
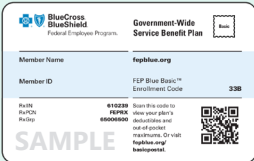



The Federal Employee Program (FEP) now offers two separate health benefit programs: the Federal Employee Health Benefits (FEHB) program provides benefits to federal employees and their dependents, and the Postal Service Health Benefits (PSHB) program provides benefits to postal service employees and 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 members for services rendered in Louisiana. Both programs have three benefit plans to choose from: FEP Blue Standard™, FEP Blue Basic™ or FEP Blue Focus®. This guide outlines the provider requirements for the PSHB benefit plans.

## PSHB Dedicated Customer Service: 1-844-275-2583

	Benefit Style	Member ID Card Style	Preventive Care	Office Visits	Urgent Care	Pharmacy	Residential Treatment Center
<b>FEP Blue Standard</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%. Please refer to the member's benefit plan for full details.	PCP - \$30 copayment  Specialists - \$40 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 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 Blue Basic</b>	In-network benefits <b>No</b> out-of-network benefits			PCP - \$35 copayment  Specialists - \$50 copayment	\$50 copayment	Retail Pharmacy 1-800-624-5060 Specialty Drug Pharmacy 1-888-346-3731 Mail Service Prescription Drug* 1-800-262-7890	<u>For FEP Blue Focus 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, 2026:

### FEP Blue Standard/FEP Blue Basic

*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 High-cost Drugs Obtained Outside of a Pharmacy Setting – a complete list of these drugs is available at [www.fepblue.org/highcostdrugs](http://www.fepblue.org/highcostdrugs)
- Certain Prescription Drugs and Supplies (including medical foods)
- Clinical Trials for Certain Stem Cell Transplants
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing
- Hearing Aids
- Inpatient Hospital Services (except routine maternity stays)
- Non-urgent Outpatient Surgical Orthopedic Procedures on the hip, knee and spine
- 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 Facility-based Sleep Studies
- Oral/Maxillofacial Procedures (except when related to an accidental injury and provided within 72 hours of the accident)
- Proton Beam Therapy
- Reproductive Services
- Residential Treatment Center
- Sperm/Egg Storage
- Stereotactic Radiosurgery
- Stereotactic Body Radiation Therapy
- 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 or Augmentation (not related to the treatment of cancer)
- Cardiac Rehabilitation
- Certain High-cost Drugs Obtained Outside of a Pharmacy Setting – a complete list of these drugs is available at [www.fepblue.org/highcostdrugs](http://www.fepblue.org/highcostdrugs)
- Clinical Trials for Certain Stem Cell Transplants
- Certain Prescription Drugs and Supplies (including medical foods)
- Cochlear Implants
- CT Scan
- Gene Therapy/Cellular Immunotherapy
- Genetic Testing
- Inpatient Hospital Services (except routine maternity stays)
- MRI
- Oral/Maxillofacial Procedures (except when related to an accidental injury and provided within 72 hours of the accident)
- Organ/Tissue Transplants (including autologous pancreas islet cell, heart, artificial heart implant, heartlung, intestinal, liver, lung, pancreas, simultaneous liverkidney, simultaneous pancreas kidney; excluding cornea and kidney transplants)
- Orthognathic Surgery Procedures
- Orthopedic Procedures
- Outpatient Residential Treatment Center
- PET Scan
- Prosthetic Devices
- Proton Beam Therapy
- Pulmonary Rehabilitation
- Reconstructive Surgery (not related to the treatment of breast cancer)
- Reproductive Services
- Residential Treatment Center Care
- Rhinoplasty
- Septoplasty
- Specialty Durable Medical Equipment
- Sperm/Egg Storage
- Stereotactic Radiosurgery
- Stereotactic Body Radiation Therapy
- Surgical Treatment for Morbid Obesity
- Specialty DME Services
- Travel Benefits
- Varicose Vein Treatment

## To Request Prior Authorization

To Request Prior Authorization Please use the authorizations applications that are available on iLinkBlue ([www.lablue.com/ilinkblue](http://www.lablue.com/ilinkblue)). They are located under the "Authorizations" menu option. Louisiana Blue no longer accepts authorization requests via phone or fax. Exceptions include transplants, dental services covered under medical and most out-of-state services. Providers must submit prior authorization requests, including new and extension authorizations through our online Louisiana Blue Authorizations application.

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