

Blue Choice PPOSM Provider Manual - Federal Employee Program[®] (FEP[®])

Important note:

Throughout this provider manual there will be instances when there are references unique to Blue Choice PPO, Blue High Performance Network, Blue Edge, EPO and the Federal Employee Program. These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "Plan" is referenced, the information will apply to all PPO products.

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Blue Choice PPO Provider Manual - Federal Employee Program (FEP)

Federal Employee Plan (FEP) Overview

Blue Cross and Blue Shield Service Benefit Plan is the official name of coverage offered to federal employees and annuitants by participating Blue Cross and Blue Shield Plans. This plan is commonly referred to as the Federal Employee Program or FEP.

FEP benefits may be redefined annually as negotiated by the Blue Cross Blue Shield Association and the Office of Personnel Management in Washington, D.C.

FEP utilizes the Blue Choice PPO network.

No PCP or Referrals

Subscribers of the Service Benefit Plan do not choose a primary care physician, and referrals are not required, however, Standard Option subscribers must seek care from a participating **Blue Choice PPO** health care provider in order to receive the highest level of benefits, and Basic Option subscribers only have in network level benefits with few exceptions.

Enrollment Codes

Eligible Federal employees, tribal employees and annuitants may enroll in the Federal Employees Health Benefits Program. Refer to <https://www.opm.gov/> for additional information.

The federal ID card is quite different from **Blue Choice PPO** ID card. The following is a key to the Service Benefit Plan enrollment codes that appear on the federal ID card.

Enrollment Code	Benefits For	Benefit Option
104	Self Only	Standard
105	Self and Family	Standard
106	Self Plus One	Standard
111	Self Only	Basic
112	Self and Family	Basic
113	Self Plus One	Basic
131	Self Only	FEP Blue Focus
132	Self and Family	FEP Blue Focus
133	Self Plus One	FEP Blue Focus

Option Defined

Three health plans options are offered to FEP members: FEP Blue Focus, Basic Option, and Standard Option.

FEP Group Number

Federal Employee Program group number is **OFEP TX**. This group number needs to be entered in Block 11 on the CMS 1500 claim form or in Block 62 on the UB 04 claim form.



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FEP Blue Focus Option

FEP Blue Focus is a PPO with a nationwide network including hospitals, physicians, and numerous ancillary/specialty providers. FEP Blue Focus:

- Is an in-network-only benefit program that requires members to use PPO providers in order to receive benefits.
- Offers unique design with services categorized by core, non-core, and wrap benefits.
- Core services include full coverage for preventive care, the first 10 office visits per year with a \$10.00 copayment for both PCP and specialists. A \$500/individual and \$1000/family deductible applies to non-core benefits.

FEP Blue Focus Sample ID Card

FEP Blue Focus ID Card (front & back):

 BlueCross. BlueShield. Federal Employee Program.		FEP Blue Focus 	
Member Name JOHN DOE Member ID R99993044		www.fepblue.org	
Enrollment Code	131	RxLIN	610239
Effective Date	01/01/2012	RxPCN	FEPRX
		RxGrp	65006500

 BlueCross. BlueShield. Federal Employee Program.		www.fepblue.org	
This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus. You MUST use Preferred providers to get benefits.			
Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$200 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit Brochure for more information.			
Use of this card constitutes acceptance of the terms and conditions in the FEP Blue Focus Brochure for the applicable contract year, which is the only legal description of benefits.			
		Hospital:	X-XXX-XXX-XXXX
		Medical:	X-XXX-XXX-XXXX
		Dental:	X-XXX-XXX-XXXX
		Pre-certification:	X-XXX-XXX-XXXX
		Mental Health / Substance Abuse	
		Pre-certification:	X-XXX-XXX-XXXX
		Retail Pharmacy:	1-800-624-5060
		Mail Service Pharmacy:	X-XXX-XXX-XXXX
		Assistance Overseas (Call Collect):	1-804-673-1678
		Nurse Line/Consumer Tools:	1-888-258-3432

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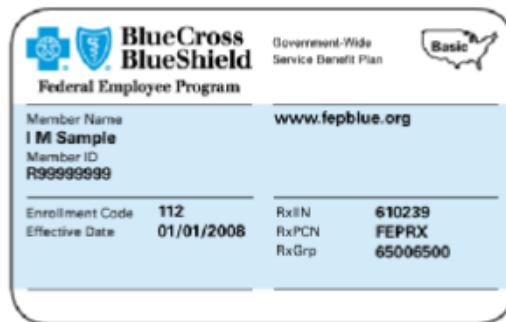
Basis Option

Basic Option Plan:

- Is a PPO with a nationwide network including hospitals, physicians and numerous ancillary and specialty providers.
- Is an in-network-only benefit program that requires members to use PPO providers in order to receive benefits.
- Has no calendar year deductible.
- Most services are reimbursed in full of the plan allowance after an applicable member copayment.
- Office visit copayment is \$30 for a Preferred Primary Care Physician and \$40 for a Preferred Specialist.

Basic Option Sample ID Card

Basic Option ID Card (front & back):



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Standard Option

Standard Option Plan:

- Is a PPO with a nationwide network including hospitals, physicians, and numerous ancillary and specialty providers.
- Members must use PPO providers to receive preferred (network) benefits.
- Members may also use non-PPO providers, participating, or non-participating. When a non-PPO provider is used, the member will receive a lower benefit level.
- Office visit copayment is \$25 for a Preferred Primary Care Physician and a \$35 copayment for a Preferred Specialist. Other non-preventive services are first subject to a \$350/individual or \$700/family calendar year deductible

Standard Option ID Card

Standard Option ID Card (front & back):



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Federal Customer Service

BCBSTX provides a dedicated Federal Customer Service staff. The Customer Service representatives have access to federal subscriber information to give prompt inquiry response to:

- Benefits and subscriber eligibility
- Claims
- Current Preferred Provider network information
- Formal and informal complaint procedures

The automated phone system also provides information for:

- Benefits
 - Eligibility
 - Claims Payment
-

Telephone Number and Hours

You may reach the BCBSTX Federal Customer Service by calling:

1-800-442-4607

Hours: 8 a.m. - 5 p.m. Central Standard Time (CST), Mon- Fri

Online Access

Utilize [Availity®](#)  for online access to benefits and eligibility and claims status.

Mailing Address

Federal Customer Service may also be contacted in writing at the following address:

**FEP Customer Service
P.O. Box 660044
Dallas, TX 75266-0044**

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Prior Approval/ Authorization Requirement

For information on **FEP Medical Policies and Utilization Management Guidelines**, please visit www.fepblue.org and select the **Policies & Guidelines** link at the bottom of the page. For Plan Brochures, select "Tools and Resources" at the top of the page, then "Brochures & Resources" and "Plan Brochures".

Inpatient/ Outpatient Prior Approval/ Authorization Requirements

All inpatient hospital admissions require prior approval/prior authorization.

*All requirements listed below are annually updated and are located in our FEP Service Benefit Plan Brochure which can be found at www.fepblue.org. Please check the brochure for verification of any updates that may not be listed below.

You must obtain prior approval for the below services under both **Standard and Basic Option**. Prior authorization is also required if the service or procedure requires an inpatient hospital admission.

- Gene therapy and cellular immunotherapy, for example CAR-T and T-Cell receptor therapy
 - Non-Emergent Air Ambulance Transport
 - Outpatient sleep studies any location other than your home
 - Applied behavior analysis (ABA)
 - Gender reassignment surgery
 - BRCA testing and testing for large genomic rearrangements in the BRCA1 and BRCA2 genes
 - Surgery for morbid obesity
 - Surgical correction of congenital anomalies
 - Surgery needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth
 - Intensity-modulated radiation therapy (IMRT) allowed exceptions are listed in our FEP Service Benefit Plan Brochure
 - Hospice care
 - Transplants – see our FEP Service Benefit Plan Brochure for facility and specific requirement
 - Organ/tissue transplants -Prior approval is required for both the procedure and the facility.
 - Blood or Marrow Stem Cell transplants
 - Clinical trials for certain blood or marrow stem cell transplants
 - Transplant travel
 - Prescription drugs and supplies -See Pharmacy section and our FEP Service Benefit Plan Brochure
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Inpatient/ Outpatient Prior Approval/ Authorization Requirements, cont.

FEP Blue Focus - You must obtain prior approval for the following services. Failure to obtain prior approval will result in a \$100 penalty. Prior authorization is also required if the service or procedure requires an inpatient hospital admission.

- Gene Therapy and Cellular Immunotherapy, including Car-T and T-cell receptor therapy
- Non – Emergent Air Ambulance Transport
- Applied behavior analysis (ABA)
- Genetic testing including the following:
 - BRCA screening or diagnostic testing
 - Large genomic rearrangements of the BRCA1 and BRCA2 genes screening or diagnostic testing
 - Genetic testing for the diagnosis and/or management of an existing medical condition
- Surgery to treat morbid obesity
- Breast reduction or augmentation not related to treatment of cancer
- Gender reassignment surgery
- Surgical correction of congenital anomalies
- 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
- Intensity-modulated radiation therapy (IMRT) allowed exceptions are listed in our FEP Service Benefit Plan Brochure
- Hospice care
- Cardiac rehabilitation
- Cochlear implants
- Residential Treatment Center care for any condition
- Prosthetic devices (external)
- Pulmonary rehabilitation
- Radiology, high technology including MRI, CT and PET scans
- Specialty durable medical equipment (DME)

(List continued on next page)

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Inpatient/ Outpatient Prior Approval/ Authorization Requirements, cont.

- Transplants – see our FEP Service Benefit Plan Brochure for facility and specific requirements
 - Organ/tissue transplants -Prior approval is required for both the procedure and the facility.
 - Blood or marrow stem cell transplants
 - Clinical trials for certain blood or marrow stem cell transplants
 - Transplant travel
 - Prescription drugs and supplies -See Pharmacy section and our FEP Service Benefit Plan Brochure
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How Do I Obtain Prior Approval/ Authorization?

To obtain inpatient prior approval/authorization (**excluding behavioral health**) or outpatient prior approval/authorization, call:

**Medical Management at
1-800-441-9188**

Behavioral Health Prior Approval/ Authorization

Inpatient hospital admissions require prior approval/authorization under the Federal Employee Program.

To prior approve/authorize behavioral health inpatient admissions, call:

1-800-528-7264

Outpatient behavioral health services do not require prior approval/authorization.

If you or your FEP patient have questions or need information about behavioral health professionals, facilities or procedures, call **1-800-528-7264**.

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FEP Claims Filing

Refer to Section F of this provider manual for the detailed instructions on claims filing.

FEP Inquiries

For federal claims inquiries, contact BCBSTX Federal Customer Service by calling:

1-800-442-4607

Address written claims inquiries to:

**BCBSTX
FEP Customer Service
P.O. Box 660044
Dallas, TX 75266-0044**

FEP Pharmacy Programs

Some prescription drugs require prior approval through the Retail Pharmacy Program for federal subscribers. To assist the subscriber with the prior approval process or if you need information about the federal pharmacy programs, please call the following toll-free numbers:

**Retail Pharmacy Program Customer Service
1-800-624-5060**

**Mail Order Prescription Program
1-800-262-7890**

FEP Disease Management Programs

The FEP Disease Management Program is an integrated approach in managing and preventing chronic conditions by providing member education within the disease process and identifying multidisciplinary efforts to maximize cost and improve quality of life.

The program is available to subscribers diagnosed with asthma, congestive heart failure (CHF), coronary artery disease (CAD), congestive obstructive pulmonary disease (COPD), and diabetes.

Subscriber enrollment is voluntary; candidates are identified through continuous recruitment. Refer to Section K of this Blue Choice Provider Manual for additional information.

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FEP Blue Health Connection¹

Physicians, professional providers and subscribers benefit from Blue Health Connection.

Blue Health Connection is a toll-free service that provides 24-hour health care information available to Blue Cross and Blue Shield of Texas Federal Employee Program (FEP) subscribers. The service enables subscribers to make informed, appropriate health care decisions. Subscribers can call the Blue Health Connection Audio Health Library[®] at **1-888-BLUE-432** and get prerecorded information and literature on more than 450 health topics.

Additionally, FEP subscribers can speak to experienced, specially trained nurses who can answer their health care questions. Using non-diagnostic, symptom-based assessment guidelines, the nurses help subscribers identify appropriate sources and time frames for care.

With Blue Health Connection, network physicians and professional providers may benefit through a reduction of after-hour and inappropriate phone calls. We also expect Blue Health Connection to reduce unnecessary hospital emergency visits. Subscribers will receive supportive information, in addition to that given by their physician or professional provider.

Note: Blue Health Connection should only be used by FEP subscribers. However, preferred physicians and professional providers are offered one courtesy call to be used as a demonstration. Preferred physicians or professional providers should identify themselves, so they will not be included in the utilization data for the program.

[®] Personal Health Advisor and Audio Health Library are registered trademarks of Access Health, Inc.

¹ Blue Health Connection is the name used by Blue Cross and Blue Shield Federal Employee Program for Personal Health Advisor.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX.

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