

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

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

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

iEXCHANGE is the automated system that must be used by Physicians or other Professional Providers to complete referrals to network specialists, maternity notifications and inpatient precertifications to acute care facilities. 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 11:00 a.m. – 2:00 p.m. (CT)).*

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

The web application is accessed through [bcbstx.com/provider](http://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 [bcbstx.com/provider](http://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 [bcbstx.com/provider](http://bcbstx.com/provider) for more detailed instructions.

If you encounter any problems utilizing the iEXCHANGE System, contact the iEXCHANGE Support Desk by calling **800-441-9188**. The Support Desk is available Monday – Friday, 8:00 a.m. – 5:00 p.m. CT.

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

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.

| <b>PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENT</b>  | <b>PROCESS IN iEXCHANGE</b>                                 | <b>PRECERTIFICATION</b>  | <b>REFERRAL</b>  |
|--|---|--|--|
| 1. -Inpatient Acute Care Facility Admissions<br>- Hospital<br>- Rehab<br>- Skilled Nursing<br>- 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 – iEXCHANGE Referral for All Primary Care Physician (PCP) Referrals to Specialists outside of the PCP's Call Group/Back Up</b>   |
| 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 the later of 48 hours or by the end of the next 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 the later of 48 hours or by the end of the next 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 or other Professional Providers should contact American Imaging Management, Inc. (AIM) at 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                             |   | Refer Request to Behavioral Health (see back of member's ID card for phone number) |          |
| 13. Mental Health Services                             |   | Refer Request to Behavioral Health (see back of member's ID card for phone number) |          |
| 14. Physical Therapy                                   | iEXCHANGE Referral -<br>If services provided and billed by a network facility, no precertification is required<br><b>PPO only</b> – No precertification required if services are In-Network |  |          |
| 15. Occupational Therapy                               | iEXCHANGE Referral -<br>If services provided and billed by a network facility, no precertification is required<br><b>PPO only</b> – No precertification required if services are In-Network |  |          |
| 16. Speech Therapy                                     | iEXCHANGE Referral -<br>If services provided and billed by a network facility, no precertification is required<br><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                                |          |

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

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### **Expedited Appeal Process**

BCBSTX has an expedited appeal process for appeals of adverse determinations based on medical necessity, experimental/investigational or appropriateness of care that involve life-threatening, urgent or emergency services and continued stays for hospitalized patients. Notification of the appeal determination will not exceed one (1) working day from the receipt of all necessary information or three (3) calendar days 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 or other Professional Provider Request for Case Match Review**

A Physician or other Professional 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 or other Professional 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 Determina- tion for Medical Necessity/ Experimenta l/Investigati onal**

To appeal an adverse determination for medical necessity or experimental/investigational, a Physician or other Professional 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: 866-221-3607**

**Phone: 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 or other professional 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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