

iEXCHANGE System for Referrals, Maternity Notifications and Precertifications

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Note:

Physicians and other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group must contact the IPA/Medical Group for instructions regarding referral and precertification process, contracting and claims related questions. Additionally, Physicians or other Professional Providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions. Physicians or other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group are subject to that entity's procedures and requirements for Physician or other Professional Provider complaint resolution.

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iEXCHANGE System for Referrals, Maternity Notifications and Precertifications, continued

iEXCHANGE System for Referrals, Maternity Notifications and Precertifications

iEXCHANGE is the automated system that must be used by Physicians or other Professional Providers to complete referrals, maternity notifications and inpatient precertifications. 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 3rd 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. 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.

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 for more detailed instructions.

If you encounter any problems utilizing the iEXCHANGE System, contact the Texas 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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HMO BLUE® TEXAS PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS
Effective November 1, 2007

Out-of-Network/Out-of-Plan Services always require medical management review. If no precertification or referral is obtained for the Out-of-Network/Out of-Plan Services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement.

HMO Blue Texas Physicians and other Professional Providers in a Limited Provider Network **must refer** care to HMO Blue Texas Physicians and other Professional Providers contracted in the same network.

PRECERTIFICATION / NOTIFICATION / REFERRAL REQUIREMENTS	PROCESS IN iEXCHANGE	PRECERTIFICATION	REFERRAL
1. Inpatient Facility Admissions - Hospital - Rehab - Skilled Nursing - Long Term Acute Care / Sub-acute	iEXCHANGE Notification for Selected Facility Admissions	Certain Facility Admissions Require Medical Management Review	
2. Obstetrical Care	iEXCHANGE Maternity Notification		
3. Hospice	iEXCHANGE Notification		
4. Pain Management		Precertification Requires Medical Management Review	
5. High Tech Outpatient Diagnostic Radiology Procedures*		Call American Imaging Management (AIM) for precertification at 1-800-859-5299	
6. In-Network/In-Plan Services	iEXCHANGE Referral for ALL Primary Care Physicians (PCP) Referrals to Specialists Outside of the PCP's Call Group / Back Ups		
7. Out-of-Network/Out-of-Plan Services		Out-of-Network/Out-of-Plan Services always requires Medical Management Review. If no precertification is obtained for the Out-of-Network/Out-of-Plan Services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians and other Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians and other Professional Providers contracted in the same network.	Out-of-Network/Out-of-Plan Services always requires Medical Management Review. If no referral is obtained for the Out-of-Network/Out-of-Plan Services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians and other Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians Professional Providers contracted in the same network.
8. Home Health Services		Precertification Requires Medical Management Review	
9. Hyperbaric Treatment		Precertification Requires Medical Management Review	
10. Drug/Alcohol Treatment		Call Magellan for Precertification	
11. Mental Health Services		Call Magellan for Precertification	
12. Physical Therapy Referral is not required for outpatient facility therapy	iEXCHANGE Referral		
13. Occupational Therapy Referral is not required for outpatient facility therapy	iEXCHANGE Referral		
14. Speech Therapy Referral is not required for outpatient facility therapy	iEXCHANGE Referral		
15. Sleep Studies Precertification is not required for In-Network/ In-Plan outpatient sleep studies.		Out-of-Network/Out-of-Plan Services always require Medical Management Review. If no precertification is obtained for the Out-of-Network/Out-of-Plan Services, no benefits are available and network claims will be denied. Emergency Services are an exception to this requirement. HMO Blue Texas Physicians and other Professional Providers in a Limited Provider Network must refer care to HMO Blue Texas Physicians and other Professional Providers contracted in the same network.	
16. Dental Procedures		Precertification Requires Medical Management Review	

High tech outpatient diagnostic radiology procedures (CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies & PET scans) in the following Austin, Dallas/Ft. Worth & San Antonio counties require precertification: Bastrop, Bexar, Collin, Comal Dallas, Denton, Ellis, Grayson, Hays, Johnson, Kaufman, Parker, Rockwall, Tarrant, Travis, Williamson and Wise.

For precertification, call American Imaging Management (AIM) at 1-800-859-5299.

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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Expedited Appeal Process

HMO Blue Texas 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.

Standard Appeal Process

HMO Blue Texas has a standard appeal process for appeals of adverse determinations 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 HMO Blue Texas 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.

Physician or other Professional Provider Request for Case Match Review

A Physician or other Professional Provider may request a specialty match review by submitting in writing, within ten (10) working days of receipt of a standard 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 of the determination no later than fifteen (15) working days from the date of the request.

To Appeal An Adverse Determination for Medical Necessity or Experimental/ Investigational

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

HMO Blue Texas Utilization Management

Attention: Appeals Department

P.O. Box 833874

Richardson, TX 75083-3874

Or Call: 800-441-9188

Or Fax: 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 or other 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 or other Professional Provider may write to:

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