not limited to: blepharoplasty (upper lid), breast reduction, breast reconstruction, ligation (vein stripping), and sclerotherapy	
Skilled nursing facility (SNF)	
Transplants	
PHARMACY BENEFIT MANAGEMENT	
MedImpact	1 (888) 648-6769

- 1) PPO benefit plans cover services from out-of-network (OON) providers; however, precertification is required for the member to receive in-network level benefits. The request for OON benefits must be initiated by the referring or treating provider. With precertification for in-network level benefits, the member is still responsible for the balance bill (between the provider’s billed charges and BCBSAZ-allowed amounts).

City of Phoenix Precertification List

MEMBER ID PREFIX: **PXO**

PLAN TYPES: **PPO and EPO Savers Choice**

GROUP NUMBERS: **040000 (PPO) and 040004 (EPO)**

2019 CUSTOM PRECERTIFICATION REQUIREMENTS – for City of Phoenix	
Arizona provider assistance: (602) 864-4320 or 1 (800) 232-2345 Out-of-state provider assistance: 1 (800) 676-2583	Notes
Clinical trials	We request prompt notification of participation (from provider or member) to support claim processing for covered services associated with clinical trials.
Extended active rehabilitation (EAR) – inpatient rehabilitation services	(602) 864-4320 or 1 (800) 232-2345
Home health care	
Infusion/IV therapy in any setting (hospital outpatient, physician’s office, infusion center, home infusion) covered under <i>medical</i> benefits. Certain drugs may have coverage criteria, including a site-of-service review. See medical coverage guidelines for specifics.	See Specialty Medication List for specific requirements and provider assistance numbers.
Injectable medications that must be administered by a healthcare professional may require precertification and are billed under <i>medical</i> benefits. Injectable and oral medications that can be self-administered may require precertification and are billed under <i>pharmacy</i> benefits.	For medical benefits, call (602) 864-4320 or 1 (800) 232-2345 For pharmacy benefits, call EnvisionRx (see numbers below).
Inpatient admission <ul style="list-style-type: none"> • All scheduled admissions (including detoxification) require precertification. • All emergent/urgent admissions (including maternity and pre-term labor) require notification within two calendar days or as soon as reasonably possible following admission. 	For benefits and limits, call (602) 864-4320 or 1 (800) 232-2345
Long-term acute care (LTAC)	(602) 864-4320 or 1 (800) 232-2345
Out-of-network provider	1
Outpatient therapies: Physical, occupational and speech – precert required after 60 visits combined	For benefit limits, call (602) 864-4320 or 1 (800) 232-2345
Skilled nursing facility (SNF)	(602) 864-4320 or 1 (800) 232-2345
Transplants and stem cell procedures – organ/tissue and blood or bone marrow	
PHARMACY BENEFIT MANAGEMENT	
EnvisionRx Member Services	1 (833) 803-4402
EnvisionRx Home Delivery (Mail Order) Pharmacy	1 (866) 909-5170
EnvisionRx Specialty Pharmacy	1 (877) 437-9012

- 1) PPO benefit plans cover services from out-of-network (OON) providers; however, precertification is required for the member to receive in-network level benefits. The request for OON benefits must be initiated by the referring or treating provider. With precertification for in-network level benefits, the member is still responsible for the balance bill (the difference between the provider’s billed charges and BCBSAZ-allowed amounts).

Snell & Wilmer Precertification List

MEMBER ID PREFIX: **SWB**

PLAN TYPES: **PPO and HSA**

GROUP NUMBER: **030313**

2019 CUSTOM PRECERTIFICATION REQUIREMENTS – for Snell & Wilmer	
Arizona provider assistance: (602) 864-4320 or 1 (800) 232-2345 Out-of-state provider assistance: 1 (800) 676-2583	Notes
Clinical trials	We request prompt notification of participation (from provider or member) to support claim processing for covered services associated with clinical trials.
Dental-related facility services or dental-related services integral to medical services when scheduled as an inpatient admission	(602) 864-4320 or 1 (800) 232-2345
Durable medical equipment (DME)/prosthetics (for rental/purchase price \$1,500)	
Extended active rehabilitation (EAR) – inpatient rehabilitation services	
Home health visits (skilled nurse visits, PT, OT, ST)	
Infusion/IV therapy in any setting (hospital outpatient, physician’s office, infusion center, home infusion) covered under <i>medical</i> benefits may require precertification. Certain drugs may have coverage criteria, including a site-of-service review. See medical coverage guidelines for specifics.	See Specialty Medication List for specific requirements and provider assistance numbers.
Injectable medications that must be administered by a healthcare professional may require precertification and are billed under <i>medical</i> benefits. Injectable and oral medications that can be self-administered may require prior authorization and are billed under <i>pharmacy</i> benefits.	For medical benefits, call (602) 864-4320 or 1 (800) 232-2345 For pharmacy benefits, call 1 (866) 325-1794
Inpatient admission <ul style="list-style-type: none"> • All scheduled admissions (including detoxification) require precertification. • All emergent/urgent admissions (including maternity and pre-term labor) require notification within two calendar days or as soon as reasonably possible following admission. 	For benefits and limits, call (602) 864-4320 or 1 (800) 232-2345
Long-term acute care (LTAC)	(602) 864-4320 or 1 (800) 232-2345
Out-of-network provider	1
Outpatient services	No precertification required unless otherwise specified.
Skilled nursing facility (SNF)	(602) 864-4320 or 1 (800) 232-2345
Transplants and stem cell procedures (major organ and bone marrow)	Precertification required if done inpatient.
PHARMACY BENEFIT MANAGEMENT	
BriovaRx Specialty Pharmacy: See Specialty Medication List for specific requirements and contact information for provider assistance and requests.	1 (855) 872-5394
Retail & Mail Order Rx Meds: Prescription Limitations and Precertification Requirements	1 (866) 325-1794

- 1) PPO benefit plans cover services from out-of-network (OON) providers; however, precertification is required for the member to receive in-network level benefits. The request for OON benefits must be initiated by the referring or treating provider. With precertification for in-network level benefits, the member is still responsible for the balance bill (the difference between the provider’s billed charges and BCBSAZ-allowed amounts).

Teamsters Precertification List

MEMBER ID PREFIX: **TYW**

PLAN TYPE: **PPO**

GROUP NUMBERS: **031843 (Actives) and 031844 (Retirees)**

2019 CUSTOM PRECERTIFICATION REQUIREMENTS – for Teamsters	
Arizona provider assistance: (602) 864-4320 or 1 (800) 232-2345 Out-of-state provider precertification requests: 1 (800) 676-2583	Notes
Behavioral and mental healthcare	1
Clinical trials	Benefits are available for cancer clinical trials for active members with plan coverage.
Dental-related facility services or dental-related services integral to medical services when scheduled as an inpatient admission Note: Dental implants must be precertified by the dental claims administrator	For details, call Aetna Dental member services at 1 (877) 238-6200
Extended active rehabilitation (EAR) – inpatient rehabilitation services	(602) 864-4320 or 1 (800) 232-2345
Home health care and private duty nursing	
Infusion/IV therapy in any setting (hospital outpatient, physician’s office, infusion center, home infusion) covered under <i>medical</i> benefits. Certain drugs may have coverage criteria, including a site-of-service review. See medical coverage guidelines for specifics.	See Specialty Medication List for specific requirements and provider assistance numbers.
Injectable medications that must be administered by a healthcare professional may require precertification and are billed under <i>medical</i> benefits. Injectable and oral medications that can be self-administered may require prior authorization and are billed under <i>pharmacy</i> benefits.	For medical benefits, call (602) 864-4320 or 1 (800) 232-2345 For pharmacy benefits, call 1 (800) 711-3814
Inpatient admission <ul style="list-style-type: none"> • All scheduled admissions (including detoxification) require precertification. • All emergent/urgent admissions (including maternity and pre-term labor) require notification within 48 hours of admission. 	(602) 864-4320 or 1 (800) 232-2345
Long-term acute care (LTAC)	
Out-of-network provider	2
Outpatient services do <i>not</i> require precertification unless otherwise specified	(602) 864-4320 or 1 (800) 232-2345
Skilled nursing facility (SNF)	
PHARMACY BENEFIT MANAGEMENT	
Specialty Drugs: Express Scripts	1 (800) 711-3814
Retail & Mail Order Rx Medications: Express Scripts	

- 1) The behavioral services administrator (BSA) is the exclusive provider to precertify and manage behavioral and mental healthcare benefits. For outpatient behavioral health services, members must coordinate care through the BSA by contacting the BSA prior to the receipt of care, to discuss the most appropriate provider and course of treatment. Call the BSA – Beacon Health Options (formerly known as Value Options) – at 1 (855) 884-7080 to precertify or coordinate services.
- 2) PPO benefit plans cover services from out-of-network (OON) providers; however, precertification is required for the member to receive in-network level benefits. The request for OON benefits must be initiated by the referring or treating provider. With precertification for in-network level benefits, the member is still responsible for the balance bill (the difference between the provider’s billed charges and BCBSAZ-allowed amounts).

Federal Employee Program (FEP) Precertification/Prior Approval List

MEMBER ID PREFIX: R
SERVICE BENEFIT PLAN

2019 PRECERTIFICATION and PRIOR APPROVAL REQUIREMENTS for FEP		
FEP provider assistance: (602) 864-4102 or 1 (800) 345-7562 Weekends and holidays: (602) 864-4320 or 1 (800) 232-2345	Benefit Plan Names:	
	Standard and Basic Options	FEP Blue Focus
Air ambulance transport (non-emergent)	(602) 864-4102 or 1 (800) 345-7562	
Applied behavior analysis (ABA)	Prior approval required for ABA and all related services, including assessments, evaluations, and treatments.	
Cardiac rehabilitation	N/A	
Clinical trials (for certain blood or marrow stem cell transplants)	1	
Cochlear implants	N/A	
Dental-related facility services or dental-related services integral to medical services when scheduled as an inpatient admission	(602) 864-4102 or 1 (800) 345-7562	
Detoxification (scheduled IP admissions)		
DME – specialty durable medical equipment (rental or purchase), including: <ul style="list-style-type: none"> ▪ Specialty hospital beds ▪ Deluxe wheelchairs, power wheelchairs, mobility devices, and related supplies 	N/A	
Extended active rehabilitation (EAR) – inpatient rehabilitation services	(602) 864-4102 or 1 (800) 345-7562	
Emergency admission – notify FEP provider assistance for precertification within two business days following the day of ER admission (<i>even if the patient has been discharged</i>)		
Gender reassignment surgery	2	
Gene therapy and cellular immunotherapy (examples include CAR-T and T-cell receptor therapy)	(602) 864-4102 or 1 (800) 345-7562	
Hospice		
Inpatient admission – scheduled IP admissions, including medical, surgical, psychiatric, and residential treatment center (RTC) admissions <ul style="list-style-type: none"> ▪ Maternity admission – only for stays longer than 48 hours post vaginal delivery and longer than 96 hours post C-section ▪ Newborn stays – only when requiring definitive treatment during or after the mother’s confinement 	For all scheduled admissions call: (602) 864-4102 or 1 (800) 345-7562 Prior to RTC admission, approval is required and member must be enrolled in case management.	
• Bariatric surgery		3
Laboratory – BRCA testing for BRCA1 or BRCA2 mutations	4	
Laboratory – genetic testing for the diagnosis and/or management of an existing medical condition	(602) 864-4102 or 1 (800) 345-7562	
Long-term acute care (LTAC)		
Oral medical foods (pharmacy benefit only)	5	
Outpatient intensity modulated radiation therapy (IMRT) for all services <i>except</i> treatment of breast, prostate, anal, neck, and head cancer (brain cancer is not considered a form of head or neck cancer)		
Outpatient surgery for the following procedures: <ul style="list-style-type: none"> ▪ Surgical correction of congenital anomalies ▪ Surgery needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth ▪ Gender reassignment 	(602) 864-4102 or 1 (800) 345-7562	
▪ Morbid obesity		3
<ul style="list-style-type: none"> ▪ 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 	N/A	

Federal Employee Program (FEP) Precertification/Prior Approval List

MEMBER ID PREFIX: R

SERVICE BENEFIT PLAN

Prosthetic devices (external)	N/A	
Pulmonary rehabilitation	N/A	
Radiology: High-tech imaging, including MRI, CT, PET	N/A	
Skilled nursing facility (SNF) – 30-day annual maximum limit. This benefit is <i>only</i> available for members with the Standard Option who are not enrolled in Medicare Part A.	Not all plans have a skilled nursing facility benefit. Specific requirements must be met prior to admission. See 2019 plan-specific brochures and FEP Medical Policy info.	
Sleep studies performed in a location other than the home		N/A
Transplants and stem cell procedures (may include site-of-service requirements)	6	
PHARMACY BENEFIT MANAGEMENT		
Formulary and prior approval lists are available on the FEP website.	fepblue.org/benefit-plans/coverage/pharmacy	
AllianceRx Walgreens Prime (hours: 7:00 a.m. – 9:00 p.m. Eastern Time, Monday – Friday; 8:00 a.m. – 6:30 p.m. Eastern Time, Saturday & Sunday)	1 (888) 346-3731	
CVS Caremark (hours: 7:00 a.m. – 9:00 p.m. Eastern Time, Monday – Friday)	1 (800) 624-5060	

- 1) For clinical trials for certain blood or marrow stem cell transplants, call the FEP organ transplant line at (602) 864-4051. For the list of conditions covered **only** in clinical trials, refer to the 2019 [plan-specific brochures](#) on the fepblue.org website.
- 2) Prior to surgical treatment of gender dysphoria, the 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 the provider later modifies the plan (including changes to the procedures to be performed or the anticipated dates for the procedures). If the surgical procedure requires an inpatient admission, inpatient care must also be precertified.
- 3) For Blue Focus Plan members only, the site of service for bariatric surgery must be a Blue Distinction Center for Specialty Care (BDSC). For a current list of Blue Distinction Centers for bariatric surgery, use the [BCBS Blue Distinction Facility Search](#) tool.
- 4) Prior approval is required for BRCA testing and testing for large genomic rearrangements in BRCA1 and BRCA2 genes. Genetic testing and evaluation services must be completed prior to BRCA testing.
- 5) Specialized nutritional formulas for children up to age 22 to treat inborn errors of amino acid metabolism or medical foods, as defined by the U.S. Food and Drug Administration, that are administered orally and that provide the sole source (100%) of nutrition, for up to one year following the date of the initial prescription or physician order for the medical food (e.g., Neocate) in formula form only. Call CVS Caremark at 1 (800) 624-5060.
- 6) See [plan-specific brochures](#) for detailed information on transplant benefits and requirements, including site of service.
 - Certain blood or marrow stem cell transplants must be performed in a facility with a transplant program accredited by the Foundation for the Accreditation of Cellular Therapy (FACT), or in a facility designated as a Blue Distinction Center for Transplants (BDCT), or as a cancer research facility.
 - Certain transplant procedures must be performed at a FACT-accredited facility. Call the FEP transplant coordinator at (602) 864-4051.
 - Certain organ transplant procedures must be performed in a facility with a Medicare-approved transplant program for the type of transplant anticipated.