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### 2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

#### Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services

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### Benefit Description

#### Hospice Care (cont.)

**Prior approval from the Local Plan is required for all hospice services.** Our prior approval decision will be based on the medical necessity of the hospice treatment plan and the clinical information provided to us by the primary care provider (or specialist) and the hospice provider. We may also request information from other providers who have treated the member. All hospice services must be billed by the approved hospice agency. **You are responsible for making sure the hospice care provider has received prior approval from the Local Plan** (see Section 3 for instructions).

Please check with your Local Plan, and/or visit [www.fepblue.org/provider](http://www.fepblue.org/provider) to use our National Doctor & Hospital Finder, for listings of Preferred hospice providers.

Note: If Medicare Part A is the primary payor for the member's hospice care, prior approval is not required. However, our benefits will be limited to those services listed in this Section.

**Members with a terminal medical condition (or those acting on behalf of the member) are encouraged to contact the Case Management Department at their Local Plan for information about hospice services and Preferred hospice providers.**

#### You Pay

Preferred: 30% of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

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### Benefit Description

#### Covered services:

We provide benefits for the hospice services listed below when the services have been included in an approved hospice treatment plan and are provided by the home hospice program in which the member is enrolled:

- Advanced care planning
- Dietary counseling
- Durable medical equipment rental
- Medical social services
- Medical supplies
- Nursing care
- Oxygen therapy
- Periodic physician visits
- Physical therapy, occupational therapy, and speech therapy related to the terminal medical condition
- Prescription drugs and medications
- Services of home health aides (certified or licensed, if the state requires it, and provided by the home hospice agency)

### **You Pay**

See the following

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### **Benefit Description**

#### **Traditional Home Hospice Care\***

Periodic visits to the member's home for the management of the terminal medical condition and to provide limited patient care in the home. An episode of care is one home hospice treatment plan per calendar year. See Section 3 for prior approval requirements.

**\*Prior approval is required**

### **You Pay**

Preferred facilities: Nothing (no deductible)

Non-preferred facilities (Member/Non-member): You pay all charges

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