

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

**BlueChoice[®] Physician and other Professional Provider
Provider Manual**

Table of Contents

Section	Topic	Page
Welcome to the BlueChoice Network	• BlueChoice Network Objective	12
	• BlueChoice Network Benefits	12
	• Information Provided in this Manual	12
	• Modifications	14
Support Services	• BCBSTX Overview	A – 2
	• BCBSTX Geographical Regions	A – 2
	• BCBSTX Support Areas	A – 2
	• BCBSTX Commitment	A – 2
	• Professional Provider Network Department Objective	A – 3
	• Professional Provider Network Representatives	A – 3
	• Regional/Local Offices	A – 3
	• Medical Directors & Medical Advisory Committees	A – 4
	• Employer/Employee Training	A – 5
	• Physician and other Professional Provider Orientation/Training	A – 5
	• How to Obtain a Provider Directory	A – 5
	• Online Provider Directory/Web site Information	A – 5
	• Blue Review Newsletters	A – 5
	• Provider Access & Servicing Strategy (PASS) Workshops	A – 6
	• Provision of Contract Copies	A – 6
	• How to Request a Sample of Maximum Allowable Fees	A – 7
	• Sample Fee Schedule Requisition FAX Form	A – 8
	• Provider Customer Service	A – 9
	• Provider Customer Service Telephone Numbers & Hours	A – 9

Continued on next page

Table of Contents, continued

Section	Topic	Page
Physician & Other Professional Provider Roles and Responsibilities	• BlueChoice ID Card	B – 4
	• Using the ID Card	B – 4
	• Types of ID Cards	B – 5
	• Sample of ID Cards	B – 5
	• Department of Insurance (DOI) Requirements	B – 5
	• Sample BlueChoice ID Cards	B – 6
	• Sample Customized BlueChoice ID Cards	B – 7
	• BlueChoice Annual Maximum Plan & Sample ID Card	B – 8
	• BlueEdge	B – 9
	• Sample BlueEdge ID Card	B – 10
	• BlueEdge Direct & Sample ID Card	B – 11
	• Exclusive Provider Organization (EPO) & Sample ID Card	B – 12
	• Limited Benefit Products	B – 13
	• Subscriber Eligibility Questions	B – 15
	• Eligibility Statement	B – 15
	• Verification	B – 16
	• Verification Procedure	B – 16
	• Delegated Entity Responsible for Claim Payment	B – 16
	• Required Elements to Initiate a Verification	B – 17
	• Declination	B – 18
	• Additional Fees Charged By Physicians/other Professional Providers Beyond Copayment and Coinsurance	B – 19
	• Responsibilities of BCBSTX Participating Physicians and Other Professional Providers	B – 20
	• Role of the Primary Care Physician (PCP)	B – 20
	• Role of the Primary Care Physician (PCP) for BlueChoice POS Subscribers	B – 23
	• Back Up PCPs	B – 24
	• Referrals to Specialty Care Physicians or other Professional Providers	B – 25
	• Role of the Specialty Care Physician or other Professional Provider	B – 27
	• Role of the OBGyn	B – 29
	• Notification of Obstetrical & Newborn Care	B – 30

Continued on next page

Table of Contents, continued

Section	Topic	Page
Physician & Other Professional Provider Roles and Responsibilities, continued	• Predetermination Requests	B – 31
	• Complaint Procedure	B – 31
	• Failure to Establish Physician or other Professional Provider Patient Relationship – Performance Standard	B – 32
	• Failure to Establish Physician or other Professional Provider Patient Relationship – Procedures	B – 33
	• Failure to Establish Physician or other Professional Provider Patient Relationship – Sample Letter from Physician or other Professional Provider to Subscriber	B – 35
	• Panel Closure	B – 36
	• Implementation of Factor Drug Program	B – 37
	• Laboratory Services	B – 38
	• Radiology Services Overview	B – 39
	• Provider Transparency & AIM’s OptiNet Assessment Tool	B – 40
	• Advanced Diagnostic Imaging	B – 40
	• Low-Tech Imaging	B – 41
	• Physician’s Guide for Radiology Services	B – 43
	• BlueCard Program	B – 46
	• How to Join BCBSTX Provider Networks	B – 49
	• To Request a BCBSTX Provider Record ID	B – 51
	• Change in Your Status or Changes Affecting Your Provider Record ID	B – 53
	• Request Contract/Agreement/Network Participation	B – 54
	• Credentialing Process for Office Based Physicians or other Professional Providers	B – 55
	• Getting Started With CAQH	B – 59
	• Credentialing Process for Hospital or Facility Based Providers	B – 66
	• Sample Facility Based Provider Application	B – 68
	• Facility Based Provider – Professional Provider Network Representative Listing	B – 69
	• Credentialing Updates	B – 70
	• Recredentialing	B – 71
	• Credentialing Frequently Asked Questions	B – 73
	• Medical Advisory Committee	B – 78
	• Credentialing Review Requests	B – 79
	• Physician and Other Professional Provider Termination Process	B – 80
	• Urgent Care Center (UCC) Criteria	B – 82
• Urgent Care Center Services Billed Using CPT Code S9088	B – 82	

Continued on next page

Table of Contents, continued

Section	Topic	Page
EXCHANGE System for Referrals, Maternity Notifications & Precertifications	• iEXCHANGE System for Referrals, Maternity Notifications & Precertifications	C – 2
	• Precertification/Notification/Referral Requirements List	C – 3
	• Expedited Appeal Process	C – 5
	• Standard Appeal Process	C – 5
	• Physician or other Professional Provider Request for Case Match Review	C – 5
	• To Appeal an Adverse Determination for Medical Necessity or Experimental/Investigational	C – 5
	• Appeal Process for Denials of Out-of-Network Requests and Non-covered Benefits	C – 5
Referral Notification Program	• Referral Notification Program Introduction	D – 2
	• Who Requests Referrals?	D – 2
	• When is a Referral Necessary?	D – 2
	• Important Information About the Referral Notification Program	D – 3
	• Information Necessary for Referral Notification	D – 5
	• Notification Procedure Through iEXCHANGE	D – 5
	• Non-iEXCHANGE Referral Notification Procedure	D – 5
	• Referrals Out-of-Network/Plan Procedure	D – 6

Continued on next page

Table of Contents, continued

Section	Topic	Page
Precertification	• Precertification Overview	E – 2
	• What Requires Precertification	E – 2
	• Responsibility for Precertification	E – 2
	• When to Precertify	E – 2
	• Does 23 Hour Observation Require Precertification?	E – 2
	• Precertification Telephone Numbers & Hours	E – 3
	• After Hours Calls	E – 3
	• Faxing Precertification Requests	E – 3
	• Information Necessary to Precertify	E – 3
	• Inpatient Information About the Precertification Program	E – 4
	• Accessibility of Utilization Management Criteria	E – 5
	• Extended Care Precertifications – Home Health Services	E – 6
	• Extended Care Precertifications – Hospice	E – 6
	• Extended Care Precertifications – Home Infusion Therapy Extended Care Precertifications – Skilled Nursing Facility	E – 6
	• Extended Care Precertification – Important Note	E – 6
	• Precertification of Inpatient Care	
	• Non-Emergency Elective Medical/Surgery Admission Guidelines	E – 6
	• Urgent/Emergent Admissions Procedure	E – 7
	• Admission on Day of Surgery	E – 7
	• Concurrent Review	E – 7
	• Concurrent Review of Inpatient Admissions	E – 7
	• Responsibility of Concurrent Review	E – 8
	• Information Needed When Requesting an Extension	E – 8
	• Extension Review Procedure	E – 9
	• Discharge Planning	E – 9
	• Case Management Services	E – 10
	• Case Management Examples	E – 10
	• Physician/Professional Provider Involvement	E – 10
	• Referrals to Case Management	E – 11
	• Evaluation of New Technology	E – 11
	• Emergency Care Services	E – 12
	• Emergency Inpatient Admissions Rendered Outside the BlueChoice/BlueChoice Solutions Service Area	E – 12
	• Emergency Hospital Admission	E – 12
• Continuity of Care Program Criteria	E – 13	
• Continuity of Care Program Procedure	E – 14	

Continued on next page

Table of Contents, continued

Section	Topic	Page
Filing Claims	• Claims Submission – Timely Claims Filing Procedures	F – 3
	• Claims Processing Questions	F – 3
	• Prompt Pay Legislation	F – 3
	• Prompt Pay Exclusions	F – 3
	• Definition of a Clean Claim	F – 4
	• Changes Affecting Your Provider Record ID - NPI Number Change, Name Change, Change in Your Address, Etc	F – 4
	• Coordination of Benefits and Patient’s Share	F – 4
	• Coordination of Benefits/Subrogation	F – 5
	• Correct Coding	F – 5
	• Splitting Charges on Claims	F – 6
	• Fraudulent Billing	F – 6
	• Services Rendered Directly by Physician or other Professional Provider	F – 6
	• Billing for Non-Covered Services	F – 7
	• Surgical Procedures Performed in the Physician’s and other Professional Provider’s Office	F – 7
	• Contracted Physicians and other Professional Providers Must File Claims	F – 7
	• CPT Modifier 50 Bilateral Procedures – Professional Claims Only	F – 8
	• Untimed Billing Procedure CPT Codes	F – 8
	• Proper Speech Therapy Billing	F – 9
	• Submission of CPT 99000 With Modifier 59	F – 9
	• Are You a Provider Billing for Compound Drugs?	F – 10
	• Urgent Care Center Services Billed Using CPT Code S9088	F – 10
	• Are You a Provider Billing Unlisted J-codes?	F – 11
	• Pass Through Billing	F – 12
	• Filing Claims Reminders	F – 12
	• The Availity Health Information Network (Availity, L.L.C.)	F – 13
	• Electronic Remittance Advice (ERA)	F – 13
	• Electronic Funds Transfer (EFT)	F – 14
	• What is EFT?	F – 14
	• Electronic Claim Submission & Response Reports	F – 15
	• System Implications	F – 15
	• Payer Response Reports	F – 16
	• Paperless Claim Processing Overview	F – 17
	• What are the Benefits of EMC/EDI?	F – 17
• Payer Identification Code	F – 17	
• What BCBSTX Claims Can Be Filed Electronically?	F – 18	
• iEXCHANGE Confirmation Number	F – 18	
• How Does Electronic Claims Filing Work?	F – 18	
• Submit Secondary Claims Electronically	F – 19	

Continued on next page

Table of Contents, continued

Section	Topic	Page
Filing Claims, continued	<ul style="list-style-type: none"> • Duplicate Claims Filing is Costly 	F — 19
	<ul style="list-style-type: none"> • CMS-1500 (08/05) Claim Form Introduction 	F — 20
	<ul style="list-style-type: none"> • Ordering Paper Claim Forms 	F — 20
	<ul style="list-style-type: none"> • Required Elements for Clean Claims 	F — 20
	<ul style="list-style-type: none"> • Return of Paper Claims with Missing NPI Number 	F — 20
	<ul style="list-style-type: none"> • Sample CMS-1500 (08/05) Claim Form 	F — 21
	<ul style="list-style-type: none"> • Procedure for Completing CMS-1500 (08/05) Claim Form & Clean Claim Elements 	F — 23
	<ul style="list-style-type: none"> • UB-04 Form Introduction 	F — 27
	<ul style="list-style-type: none"> • Sample UB-04 Form 	F — 28
	<ul style="list-style-type: none"> • Procedure for Completing UB-04 Form 	F — 29
	<ul style="list-style-type: none"> • Addresses for Claims Filing and Customer Service 	F — 34
	<ul style="list-style-type: none"> • Claim Review Process 	F — 35
	<ul style="list-style-type: none"> • Proof of Timely Filing 	F — 35
	<ul style="list-style-type: none"> • Types of Disputes & Timeframe for Request 	F — 36
	<ul style="list-style-type: none"> • Sample Claim Review Form 	F — 37
	<ul style="list-style-type: none"> • Recoupment Process 	F — 38
	<ul style="list-style-type: none"> • Sample PCS Recoupment 	F — 39
	<ul style="list-style-type: none"> • Refund Policy 	F — 40
	<ul style="list-style-type: none"> • Provider Refund Form (Sample) 	F — 42
	<ul style="list-style-type: none"> • Provider Refund Form Instructions 	F — 43
<ul style="list-style-type: none"> • Electronic Refund Management (ERM) 	F — 44	
<ul style="list-style-type: none"> • How to Gain Access to eRM Availability Users 	F — 45	

Continued on next page

Table of Contents, continued

Section	Topic	Page
Federal Employee Program	• Federal Employee Overview	G – 2
	• No PCP or Referrals	G – 2
	• Enrollment Codes	G – 2
	• Basic Option ID Card Sample	G – 3
	• Standard Option ID Card Sample	G – 4
	• Federal Provider Customer Service	G – 5
	• Federal Employee Customer Service Telephone Numbers and Hours	G – 5
	• Federal Customer Service Mailing Address	G – 5
	• Federal Precertification Requirement	G – 6
	• Federal Outpatient Precertification	G – 6
	• How Do I Obtain a Precertification?	G – 6
	• Behavioral Precertification	G – 6
	• Additional Behavioral Health Information	G – 6
	• Federal Claims Filing Instructions	G – 7
	• Federal Claim Inquiries	G – 7
	• Federal Pharmacy Programs	G – 7
• Federal Disease Management Programs	G – 7	
• FEP – Blue Health Connection	G – 8	
HealthSelect	• HealthSelect Overview	H – 2
	• In-Area or Out-of-Area Coverage?	H – 2
	• HealthSelect ID Cards	H – 3
	• HealthSelect Customer Service	H – 4
	• Blue Care Connection	H – 4
	• HealthSelect Referral Authorization	H – 5
	• Self-Referral	H – 5
	• Precertification and Behavioral Health Procedures	H – 5
	• Benefit Charts	H – 5
	• HealthSelect In-Area Benefits Summary (over 65)	H – 6
	• HealthSelect Out-of-Area Benefits Summary (under 65)	H – 11
	• HealthSelect Out-of-Area Benefits Summary (over 65)	H – 15

Table of Contents, continued

Section	Topic	Page
Behavioral Health Services	<ul style="list-style-type: none"> • Behavioral Health Program Effective January 2011 	I – 2
	<ul style="list-style-type: none"> • Preauthorization Requirements for Behavioral Health Services 	I – 2
	<ul style="list-style-type: none"> • Responsibility for Preauthorization 	I – 2
	<ul style="list-style-type: none"> • Services That Require Preauthorization 	I – 3
	<ul style="list-style-type: none"> • The Process and Associated Steps to Preauthorization 	I – 3
	<ul style="list-style-type: none"> • Frequently Asked Questions & Answers 	I – 5
	<ul style="list-style-type: none"> • Forms <ul style="list-style-type: none"> • Transition of Care • Outpatient Treatment Request (OTR) • Psychological/Neuropsychological Testing Request 	I – 8
	<ul style="list-style-type: none"> • Addresses for Claims Filing and Customer Service 	I – 9
	Quality Improvement Program	<ul style="list-style-type: none"> • Quality Improvement Overview & Objectives
<ul style="list-style-type: none"> • Quality Initiatives 		J – 3
<ul style="list-style-type: none"> • Support Provided to Quality Improvement Program 		J – 4
<ul style="list-style-type: none"> • Medical Director Involvement 		J – 4
<ul style="list-style-type: none"> • Quality Improvement Committee 		J – 5
<ul style="list-style-type: none"> • Texas Medical Advisory Committee & Texas Peer Review Committee 		J – 6
<ul style="list-style-type: none"> • Professional Provider Network Representative Involvement 		J – 6
<ul style="list-style-type: none"> • On-Site Physician Office Review (POR) Nurses 		J – 6
<ul style="list-style-type: none"> • Responsibilities of the Quality Improvement Programs Department 		J – 7
<ul style="list-style-type: none"> • Patient Appointment Access Standards 		J – 8
<ul style="list-style-type: none"> • Patient Appointment Access Standards Definitions 		J – 9
<ul style="list-style-type: none"> • Physician Office Review Program 		J – 10
<ul style="list-style-type: none"> • Sample Physician Office Review Site Visit Worksheets 		J – 13
<ul style="list-style-type: none"> • Principles of Medical Record Documentation 		J – 16
<ul style="list-style-type: none"> • Sample Medical Record Review and Medical Record Keeping Documentation Worksheet 		J – 18
<ul style="list-style-type: none"> • Frequently Asked Questions About On-Site Office Reviews 		J – 19

Continued on next page

Table of Contents, continued

Section	Topic	Page
Disease Management Programs	• Disease Management Programs Overview	K – 2
	• Program Goals	K – 2
	• Compliance	K – 3
	• Physician Integration/Collaboration	K – 4
	• Gap Closure	K – 4
	• Case Management Program Overview & Compliance	K – 5 K – 6
	• Outcome Measures	K – 7
	• Special Beginnings® Program	K – 8
	• Clinical Practice Guidelines Overview	K – 9
	• Wellness Guidelines	K – 9
	• Clinical Practice Guidelines	K – 9
	• Clinical Practice Guidelines for Asthma	K – 9
	• Clinical Practice Guidelines for Chronic Obstructive Pulmonary Disease (COPD)	K – 9
	• Clinical Practice Guidelines for Congestive Heart Failure (CHF)	K – 10
	• Clinical Practice Guidelines for Coronary Artery Disease (CAD)	K – 10
	• Clinical Practice Guidelines for Diabetes	K – 10
	• Clinical Practice Guidelines for Geriatrics	K – 11
	• Clinical Practice Guidelines for Hyperlipidemia	K – 11
	• Clinical Practice Guidelines for Hypertension (HTN)	K – 11
	• Clinical Practice Guidelines for Chronic Pain	K – 11
	• Clinical Practice Guidelines for Weight Management	K – 12
• Clinical Practice Guidelines for Tobacco Cessation	K – 12	
• Clinical Practice Guidelines for Metabolic Syndrome	K – 12	
• Clinical Practice Guidelines for Advance Care Planning	K – 13	
• Clinical Practice Guidelines for Use of Antiretroviral Treatment for Adults with a Confirmed Diagnosis of HIV/AIDS	K – 14	
• Bridges to Excellence	K – 17	
Privacy of Health Information	• Privacy of Health Information Overview	L – 1
	• BCBSTX Corporate Privacy Policies	L – 2

Continued on next page

Table of Contents, continued

Section	Topic	Page
Blue Compare and Blue Distinction®	<ul style="list-style-type: none"> • The Blue Compare Physician Designation 	M — 2
	<ul style="list-style-type: none"> • Measured Specialties and Eligibility 	M — 3
	<ul style="list-style-type: none"> • BlueCompare Evidence-Based Measures (EBMs) Assessment 	M — 4
	<ul style="list-style-type: none"> • BlueCompare Physician Cost Assessment (PCA) 	M — 6
	<ul style="list-style-type: none"> • BlueCompare Designation 	M — 7
	<ul style="list-style-type: none"> • The Review Process 	M — 9
	<ul style="list-style-type: none"> • National Measures 	M — 11
	<ul style="list-style-type: none"> • Evidence Based Measures 	M — 11
	<ul style="list-style-type: none"> • Details on Calculating EBM Scores 	M — 11
	<ul style="list-style-type: none"> • Definitions 	M — 13
Hospital Acquired Conditions/ Never Events	<ul style="list-style-type: none"> • Policy 	N — 2
	<ul style="list-style-type: none"> • Hospital Acquired Conditions 	N — 3
	<ul style="list-style-type: none"> • Never Events 	N — 3
Proprietary Information	<p>The material contained in this Provider Manual is proprietary information and is intended for the exclusive use of participating BlueChoice Physicians & 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.</p>	

Welcome to the BlueChoice® Network

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.

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.

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	• EPO	• TRS-ActiveCare
• BlueChoice® PPO	• FEP	
• BlueEdge	• HealthSelect SM	

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.

Continued on next page

Welcome to the BlueChoice Network, continued

**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 Precertification
- Maternity Notifications

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

Continued on next page

Welcome to the BlueChoice Network, continued

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.
