

# SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY

NOVEMBER 30, 2018

## NEW FEP PRODUCT FOR 2019: FEP BLUE FOCUS<sup>SM</sup>

For the first time since the Federal Employee Program (FEP) began, FEP will launch a new, national third product for 2019: FEP Blue Focus. FEP Blue Focus members will pay just \$10 each for their first 10 primary and/or specialty care visits and will pay little or no cost for services that support good health. Members will also have access to generic prescription drugs and will be covered when traveling overseas.

Here are some key highlights of FEP Blue Focus that providers should be aware of.

### OUT-OF-NETWORK COVERAGE

Under FEP Blue Focus, benefits are **not** available for services performed by out-of-network (Non-preferred) providers, except in certain situations such as emergency care.

### FEP BLUE FOCUS MEMBER ID CARD

Below is a sample member ID card for *FEP Blue Focus* members.

 <b>BlueCross BlueShield</b> Federal Employee Program.	<b>FEP Blue Focus</b>	
Member Name <b>** QC - DO NOT MAIL ** ** Q</b>	<b>www.fepblue.org</b>	
Member ID <b>R99993044</b>		
Enrollment Code <b>131</b>	RxIIN <b>610239</b>	
Effective Date <b>01/01/2019</b>	RxPCN <b>FEPRX</b>	
	RxGrp <b>65006500</b>	



## FEP BLUE FOCUS PRECERTIFICATION REQUIREMENTS

All FEP plans have precertification requirements for certain services. FEP Blue Focus has different precertification requirements from the Basic and Standard products.

In accordance with the Blue Cross® Blue Shield® Service Benefit Plan, the FEP Blue Focus product will impose a \$100 coverage penalty for certain services when the services did not receive prior approval but are deemed medically necessary.

***This coverage penalty will result in a reduced payment to the provider for such services. Providers may not bill this amount to members.***

Further details will be outlined in Highmark's Provider Manual which is available on the Provider Resource Center.<sup>1</sup>

Below is a chart listing services requiring prior approval by the FEP plans.\* This list will be posted on the Provider Resource Center for future reference.

*\*Inpatient preauthorization penalties still apply to all applicable services.*

	Standard and Basic	FEP Blue Focus
<b>Genetic Testing</b>		
BRCA screening or diagnostic testing	X	X
Large genomic rearrangements of the BRCA1 and BRCA2 genes screening or diagnostic testing	X	X
Genetic testing for the diagnosis and/or management of an existing medical condition		X
<b>Surgical Services</b>		
Outpatient surgery for morbid obesity	X	X
Outpatient surgical correction of congenital anomalies	X	X
Outpatient surgery needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth	X	X
Gender reassignment surgery	X	X
Breast reduction or augmentation not related to treatment of cancer		X
Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint (TMJ)		X
Orthopedic procedures: hip, knee, ankle, spine, shoulder and all orthopedic procedures using computer-assisted musculoskeletal surgical navigation		X
Reconstructive surgery for conditions other than breast cancer		X
Rhinoplasty		X
Septoplasty		X
Varicose vein treatment		X

<sup>1</sup> Highmark is in the process of updating its Provider Manual to reflect the FEP Blue Focus plan design. The updates to the Provider Manual are subject to regulatory approval. Highmark will send notification if there are any additional changes.

<b>Other Services</b>		
Outpatient intensity-modulated radiation therapy (IMRT)	<b>X</b>	<b>X</b>
Cardiac rehabilitation		<b>X</b>
Cochlear implants		<b>X</b>
Prosthetic devices (external), including: microprocessor controlled limb prosthesis; electronic and externally powered prosthesis		<b>X</b>
Pulmonary rehabilitation		<b>X</b>
Radiology, high technology including: - Magnetic resonance imaging (MRI) - Computed tomography (CT) scan - Positron emission tomography (PET) scan Note: High technology radiology related to immediate care of a medical emergency or accidental injury does not require prior approval.		<b>X</b>
Specialty durable medical equipment (DME), rental or purchase, to include: - Specialty hospital beds - Deluxe wheelchairs, power wheelchairs and mobility devices and related supplies		<b>X</b>
Gene therapy and cellular immunotherapy, for example CAR-T and T-Cell receptor therapy	<b>X</b>	<b>X</b>
Air Ambulance Transport (non-emergent)	<b>X</b>	<b>X</b>
Outpatient sleep studies performed outside the home	<b>X</b>	
Applied behavior analysis (ABA)	<b>X</b>	<b>X</b>
All covered organ/tissue transplants, except kidney and corneal transplants	<b>X</b>	<b>X</b>
Blood or marrow stem cell transplants	<b>X</b>	<b>X</b>
Clinical trials for certain blood or marrow stem cell transplants	<b>X</b>	<b>X</b>
Transplant travel	<b>X</b>	<b>X</b>
<b>Prior Notification</b>		
Maternity Care		<b>X</b>

Providers should consult NaviNet® for specific information on FEP plan members' cost-sharing.

## FOR MORE INFORMATION

Check out the FEP Blue Focus information on [fepblue.org](http://fepblue.org), the Blue Cross Blue Shield FEP website's [Benefit Plans page](#) to learn more. You can also call the toll-free number on the back on members' ID cards or contact Provider Services with any non-routine questions you may have.