

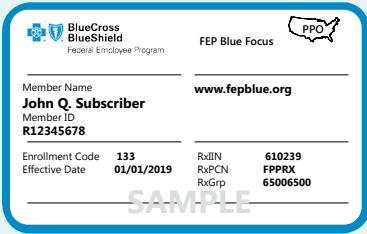




**FEP Dedicated Customer Service: 1-800-272-3029**

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.

For 2019, FEP members have three benefit plans to choose from: Standard Option, Basic Option and FEP Blue Focus. This guide outlines the provider requirements as they differ between the three FEP benefit plans.

	<b>Standard Option</b>	<b>Basic Option</b>	<b>FEP Blue Focus</b>
<b>Benefit Style</b>	In-network benefits Out-of-network benefits	In-network benefits <b>No</b> out-of-network benefits	<b>Limited</b> in-network benefits <b>No</b> out-of-network benefits
<b>Member ID Card Style</b>			
<b>Preventive Care</b>	Preventive care benefits are limited to one per calendar year. Coverage is available at 100 percent for routine physicals performed by preferred providers. Additional preventive services may be covered at 100 percent. Please refer to the member's benefit plan for full details.		
<b>Office Visits</b>	PCP - \$25 copay Specialists - \$35 copay	PCP - \$30 copay Specialists - \$40 copay	PCP/Specialists - \$10 copay per visit for first 10 visits; then deductible and coinsurance
<b>Urgent Care Visits</b>	\$30 copay	\$35 copay	\$25 copay
<b>Pharmacy</b>	Retail Pharmacy 1-800-624-5060  Specialty Drug Pharmacy 1-888-346-3731  Mail Service Prescription Drug 1-800-262-7890	Retail Pharmacy 1-800-624-5060  Specialty Drug Pharmacy 1-888-346-3731  Mail Service Prescription Drug* 1-800-262-7890	<b>No</b> non-preferred drug coverage  Retail Pharmacy 1-800-624-5060  Specialty Drug Pharmacy 1-888-346-3731  <b>No</b> Mail Service Prescription Drug Coverage
<b>Residential Treatment Center (RTC)</b>	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 RTC prior to requesting authorization.  <u>For FEP Blue Focus members, RTC stays are limited to 30 calendar days per year.</u>		

\* For members who have Medicare Part B as primary

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



## Services That Require Prior Authorization

Prior authorization is required for the following services for FEP members. Providers may request authorization by calling 1-800-523-6435 or by using our authorizations tool available on iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue) > Authorizations).

### Standard/Basic Option

*Failure to obtain prior authorization for these services will result in a \$500 penalty for inpatient services.*

- 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 (including artificial heart implants; 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 for inpatient services.*

- 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 (including artificial heart implants; 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

\* 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.

**ilinkBlue**

Use iLinkBlue, our secure, online, self-service provider tool, to access eligibility and benefits, allowable charges, claims research, imaging authorizations, payment information, manuals and more!

[www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)