

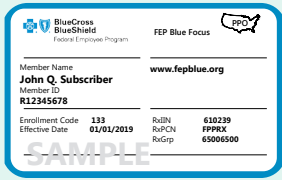


The Federal Employee Program (FEP) provides benefits to federal employees, retirees and their dependents. In Louisiana, preferred providers are those in Blue Cross and Blue Shield of Louisiana's **Preferred Care PPO Network**. We are responsible for processing claims and providing customer service to FEP members for service rendered in Louisiana. FEP members have three benefit plans to choose from: FEP Standard Option, FEP Basic Option and FEP Blue Focus. This guide outlines the provider requirements as they differ between the three FEP benefit plans.

## FEP Dedicated Customer Service: 1-800-272-3029

	Benefit Style	Member ID Card Style	Preventive Care	Office Visits	Urgent Care	Pharmacy	Residential Treatment Center
<b>FEP Standard Option</b>	In-network benefits Out-of-network benefits		Preventive care benefits are limited to one per calendar year. Coverage is available at 100% for routine physicals performed by preferred providers. Additional preventive services may be covered at 100%.	PCP - \$25 copayment Specialists - \$35 copayment	\$30 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug 1-800-262-7890	Facility must be licensed and accredited, member must be enrolled in Care Management and pre-service approval must be obtained prior to admission. FEP does not allow review for medical necessity if the member is admitted to a residential treatment center prior to requesting authorization.
<b>FEP Basic Option</b>	In-network benefits <b>No</b> out-of-network benefits		Please refer to the member's benefit plan for full details.	PCP - \$30 copayment Specialists - \$40 copayment	\$35 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug* 1-800-262-7890	For FEP Blue Focus <u>members</u> , RTC stays are limited to 30 calendar days per year.
<b>FEP Blue Focus</b>	<b>Limited</b> in-network benefits <b>No</b> out-of-network benefits			PCP/Specialists - \$10 copayment per visit for first 10 visits; then deductible and coinsurance	\$25 copayment	No non-preferred drug coverage Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 No Mail Service Prescription Drug Coverage	

\* For members who have Medicare Part B as primary

## Services That Require Prior Authorization

Prior authorization is required for the following services for FEP members. Please always verify the member's eligibility, benefits and limitations prior to providing services. To do this, use iLinkBlue. Authorization requirements for the following services apply for FEP benefit plans effective January 1, 2021:

### FEP Standard/FEP Basic Option

*Prior authorization is required for these services when performed on an outpatient basis. Failure to obtain prior authorization for these services will result in a \$500 penalty if inpatient admission is required.*

- Air Ambulance (non-emergent)
- Applied Behavior Analysis
- Blood/Marrow Stem Cell Transplants
- Certain Prescription Drugs and Supplies (including medical foods)
- Gender Reassignment Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing (including BRCA/LGR services)
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)\*
- Intensity-Modulated Radiation Therapy (IMRT)
- Organ/Tissue Transplants and Transplant Travel (including autologous pancreas islet cell, heart, artificial heart implant, heart-lung, intestinal, liver, lung, pancreas, simultaneous liver-kidney, simultaneous pancreas-kidney; excluding cornea and kidney transplants)
- Outpatient Surgery Needed to Correct Accidental Injuries (to jaws, cheeks, lips, tongue, roof and floor of mouth)
- Residential Treatment Center
- Skilled Nursing Facility
- Sleep Studies (when performed outside the home)
- Surgical Correction of Congenital Anomalies
- Surgical Treatment for Morbid Obesity

### FEP Blue Focus Option

*Failure to obtain prior authorization for these services will result in a \$100 penalty for outpatient services and a \$500 penalty if inpatient admission is required.*

- Air Ambulance (non-emergent)
- Applied Behavior Analysis\*\*
- Blood/Marrow Stem Cell Transplants
- Breast Reduction/Augmentation (not related to the treatment of cancer)
- Cardiac Rehabilitation
- Certain Prescription Drugs and Supplies (including medical foods)
- Cochlear Implants
- CT Scan
- Gender Reassignment Surgery
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing (including BRCA/LGR services)
- Hospice Care
- Inpatient Hospital Services (except routine maternity stays)\*\*
- Intensity-Modulated Radiation Therapy (IMRT)
- MRI
- Oral/Maxillofacial Procedures (except when related to an accidental injury and provided within 72 hours of the accident)
- Organ/Tissue Transplants and Transplant Travel (including autologous pancreas islet cell, heart, artificial heart implant, heart-lung, intestinal, liver, lung, pancreas, simultaneous liver-kidney, simultaneous pancreaskidney; excluding cornea and kidney transplants)
- Orthognathic Surgery Procedures
- Orthopedic Procedures
- Outpatient Residential Treatment Center\*\*
- PET Scan
- Prosthetic Devices
- Pulmonary Rehabilitation
- Reconstructive Surgery (not related to the treatment of breast cancer)
- Rhinoplasty
- Septoplasty
- Surgical Correction of Congenital Anomalies
- Surgical Treatment for Morbid Obesity
- Specialty DME Services
- Travel Benefits
- Varicose Vein Treatment

### To Request Prior Authorization

Please use the authorizations tools that are available on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)). They are located under the "Authorizations" menu option. You may also call the authorization number(s) on the member ID card.

\* Maternity admissions to in-network facilities (or out-of-network facilities if the member has out-of-network benefits) do not require authorization if the inpatient stay is 48 hours or less for vaginal delivery and 96 hours or less for caesarean section delivery. Inpatient services for newborn well-baby services are included in the mother's stay. However, authorization is required for inpatient sick-baby services.

\*\* Behavioral health services are authorized through the New Directions WebPass Portal by clicking the "Behavioral Health Authorizations" link.

Penalties may apply for failure to obtain prior authorization. Full details are in our provider manuals, available at [www.BCBSLA.com/providers](http://www.BCBSLA.com/providers), then click on "Resources."

To verify FEP member benefits, go to  
[www.iLinkBlue.com](http://www.iLinkBlue.com)