

## iEXCHANGE Overview

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### **iEXCHANGE System for Referrals, Maternity Notifications and Precertifications**

iEXCHANGE is the automated system that must be used by Physicians/Providers to complete referrals, maternity notifications and inpatient precertifications. iEXCHANGE has both interactive voice response (IVR) and web-based applications. iEXCHANGE can be accessed 24 hours a day, seven days a *week (with the exception of every 3<sup>rd</sup> Sunday when the system will be unavailable from 11:00am – 2:00pm CST)*.

The IVR application is accessed by calling **1-800-413-0869**.

The web application is accessed through [www.bcbstx.com/provider](http://www.bcbstx.com/provider). An iEXCHANGE ID, user ID and password are required to be able to access the web application. Instructions on how to obtain IDs and passwords are on [www.bcbstx.com/provider](http://www.bcbstx.com/provider).

Once accessed, iEXCHANGE will guide you through the required steps. Please refer to the iEXCHANGE IVR Reference Guide and Web Reference Guide on [www.bcbstx.com/provider](http://www.bcbstx.com/provider) for more detailed instructions.

If you encounter any problems utilizing the iEXCHANGE system, contact the Texas iEXCHANGE Support Desk by calling 1-800-441-9188, select 1, and then select 4. The Support Desk is available Monday – Friday, 8:00am – 5:00pm CST.

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## Appeal Process for Medical Necessity Determinations, Out-of-Network Requests and Non-Covered Benefits

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### Expedited Appeal Process

BCBSTX has an expedited appeal process for appeals of adverse determinations that involve emergency/urgent service denials and denials of continued stays for hospitalized patients. The resolution will not exceed one (1) working day from the receipt of all necessary information or 72 hours from appeal request, whichever is sooner. All appeals are reviewed by a physician not previously involved in the case, who is in the same or similar specialty as would manage the condition under review.

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### Standard Appeal Process

BCBSTX has a standard appeal process for appeals of adverse determinations for a denial of service based on medical necessity, experimental/investigational, or appropriateness of care. Written notification of the appeal determination will be provided no later than thirty (30) calendar days after the date BCBSTX received the appeal request. All appeals are reviewed by a physician not previously involved in the case who is in the same or similar specialty as would manage the condition under review.

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### Physician/Provider Request for Case Match Review

A physician/provider may request a case match review by submitting in writing, within ten (10) working days of an appeal denial, good cause for a specialty physician review.

The review shall be completed and the appealing physician/provider shall be notified no later than fifteen (15) working days from the date of the request.

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### To Appeal An Adverse Determination for Medical Necessity/Experimental/Investigational

To appeal an adverse determination for medical necessity or experimental/investigational, a physician/provider may write to:

**BCBSTX Utilization Management**  
Attention: Appeals Department  
P.O. Box 833874  
Richardson, Texas 75083-3874

Appeal requests may also be submitted by:

**Fax: 1-866-221-3607**  
**Phone: 1-800-441-9188**

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### Appeal Process for Denials of Out-of-Network Requests or Non-Covered Benefits

The appeal of a denial of a request for a referral to an out-of-network physician/provider or a service that is not covered per the subscriber's Coverage Documents are considered "complaints" and are resolved via the BCBSTX Complaint Process.

To request such a review, contact Customer Service at the telephone number shown on the subscriber's ID card.

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**BLUECHOICE® PPO/POS  
PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS**

**BlueChoice PPO/POS:** Referrals for Out-of-Network/Out-of-Plan Services due to network inadequacy or continuity of care always require Medical Management Review. Emergency Services are an exception to this requirement. Utilization Management (UM) must be notified within the later of 48 hours or by the end of the next business day of an emergency hospital admission.

PRECERTIFICATION/NOTIFICATION/ REFERRAL REQUIREMENT	PROCESS IN iEXCHANGE	PRECERTIFICATION	REFERRAL
1. Inpatient Facility Admissions - Hospital - Rehab - Skilled Nursing - Long Term Acute Care / Sub-acute	iEXCHANGE Precertification for Selected Facility Admissions	Certain Facility Admissions Require Medical Management Review	
2. Obstetrical Care	iEXCHANGE Maternity Notification		
3. Inpatient Hospice	iEXCHANGE Precertification		
4. Inpatient Pain Management		Precertification Requires Medical Management Review	
5. Inpatient Cardiac Rehabilitation	iEXCHANGE Precertification		
6. *High Tech Outpatient Diagnostic Radiology Procedures		Call American Imaging Management (AIM) for a Radiology Quality Initiative (RQI) number at 1-800-859-5299	
7. In-Network/In-Plan Services			<b>POS only</b> – iEXCHANGE Referral for All Primary Care Physician (PCP) Referrals to Specialists outside of the PCP's Call Group/Back Up
8. Out-of-Network/Out-of-Plan Services		Out-of-Network/Out-of-Plan Services require Medical Management Review if requested due to network inadequacy or continuity of care. Emergency Services are an exception to this requirement. UM must be notified within one (1) business day of an emergency hospital admission.	Out-of-Network/Out-of-Plan Services require Medical Management Review if requested due to network inadequacy or continuity of care. Emergency Services are an exception to this requirement. UM must be notified within one (1) business day of an emergency hospital admission.
9. Home Health Services		Precertification Requires Medical Management Review	
10. Home Infusion Therapy		Precertification Requires Medical Management Review	
11. Inpatient Hyperbaric Treatment		Precertification Requires Medical Management Review	

\*High Tech Outpatient Diagnostic Radiology Procedures (CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies & PET Scans) require a Radiology Quality Initiative (RQI) number **prior** to services. Physicians should contact American Imaging Management, Inc. (AIM) at 1-800-859-5299 to obtain an RQI number.  
**Note:** This program does not apply to imaging studies performed in conjunction with any Inpatient, Emergency Room, 23-hour Observation, or Day Surgery admissions.

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**BLUECHOICE® PPO/POS**  
**PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS, *continued***

PRECERTIFICATION/NOTIFICATION/ REFERRAL REQUIREMENT	PROCESS IN iEXCHANGE	PRECERTIFICATION	REFERRAL
12. Drug/Alcohol Treatment		Precertification Required. Refer Request to Behavioral Health (see back of ID card for phone number)	
13. Mental Health Services		Precertification Required. Refer Request to Behavioral Health (see back of ID card for phone number)	
14. Physical Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required <b>PPO only</b> – No precertification required if services are In-Network		
15. Occupational Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required <b>PPO only</b> – No precertification required if services are In-Network		
16. Speech Therapy	iEXCHANGE Referral - If services provided and billed by a network facility, no precertification is required <b>PPO only</b> – No precertification required if services are In-Network		
17. Inpatient Sleep Studies		Precertification Requires Medical Management Review	
18. Dental Procedures		Precertification Requires Medical Management Review	