

Referral Notification Program

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Referral Notification Program, continued

Introduction Referral notification determines the level of benefits the patients may receive under the direction of their network Physicians or other Professional Providers.

Note: Refer to the “Behavioral Health” (Section I) of this Provider Manual for information on referral notifications for behavioral health.

Who Requests Referrals? BlueChoice POS or BlueChoice Solutions POS referrals may be requested by either the patient’s PCP or back up PCP.

When is a Referral Necessary? **BlueChoice PPO** subscribers (including BlueChoice Solutions PPO, BlueEdge, EPO, Federal Employee Program Plan and TRS-ActiveCare) require referrals only when a referral to an out-of-network physician or other professional provider is necessary due to network inadequacy or continuity of care. (Note: For BlueChoice Solutions, out-of-network physicians or other professional providers are physicians or other professional providers who do not participate in the BlueChoice Solutions network). If a network Physician must direct the patient to an out-of-network physician or other professional provider due to network inadequacy or continuity of care, a referral must be authorized by BCBSTX **prior** to the services being rendered.

BlueChoice POS and **BlueChoice Solutions POS** subscribers **must** select a PCP who is responsible for managing all aspects of the patient’s care, including coordinating specialty care referrals. Subscribers require referral notification when the patient receives services from a Specialty Care Physician or other Professional Provider. *

* **EXCEPTION:** Participating OBGyn Physicians have the ability to directly manage and coordinate a woman’s care for gynecological and obstetrical conditions, including obtaining referrals through iEXCHANGE for gynecologically related specialty care and testing to other participating HMO Blue Texas Physicians or other Professional Providers who participate *in the same Provider Network as the subscriber’s Primary Care Physician*, if applicable. Refer to Section B, page 16.

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Referral Notification Program, continued

Important Information About the Referral Notification Program

The following outlines important information about the BlueChoice POS and BlueChoice Solutions POS referral notification program.

- **Peer Clinical Review** — If information received in the out-of-network referral notification process does not satisfy established criteria, the case will be referred to a BCBSTX Physician Reviewer for review. Additional medical information may be necessary in these cases.
- **Notification** — BCBSTX will mail letters to the Specialty Care Physician or other Professional Provider and the BCBSTX subscriber. This notification will be sent upon completion of the initial referral notification process, upon completion of a referral extension or upon denial of an initial referral or extension.
- **Emergencies**
For BlueChoice POS or BlueChoice Solutions POS: In the event of an emergency admission, the subscriber or representative should contact the patient's PCP when possible. The PCP has within the later of 48 hours or by the end of the next business day following the emergency hospital admission to notify BCBSTX of the referral. The PCP will need the name, address and specialty of the admitting physician to expedite the referral. The first 48 business hours of an emergency hospitalization will be paid at an in-network benefit level.

For BlueChoice: Physicians or other Professional Providers must admit patients to a BlueChoice facility unless an emergency situation exists that precludes safe access to a BlueChoice facility or if the admission is approved by BCBSTX for a non-BlueChoice facility because of extenuating circumstances. When appropriate, the patient should be transferred to a BlueChoice facility as soon as medically possible.

For BlueChoice Solutions: Physician or other Professional Providers must admit patients to a BlueChoice Solutions facility unless an emergency situation exists that precludes safe access to a BlueChoice Solutions facility or if the admission is approved by BCBSTX for a non-BlueChoice Solutions facility because of extenuating circumstances. When appropriate, the patient should be transferred to a BlueChoice Solutions facility as soon as medically possible.

Note: For behavioral health emergency information, refer to the "Behavioral Health" (Section I) of this Provider Manual.

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Referral Notification Program, continued

Important Information About the Referral Notification Program, continued

- **Self-Directed Care** —
For BlueChoice POS - If a **BlueChoice POS** subscriber is treated by a Physician or other professional provider other than the PCP without a referral or if a **BlueChoice POS** subscriber is treated by an out-of-network physician or other professional provider, without an authorized referral, the subscriber will not receive in-network benefits and will be responsible for a larger portion of the bill.

For BlueChoice Solutions POS - If a **BlueChoice Solutions POS** subscriber is treated by a physician or other professional provider other than the PCP without a referral or if a **BlueChoice Solutions POS** subscriber is treated by an out-of-network physician or other professional provider, without an authorized referral, the subscriber will not receive in-network benefits and will be responsible for a larger portion of the bill.

- **Benefit Decision** — The decision to provide treatment is between the patient, the PCP and/or the BlueChoice or BlueChoice Solutions Physician or other Professional Provider. BCBSTX determines what is covered and payable under the benefit plan.

Note: Referral Notification **is not a verification** and does not guarantee payment. Payment will be determined after the claim is filed and is subject to the following:

- Eligibility
- Other contractual limitations, including, but not limited to:
 - Pre-existing conditions
 - Cosmetic procedures
 - Failure to precertify services
 - Limitations contained in riders, if any
- Claims Processing Guidelines
- Payment of premium for the date on which services are rendered (*Federal Employee Participants are not subject to the payment of premium limitation*).

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Referral Notification Program, continued

**Information
Necessary
for Referral
Notification**

Please have the following information readily available when initiating a referral notification:

- Patient's full name
- BCBSTX subscriber ID number
- Policy or group number
- Anticipated date(s) of service
- Diagnosis (ICD-9 code)
- Procedure(s) anticipated (CPT code)
- Referring Physician or other Professional Provider name and iEXCHANGE ID
- Specialty Care Physician or other Professional Provider name, iEXCHANGE ID and phone number

**Notification
Procedure
Through
iEXCHANGE**

| Method | Action by PCP | Action by BCBSTX |
|---|---|---|
| <ul style="list-style-type: none"> • iEXCHANGE Web application or • iEXCHANGE Interactive Voice Response System (IVR) which is accessed through your Touch-Tone telephone. | Access iEXCHANGE 24 hours a day/7 days a week to complete a referral. Once you have accessed iEXCHANGE, you will be guided through all the required steps to complete the referral. | The iEXCHANGE System provides an immediate referral confirmation number at the end of each transaction. Notification letters are automatically generated to the SCP and subscriber. |

**Non-
iEXCHANGE
Prior
Notification
Procedure**

If iEXCHANGE is not available, non-iEXCHANGE prior referral notification can be initiated by:

| Method | Action by PCP | Action by BCBSTX |
|-----------|--|---|
| Fax | Fax request to: Toll-free 1-800-572-0864 | Sends notification letters to the subscriber and SCP. |
| Telephone | Call between 6 a.m. and 6 p.m. (Central time), Monday through Friday; 9 a.m. and 12 p.m. on weekends and legal holidays. Toll-free 1-800-441-9188 <i>(select 1, then select 3)</i> After hours and overflow calls are answered electronically. These calls are returned within 24 hours in the order in which they are received. | Sends notification letters to the SCP and subscriber. |

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Referral Notification Program, continued

Referrals Out-of- Network/ Plan Procedure

A referral to an out-of-plan or out-of-network physician or other professional provider which is necessary due to network inadequacy or continuity of care must be reviewed by the BCBSTX Utilization Management *prior* to a BCBSTX patient receiving care.

The Primary Care Physician must contact the Utilization Management Department at the number listed below to request an out-of-plan or out-of-network referral authorization. For requests that are approved, the Utilization Management Department will forward an approval letter to the out-of-plan or out-of-network physician or other professional provider.

Requests for out-of-plan or out-of-network referrals should be directed to:

BCBSTX Utilization Management Department
1-800-441-9188
(select 1, then select 4)

If the out-of-network/plan specialty care physician or other professional provider determines that additional care is needed, the physician or other professional provider must obtain additional approval from the Utilization Management Department. All specialty care physicians or other professional providers are expected to inform the subscriber's Primary Care Physician of their findings.
