



## BlueLINK Overview

### BlueLINK System for Referrals and Preauthorizations

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#### Introduction

**BlueLINK** is an automated service that must be used by Physicians/Professional Providers when making referrals and selected preauthorizations for HMO Blue Texas members.

The **BlueLINK** automated voice and online system can be accessed 24 hours a day, seven days a week online at [www.bcbstx.com/provider](http://www.bcbstx.com/provider) or by calling **1-800-413-0869**. Once accessed, **BlueLINK** will guide you through the required steps.

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#### BlueLINK Options

The **BlueLINK** System offers the following referral and preauthorization options:

- 1 — enter a referral
- 2 — enter or extend a preauthorization or maternity notification
- 3 — inquire about a referral or preauthorization or maternity notification
- 4 — extend a referral
- 7 — repeat menu
- 9 — exit the system.

If you encounter any problems when using the **BlueLINK** System, call the Help Desk at 1-800-441-9188, option 4.

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# Information About Your BlueLINK ID

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## About your BlueLINK ID

Your BlueLINK ID may look familiar to you. For all physicians, BlueLINK IDs were derived from either the Medicare-assigned Unique Provider Identification Number (UPIN) or the Blue Cross and Blue Shield of Texas-assigned Provider Identification Number (BPIN).

If we used your BPIN to create your BlueLINK ID, we dropped the B.  
**Example: B0089672 = 0089672.**

Because different touch-tone telephones have different number/alpha keypads, we had to convert the alpha in your UPIN numbers.

If we used your UPIN to create your BlueLINK ID, we dropped the U and used the following table to convert the alpha. **Example: UB89672 = 2289672.**

A = 21	H = 42	O = 63	V = 83
B = 22	I = 43	P = 71	W = 91
C = 23	J = 51	Q = 72	X = 92
D = 31	K = 52	R = 73	Y = 93
E = 32	L = 53	S = 74	Z = 94
F = 33	M = 61	T = 81	
G = 41	N = 62	U = 82	

## Multiple Diagnoses

In cases with multiple diagnoses, use the diagnosis code for the most intense or primary condition.

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## Invalid Entries

If you input three invalid entries on any particular field, you will be directed to contact the BlueLINK Help Desk.

**Note:** The BlueLINK Help Desk is available Monday through Friday, 8 a.m. to 5 p.m. Central time by calling 1-800-441-9188, option 4.

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## Claim Payments

Referrals and preauthorizations are not verifications and **do not guarantee payment** of claims which are subject to eligibility and benefits based on date(s) of service.

## How to Use BlueLINK

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**Before you  
Begin**

Before you begin these steps, consult your HMO Blue Texas provider directory to make sure you are referring to an appropriate Physician/Professional Provider.

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**Please Note:**

- If you currently contact your medical provider group for preauthorization, please continue to contact your medical provider group.
- Refer to the HMO Blue Texas Preauthorization List on E — 2 through E — 5 for the procedures that must be preauthorized by HMO Blue Texas prior to the delivery of service.
- For Behavioral Health preauthorization information, call Magellan Behavioral Health Providers of Texas, Inc. at 1-800-729-2422.

**Note:** Refer to the HMO Blue Texas provider directory for BlueLINK ID numbers. You may also refer to the detailed information in the “Information About your BlueLINK ID” section of this manual.

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## How to Use BlueLINK, Continued

### Referral Procedure

Step	Action
1	Access BlueLINK through the BCBSTX Web site address <a href="http://www/bcbstx.com/provider">http://www/bcbstx.com/provider</a> or dial <b>1-800-413-0869</b>
2	Enter your BlueLINK ID found in the HMO Blue Texas provider directory  <b>NOTE:</b> This BlueLINK ID is <b>not</b> your provider number used for claim filing
3	Select one of the Main Menu options  <ul style="list-style-type: none"> <li>• 1 = enter a referral</li> <li>• 2 = enter or extend a preauthorization or maternity notification</li> <li>• 3 = inquire about a referral, preauthorization or maternity notification</li> <li>• 4 = extend a referral</li> <li>• 7 = repeat menu</li> <li>• 9 = exit the system</li> </ul>
4	Enter the Member ID found on the patient's ID card  <b>NOTE:</b> <ul style="list-style-type: none"> <li>• Do not enter the alpha prefix</li> <li>• For members IDs beginning with and "R", enter a leading 73 on the touch-tone telephone, then the remaining digits</li> </ul>
5	Enter the patient's relationship code. <ul style="list-style-type: none"> <li>• 1 = self</li> <li>• 2 = spouse</li> <li>• 3 = child</li> <li>• 4 = other</li> </ul>
6	Enter the patient's sex (only if for child or other) <ul style="list-style-type: none"> <li>• 1 = male</li> <li>• 2 = female</li> </ul>
7	Enter the patient's birthday (only if for child or other)  <b>Example:</b> January 6, 2004 = 01062004 <b>Result:</b> BlueLINK confirms patient's name for ID

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## How to Use BlueLINK, Continued

### Referral Procedure, Continued

Step	Action
8	If the ICD-9 diagnosis code begins with a <ul style="list-style-type: none"> <li>• <b>Number</b> = press <b>1</b></li> <li>• <b>E</b> = press <b>2</b></li> <li>• <b>V</b> = press <b>3</b></li> </ul>
9	Enter the ICD-9 diagnosis code <b>NOTE:</b> Omit the decimal point and alpha prefix <b>Results:</b> BlueLINK confirms code
10	Enter the beginning date of service <b>Example:</b> March 6, 2005 = 03062005
11	Enter the ending date of service <b>Example:</b> March 6, 2005 = 03062005
12	Enter the BlueLINK ID of the referred-to physician/professional provider <b>NOTE:</b> <ul style="list-style-type: none"> <li>• Refer to the HMO Blue Texas provider directory for BlueLINK ID</li> <li>• The BlueLINK ID is <b>not</b> the provider number used for claim filing</li> </ul>
13	Enter the seven-digit telephone number (no area code) of the referred-to physician/professional provider <b>NOTE:</b> Refer to the HMO Blue Texas provider directory to assure you are using the correct telephone number
14	Enter the number of units or visits <b>Results:</b> The system processes your referral and provides you with a BlueLINK Confirmation Number
15	Do you have other business or referrals to make? If <b>yes</b> , press one of the following options: <ul style="list-style-type: none"> <li>• <b>1</b> = repeat BlueLINK Confirmation Number</li> <li>• <b>2</b> = enter another referral for the same patient</li> <li>• <b>3</b> = enter another referral</li> <li>• <b>7</b> = return to the Main Menu</li> </ul> If <b>no</b> , hang up or press <b>9</b> to exit the system

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## How to Use BlueLINK, Continued

### Preauthorization Procedure

Follow these steps to complete a BlueLINK preauthorization

Step	Action
1	Access BlueLINK through the BCBSTX Web site address <a href="http://www/bcbstx.com/provider">http://www/bcbstx.com/provider</a> or dial <b>1-800-413-0869</b>
2	Enter your BlueLINK ID found in the HMO Blue Texas provider directory <b>NOTE:</b> This BlueLINK ID is <b>not</b> your provider number used for claim filing
3	Select one of the Main Menu options <ul style="list-style-type: none"> <li>• <b>2</b> = enter or extend a preauthorization or maternity notification</li> <li>• <b>3</b> = inquire about a referral, preauthorization or maternity notification</li> <li>• <b>7</b> = repeat menu</li> <li>• <b>9</b> = exit the system</li> </ul>
4	Enter the Member ID found on the patient's ID card <b>NOTE:</b> <ul style="list-style-type: none"> <li>• Do not enter the alpha prefix</li> <li>• For members IDs beginning with and "R", enter a leading 73 on the touch-tone telephone, then the remaining digits</li> </ul>
5	Enter the patient's relationship code <ul style="list-style-type: none"> <li>• <b>1</b> = self</li> <li>• <b>2</b> = spouse</li> <li>• <b>3</b> = child</li> <li>• <b>4</b> = other</li> </ul>
6	Enter the patient's sex (only if for child or other) <ul style="list-style-type: none"> <li>• <b>1</b> = male</li> <li>• <b>2</b> = female</li> </ul>
7	Enter the patient's birthday (only if for child or other) <b>Example:</b> January 6, 2004= 01062004 <b>Results:</b> BlueLINK confirms patient's name for ID

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## How to Use BlueLINK, Continued

**Preauthorization  
Procedure,  
Continued**

Step	Action
8	Enter one of the following preauthorization options: <ul style="list-style-type: none"> <li>• Maternity Notification = press <b>1</b></li> <li>• Inpatient (includes emergency admissions) = press <b>2</b></li> <li>• Outpatient Surgery = press <b>3</b></li> <li>• Home Health (HMO only: also includes Durable Medical Equipment) = press <b>4</b></li> <li>• Extend a preauthorization or notification = press <b>5</b></li> </ul> <p><b>NOTE: HMO only</b> — Refer to the authorization requirements in this Provider Manual</p>
9	If the ICD-9 diagnosis code begins with a: <ul style="list-style-type: none"> <li>• <b>Number</b> = press <b>1</b></li> <li>• <b>E</b> = press <b>2</b></li> <li>• <b>V</b> = press <b>3</b></li> </ul>
10	Enter the ICD-9 diagnosis code. <p><b>NOTE:</b> Omit the decimal point and alpha prefix</p> <p><b>Results:</b> BlueLINK confirms code</p>
11	Enter the admitting or procedure date <p><b>Example:</b> March 6, 2005 = 03062005</p>
12	Enter the CPT procedure code
13	Enter the BlueLINK attending Physician ID <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>• Refer to the HMO Blue Texas provider directory for BlueLINK ID</li> <li>• This BlueLINK ID is not the provider number used for claim filing</li> </ul>
14	Enter the seven-digit telephone number (no area code) of the attending physician. <p><b>NOTE:</b> Refer to the HMO Blue Texas provider directory to ensure you are using the correct telephone number</p>

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## How to Use BlueLINK, Continued

**Preauthorization  
Procedure,  
Continued**

Step	Action
15	<p>Enter the BlueLINK facility ID, if not the user accessing the BlueLINK system</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>• Refer to the HMO Blue Texas provider directory for BlueLINK ID</li> <li>• This BlueLINK ID is <b>not</b> the provider number used for claim filing</li> </ul> <p><b>Results:</b> The system processes your preauthorization and provides you with a BlueLINK Confirmation Number</p>
16	<p>Do you have other business or preauthorizations to make?</p> <p>If <b>yes</b>, press one of the following options:</p> <ul style="list-style-type: none"> <li>• <b>1</b> = repeat BlueLINK Confirmation Number</li> <li>• <b>2</b> = enter another preauthorization</li> <li>• <b>7</b> = return to the Main Menu</li> </ul> <p>If <b>no</b>, hang up or press <b>9</b> to exit the system</p>

## Appeal Process for Medical Necessity Determinations, Out-of-Network Requests and Non-Covered Benefits

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### Expedited Appeal Process

HMO Blue Texas has an expedited appeal process for appeals of adverse determinations based on medical necessity or appropriateness of care that involve life-threatening, urgent or emergency services and continued stays for hospitalized patients. The resolution 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/Professional Provider 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

HMO Blue Texas has a standard appeal process for appeals of adverse determinations based on medical necessity or appropriateness of care. Written notification of the appeal determination will be provided no later than thirty (30) calendar days after the date HMO Blue Texas received the appeal request. All appeals are reviewed by a Physician/Professional Provider 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/Professional Provider Request for Case Match Review

A Physician/Professional Provider may request a case match review by submitting in writing, within ten (10) working days of a standard appeal denial, good cause for a specialty physician/professional provider review.

The review shall be completed and the appealing Physician/Professional Provider shall be notified no later than fifteen (15) working days from the date of the request.

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### To Appeal

To appeal an adverse determination for medical necessity, a Physician/Professional Provider may write to:

**HMO Blue Texas Utilization Management**

Attention: Appeals Department  
P.O. Box 833874  
Richardson, Texas 75083-3874

**Or Call: 1-800-441-9188**

**Or Fax: 1-866-221-3607**

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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/professional provider or a service that is not covered per the member's Coverage Documents are considered "complaints" and are resolved via the HMO Complaint Process. To request such a review, a Physician/Professional Provider may write to:

**HMO Blue Texas**  
P.O. Box 660044  
Dallas, Texas 75266-0044  
**Or call: 1-877-299-2377**