

**THIS MANUAL CONTAINS A REQUIRED DISCLOSURE CONCERNING  
BLUE CROSS AND BLUE SHIELD OF TEXAS CLAIMS PROCESSING PROCEDURES**

**BlueChoice<sup>®</sup> Physician and other Professional Provider  
Provider Manual**

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

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## BlueChoice Network Objective

The BlueChoice Network is composed of Physicians, other Professional Providers, Hospitals, Facilities and Ancillary Providers that have contracted with Blue Cross and Blue Shield of Texas (BCBSTX) with a common objective — to offer cost-effective medical care and services to BCBSTX subscribers through managed care products.

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## BlueChoice Network Benefits

The BlueChoice network benefits both the BCBSTX subscriber and their Physician or other Professional Provider. The health care benefit products outlined in this Provider Manual feature lower out-of-pocket expenses for the subscriber, providing a strong incentive to seek health care from BlueChoice network Physicians and other Professional Providers.

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## Information Provided in this Provider Manual

This Provider Manual has been created for BlueChoice network Physicians and other Professional Providers.

The information in the Provider Manual is specific to these products:

• BlueChoice® POS	• BlueChoice® Solutions PPO	• FEP
• BlueChoice® PPO	• BlueEdge	• HealthSelect <sup>SM</sup>
• BlueChoice® Solutions POS	• EPO	• TRS-ActiveCare

The subscriber identification (ID) card furnishes information about the products listed above that Physicians and other Professional Providers need to serve their clients effectively. Give special attention to the type of plan and the subscriber ID number.

You may also encounter patients with Blue Cross and Blue Shield of Texas products not listed above. You will recognize these products by the identification cards presented by the patients. Guidelines and information for these products may be similar, but are not identical to the information in this Provider Manual. When you see other identification cards, contact Customer Service to receive the most current and accurate information about these products.

No matter which Blue Cross and Blue Shield of Texas product your patient may have, each card has a toll-free number to call for information and assistance. Obtaining the correct information will save your staff time and effort.

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## Welcome to the BlueChoice Network, continued

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**Information  
Provided  
in this  
Provider  
Manual,  
continued**

This Provider Manual will assist you in the day-to-day administration of the BlueChoice network, providing needed information including:

- Characteristics of the health benefit plans/products
- Instructions to check eligibility, benefits, claims status and verification
- Referral Authorization
- Inpatient Certification
- Maternity Notifications

Updates to this Provider Manual will be provided periodically, when changes occur.

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## Welcome to the BlueChoice Network, continued

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### **Modifications**

BCBSTX may 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 BCBSTX 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 BCBSTX 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.

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