

**THIS MANUAL CONTAINS A REQUIRED DISCLOSURE CONCERNING
HMO BLUE® TEXAS CLAIMS PROCESSING PROCEDURES**

**HMO Blue® Texas Physician and other Professional Provider
Provider Manual**

Table of Contents

Section	Topic	Page
Welcome to the HMO Blue Texas Network	• HMO Blue Texas Network Objective	10
	• Information Provided in this Manual	10
	• Modifications	10
Support Services	• HMO Blue Texas Overview	A – 3
	• HMO Blue Texas Geographical Regions	A – 3
	• HMO Blue Texas Support Areas	A – 3
	• HMO Blue Texas Commitment	A – 3
	• Products & Benefit Plans	A – 4
	• Professional Provider Network (PPN) Department Objective	A – 5
	• PPN Representatives	A – 5
	• Regional/Local Offices	A – 5
	• Medical Directors & Medical Advisory Committees	A – 6
	• Limited Provider Network Selection	A – 7
	• Selection of a Primary Care Physician	A – 7
	• Referrals	A – 7
	• Changing Primary Care Physicians	A – 8
	• Away From Home Care	A – 8
	• Employer/Employee Training	A – 9
	• Physician & Other Professional Provider Training/Orientation	A – 9
	• How to Obtain a Provider Directory	A – 9
	• Online Provider Directory/Website Information	A – 9
	• Blue Review Newsletters	A – 9
	• Provider Accessing & Servicing Strategy (PASS) Workshops, Education Sessions & Training Modules	A – 10
	• Provision of Contract Copies	A – 10
• How to Request a Sample of Maximum Allowable Fees	A – 11	
• Sample Fee Schedule Request FAX Form	A – 12	
• Customer Service	A – 13	

Continued on next page

Table of Contents, continued

Section	Topic	Page
Physician and other Professional Provider Roles and Responsibilities	• HMO Blue Texas ID Card	B — 3
	• Using the ID Card	B — 3
	• Department of Insurance (DOI) Requirements	B — 3
	• Other Information	B — 3
	• Sample HMO Blue Texas ID Card	B — 4
	• Member Eligibility Questions	B — 5
	• Eligibility Statement	B — 5
	• Newborns	B — 5
	• Covered Services	B — 5
	• Verification	B — 6
	• Verification Procedure	B — 6
	• Delegated Entity Responsible for Claim Payment	B — 6
	• Required Elements to Initiate a Verification	B — 7
	• Declination	B — 8
	• Additional Fees Charged By Physician/other Professional Providers Beyond Copayment and Coinsurance	B — 9
	• HMO Blue Texas Participating Physicians and other Professional Providers Roles & Responsibilities	B — 10
	• Role of the Primary Care Physician (PCP)	B — 10
	• Back Up PCPs	B — 13
	• Referrals to Specialty Care Physicians or other Professional Providers	B — 14
	• Role of the Specialty Care Physician or other Professional Provider	B — 15
	• Specialist as Primary Care Physician (PCP)	B — 17
	• Role of OBGyn	B — 18
	• Notification of Obstetrical & Newborn Care	B — 19
	• Predetermination Requests	B — 19
	• Physician & other Professional Provider Complaint Procedure	B — 20
	• Failure to Establish Physician or other Professional Provider Patient Relationship – Performance Standard	B — 21
	• Failure to Establish Physician or other Professional Provider Patient Relationship – Procedures	B — 22
• Failure to Establish Physician or other Professional Provider Patient Relationship – Sample Letter from Physician or other Professional Provider to Member	B — 24	
• Panel Closure	B — 25	

Continued on next page



Table of Contents, continued

Section	Topic	Page
Physician and other Professional Provider Roles and Responsibilities, continued	<ul style="list-style-type: none"> • Implementation of Factor Drug Program for Hemophilia Patients 	B — 26
	<ul style="list-style-type: none"> • Lab Services 	B — 27
	<ul style="list-style-type: none"> • Reimbursable Lab Services List 	B — 28
	<ul style="list-style-type: none"> • HMO Capitated Lab County Listing 	B — 30
	<ul style="list-style-type: none"> • Outpatient Diagnostic Imaging Services 	B — 31
	<ul style="list-style-type: none"> • Accessibility of Outpatient Diagnostic Imaging Utilization Management Criteria 	B — 32
	<ul style="list-style-type: none"> • How to Join BCBSTX Provider Networks 	B — 33
	<ul style="list-style-type: none"> • To Request a BCBSTX Provider Record ID 	B — 35
	<ul style="list-style-type: none"> • Change in Your Status or Changes Affecting Your Provider Record ID 	B — 37
	<ul style="list-style-type: none"> • Request Contract/Agreement/Network Participation 	B — 38
	<ul style="list-style-type: none"> • Credentialing Process for Office Based Physician or other Professional Provider 	B — 39
	<ul style="list-style-type: none"> • Getting Started With CAQH Now! 	B — 43
	<ul style="list-style-type: none"> • Credentialing Process for Hospital or Facility Based Provider 	B — 50
	<ul style="list-style-type: none"> • Sample Facility Based Provider Application 	B — 52
	<ul style="list-style-type: none"> • Facility Based Provider – Professional Provider Network Representative Listing 	B — 53
	<ul style="list-style-type: none"> • Credentialing Updates 	B — 54
	<ul style="list-style-type: none"> • Recredentialing 	B — 55
	<ul style="list-style-type: none"> • Credentialing Frequently Asked Questions 	B — 57
	<ul style="list-style-type: none"> • Medical Advisory Committee 	B — 62
	<ul style="list-style-type: none"> • Credentialing Review Requests 	B — 63
<ul style="list-style-type: none"> • Physician and Other Professional Provider Termination Process 	B — 64	
<ul style="list-style-type: none"> • Urgent Care Center (UCC) Criteria 	B — 65	
<ul style="list-style-type: none"> • Urgent Care Center Services Billed Using CPT Code S9088 	B — 65	

Table of Contents, continued

<p>iEXCHANGE System for Referrals, Maternity Notifications & Precertifications</p>	<ul style="list-style-type: none"> • iEXCHANGE System for Referrals, Maternity Notifications & Precertifications • Precertification/Notification/Referral Requirements List • Expedited Appeal Process • Standard Appeal Process • Physician or other Professional Provider Request for Case Match Review • To Appeal an Adverse Determination for Medical Necessity or Experimental/ Investigational • Appeal Process for Denials of Out-of-Network Requests and Non-Covered Benefits 	<p>C — 2</p> <p>C — 3</p> <p>C — 4</p> <p>C — 4</p> <p>C — 4</p> <p>C — 4</p> <p>C — 5</p>
<p>Referral Notification Program</p>	<ul style="list-style-type: none"> • Referral Notification Program Introduction • Who Requests Referrals? • When is a Referral Necessary? • Important Information About the Referral Notification Program Process • Information Necessary for Referral Notification • Notification Procedure Through iEXCHANGE • Non-iEXCHANGE Prior Notification Procedure • Referrals Out-of-Network/Plan 	<p>D — 2</p> <p>D — 2</p> <p>D — 2</p> <p>D — 3</p> <p>D — 5</p> <p>D — 5</p> <p>D — 5</p> <p>D — 6</p>

Continued on next page



Table of Contents, continued

Section	Topic	Page
Precertification	• Precertification Overview	E — 3
	• What Requires Precertification	E — 3
	• Responsibility for Precertification	E — 3
	• Does 23 Hour Observation Require Precertification?	E — 3
	• When to Precertify	E — 4
	• Precertification Telephone Numbers & Hours	E — 4
	• Utilization Management Department Business Hours	E — 5
	• After Hours Calls	E — 5
	• Faxing Precertification Requests	E — 5
	• Information Necessary to Precertify	E — 5
	• Precertification/Notification/Referral Requirements List	E — 6
	• Important Information About the Precertification Program	E — 7
	• Accessibility of Utilization Management Criteria	E — 7
	• Extended Care Precertification Procedure	E — 9
	• Extended Care Precertification – Home Health Services	E — 9
	• Extended Care Precertification – Hospice	E — 9
	• Extended Care Precertification – Skilled Nursing Facilities	E — 9
	• Extended Care Precertification – Important Note	E — 9
	• Precertification for Inpatient Care	E — 10
	• Non-Emergency Elective Medical/Surgery Admission Guidelines	E — 10
	• Urgent/Emergent Admissions Procedure	E — 10
	• Admission on Day of Surgery	E — 10
	• Concurrent Review	E — 11
	• Concurrent Review of Inpatient Admissions	E — 11
	• Responsibility for Concurrent Review	E — 11
	• Information Needed When Requesting an Extension	E — 11
	• Extension Review Procedure	E — 12
	• Discharge Planning	E — 12
	• Case Management Services	E — 13
	• Case Management Examples	E — 13
• Physician or other Professional Provider Involvement	E — 13	
• Referrals to Case Management	E — 14	
• Evaluation of New Technology	E — 14	
• Emergency Care Services Rendered Inside the HMO Blue Texas Service Area	E — 15	

Continued on next page

Table of Contents, continued

Section	Topic	Page
Precertification, continued	• Emergency Inpatient Admissions Rendered Outside the HMO Blue Texas Service Area	E — 15
	• Emergency Hospital Admission	E — 15
	• Continuity of Care Program Criteria & Procedure	E — 16
	• Outpatient Diagnostic Imaging	E — 18
	• Accessibility of Outpatient Diagnostic Imaging Utilization Management Criteria	E — 19
Filing Claims	• Claims Submission – Timely Filing Procedures	F — 4
	• Claims Processing Questions	F — 4
	• Prompt Pay Legislation	F — 4
	• Prompt Pay Exclusions	F — 4
	• Definition of a Clean Claim	F — 5
	• Changes Affecting Your Provider Record ID- NPI Number Change, Name Change, Change in Your Address, Etc	F — 5
	• Coordination of Benefits and Patient’s Share	F — 5
	• Coordination of Benefits/Subrogation	F — 6
	• Correct Coding	F — 6
	• Splitting Charges on Claims	F — 7
	• Fraudulent Billing	F — 7
	• Services Rendered by Physician or other Professional Provider	F — 7
	• Billing for Non-Covered Services	F — 8
	• Surgical Procedures Performed in the Physician’s and Other Professional Provider’s Office	F — 8
	• CPT Modifier 50 Bilateral Procedures – Professional Claims Only	F — 9
	• Untimed Billing Procedure CPT Codes	F — 9
	• Proper Speech Therapy Billing	F — 10
	• Submission of CPT 99000 With Modifier 59	F — 10
	• Are You a Provider Billing for Compound Drugs?	F — 11
	• Urgent Care Center Services Billed Using CPT Code S9088	F — 11
	• Are You a Provider Billing Unlisted J-codes?	F — 12
	• Pass Through Billing	F — 13
	• Filing Claims Reminders	F — 13
	• The Availity Health Information Network (Availity, L.L.C.)	F — 14
	• Electronic Remittance Advice (ERA)	F — 14
	• Electronic Funds Transfer (EFT)	F — 15
	• What is EFT?	F — 15
	• Electronic Claim Submission & Response Reports	F — 16

Continued on next page

Table of Contents, continued

Section	Topic	Page
Filing Claims, continued	• System Implications	F — 16
	• Payer Response Reports	F — 17
	• Paperless Claim Processing Overview	F — 18
	• What are the Benefits of EMC/EDI?	F — 18
	• Payer Identification Code	F — 18
	• What BCBSTX Claims Can Be Filed Electronically?	F — 19
	• iEXCHANGE Confirmation Number	F — 19
	• How Does Electronic Claims Filing Work?	F — 19
	• Submit Secondary Claims Electronically	F — 20
	• Duplicate Claims Filing is Costly	F — 20
	• Addresses for Claims Filing & Customer Service Phone Numbers	F — 21
	• IPA/Medical Group Listing – Phone Numbers & Claims Filing Addresses	F — 22
	• CMS-1500 (08/05) Claim Form Introduction	F — 23
	• Ordering Paper Claim Forms	F — 23
	• Required Elements of Clean Claims	F — 23
	• Return of Paper claims with Missing NPI Number	F — 23
	• Sample CMS-1500 (08/05) Claim Form	F — 24
	• Procedure for Completing a CMS-1500 (08/05) Claim Form	F — 26
	• UB-04 Form Introduction	F — 30
	• Sample UB-04 Form	F — 31
	• Procedure for Completing UB-04 Form	F — 32
	• Submit Encounter Data Electronically	F — 37
	• Claim Review Process	F — 39
	• Proof of Timely Filing	F — 39
	• Types of Disputes & Timeframe for Request	F — 40
	• Claim Review Form	F — 41
	• Recoupment Process	F — 42
	• Sample PCS Recoupment	F — 43
• Refund Policy	F — 44	
• Sample Voluntary Refund Form	F — 46	
• Electronic Refund Management (eRM)	F — 47	
• How to Gain Access to eRM Availability Users	F — 48	

Continued on next page

Table of Contents, continued

Section	Topic	Page
Quality Improvement Program	• Quality Improvement Overview & Objectives	G – 2
	• Quality Initiatives	G – 3
	• Support Provided to the Quality Improvement Program	G – 4
	• Medical Director Involvement	G – 4
	• Quality Improvement Committee	G – 5
	• Texas Medical Advisory committee & Texas Peer Review Committee	G – 6
	• Professional Provider Network Representative Involvement	G – 6
	• On-Site Physician Office Review (POR) Nurses	G – 6
	• Responsibilities of the Quality Improvement Programs Department	G – 7
	• Patient Appointment Access Standards	G – 8
	• Patient Appointment Access Standards Definitions	G – 9
	• Physician Office Review Program	G – 10
	• Sample Physician Office Review Site Visit Worksheets	G – 13
	• Principles of Medical Record Documentation	G – 16
	• Sample Medical Record Review and Medical Record Keeping Documentation Worksheet	G – 18
• Frequently Asked Questions About On-Site Office Reviews	G – 19	

Continued on next page



Table of Contents, continued

Section	Topic	Page
Disease Management Programs and Clinical Practice Guidelines	• Disease Management Programs Overview	H — 2
	• Program Goals	H — 2
	• Program Overview and Compliance	H — 3
	• Outcome Measures	H — 6
	• Special Beginnings [®] Program	H — 6
	• Clinical Practice Guidelines Overview	H — 7
	• Wellness Guidelines	H — 7
Behavioral Health Services	• Behavioral Health Services Overview	I — 2
	• Service Access	I — 2
	• Telephone Number & Hours	I — 2
	• Benefit Management Responsibilities	I — 2
	• Precertification Requirement	I — 3
	• Member Appointment Access Standards	I — 3
	• Referral Procedures	I — 3
	• Magellan Care Management Program	I — 4
	• Limitations & Exclusions	I — 5
	• Quick Reference Guide	I — 5
	• Coordination of Care With Physicians & other Medical Care Providers & Process	I — 6
• Quality Improvement Program	I — 7	

Continued on next page

Table of Contents, continued

Section	Topic	Page
Other Information Overview	• Member Satisfaction Surveys	J – 2
	• HMO Blue Texas Member Rights and Responsibilities	J – 3
	• Prescription Drugs	J – 5
	• Exclusions	J – 6
	• HMO Blue Texas Member Complaint Procedure	J – 7
	• TDI Complaint Notice Posting	J – 8
	• Patient Protection	J – 9
	• Privacy of Health Information	J – 11
	• Physician/Professional Provider Inquiry and Complaint Resolution	J – 18
Hospital Acquired Conditions/ Never Events	• Policy	K – 2
	• Hospital Acquired Conditions	K – 3
	• Never Events	K – 3

Note:

Physicians and other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group must contact the IPA/Medical Group for instructions regarding referral and precertification process, contracting and claims related questions. Additionally, Physicians or other Professional Providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions. Physicians or other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group are subject to that entity’s procedures and requirements for Physician or other Professional Provider complaint resolution.

Proprietary Information	<p>The material contained in this Provider Manual is proprietary information and is intended for the exclusive use of participating HMO Blue Texas Physicians & other Professional Providers. The information is current as of publication but may be amended from time to time, as provided for in the HMO Blue Texas Provider Agreements.</p>
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Welcome to the HMO Blue® Texas Network

**HMO Blue
Texas
Network
Objective**

The HMO Blue Texas Network is composed of physicians, health care professionals, hospitals, facilities and ancillary providers that have contracted with Blue Cross and Blue Shield of Texas, a division of Health Care Service Corporation ("HMO Blue Texas").

**Information
Provided
in this
Provider
Manual**

This Provider Manual has been created for Network Physicians/ Professional Providers. The member identification (ID) card furnishes information about HMO Blue Texas that Physicians/ Professional Providers need to serve their HMO Blue Texas members effectively. Give special attention to the member ID number. Each card has a toll-free number to call for information and assistance. Obtaining the correct information will save your staff time and effort.

This manual will assist you in the day-to-day administration of the HMO Blue Texas Network, providing needed information including:

- Characteristics of the health benefit plans
- Instructions for obtaining patient eligibility information
- Referral authorization
- Inpatient Certification

This manual has been developed to provide pertinent information about HMO Blue Texas. Updates to this manual will be provided periodically, when changes occur.

Modifications

HMO Blue Texas many amend this Agreement or may modify the Provider Manual where such amendment or modification is materially adverse to Physician, other Professional Provider or Medical Group and is not required by the applicable laws only upon ninety (90) days prior written notice to Physician, other Professional Provider or Medical Group. Physician, other Professional Provider or Medical Group may terminate this Agreement by giving written notice of such termination to Physician, other Professional Provider or Medical Group within thirty (30) days of its receipt of such notice of amendment or modification, effective no earlier than the end of such amendment or modification notice period unless within sixty-five (65) days following the date of such amendment or modification notice HMO Blue Texas gives written notice to Physician, other Professional Provider or Medical Group that it will not carry into effect such amendment or modification. Physician's, other Professional Provider's or Medical Group's failure to give notice of termination to HMO Blue Texas within thirty (30) days of its receipt of such notice of amendment or modification shall constitute agreement to and acceptance of such amendment or modification by Physician, other Professional Provider or Medical Group.
