

C. HMSA Plans for Federal Employees – Fed 87 (PPO) Fed 117 (DHMO)

Fed Plan 87 is HMSA's Federal Plan for employees who are eligible to participate in the Federal Employees Health Benefits (FEHB) Program. Please visit the **U.S. Office of Personnel Management webpage** for more information on the FEHB Program.

Important Note: We use assigned subscriber identification numbers in place of Social Security numbers. Be sure to use the member's current identification number when submitting claims (excluding the first three alpha characters) to avoid delays in payment and comply with HIPAA.

For the Federal Plans the alpha prefix will end with the letter F. The Group is identified as FED

The PPO Plan Code is OOF

Submit all claims using the Subscriber ID excluding the first three alpha characters.

The DHMO Plan Code is 117.

PPO Plan Code - 00F and DHMO Plan Code - 117

To identify HMSA Federal Plan members, the letter F follows the first 3 letter prefix in the subscriber number. The dental coverage code is designated by 00F (Preferred Provider Plan) or 117 (DHMO).

NOTE: These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

D. Hawaii General Excise Tax Reimbursements

Effective November 22, 2019, for FED 87, FED 117 HMO, and FED 27 Plans, Hawaii general excise tax (GET) is calculated and paid when tax procedure code D9985 is submitted on a claim. The GET displays on the explanation of benefits (EOB) and is included with the claim payment. This process applies to both paper and electronic claims.

Here are some key points to know:

1. GET is only be covered for FED87, FED117 and FED 27 plans.
2. Billing providers must be participating with HMSA to receive GET payment.
3. GET is calculated based on the performing provider's location.
4. GET processing applies to all claim submission types (paper and electronic).
5. GET is calculated when the tax procedure code D9985 is submitted on the claim.
 - a. If there are multiple dates of service on a claim, D9985 must be submitted per date of service.
 - b. If the D9985 is omitted in error on a claim form, the providers' office will need to call HMSA Dental customer service at 948-6440 or 1 (800) 792-4672 to have the procedure code D9985 added to their claim and include the provider's charge.
6. GET is calculated based on allowance of taxable services and not the provider's charge for D9985.
7. GET payment will not exceed the provider's charge for D9985.
8. GET will not be payable on non-covered/ineligible services.
9. If D9985 is submitted on a predetermination, GET will be calculated.
 - a. If all services from the predetermination are subsequently submitted with the same date of service (for payment), the GET will apply to all services.
 - b. If services from the predetermination are subsequently submitted with different dates of service (for payment), the GET will only apply to one date of service. To obtain GET payment for the other dates of service, submit the procedure codes and D9985 on a new claim form or call HMSA Customer Service to request to have the D9985 added to the claim.

NOTE: These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.