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

Blue Choice PPO℠ and Blue High Performance Network℠ (BlueHPN)℠ Provider Manual

Table of Contents (TOC)

Important Information	Throughout this provider manual there will be instances when there are references unique to **Blue Choice PPO, Blue High Performance Network, Blue Edge, EPO** and the **Federal Employee Program.** These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "**Plan**" is referenced, the information will apply to **all PPO** products.

Section	Topic	Page
Welcome to the Blue Choice PPO Network	**Blue Choice PPO** Network Objective	TOC 12
	Blue Choice PPO Network Benefits	TOC 12
	Information Provided in this Manual	TOC 12
	Modifications	TOC 13
Support Services	Overview	A - 2
	Support Areas	A - 2
	BCBSTX Commitment	A - 2
	Products and Benefit Plans	A - 3
	Network Management Department Objective	A - 3
	Network Management Representatives	A - 3
	Network Management Regional Office Locations	A - 4
	Medical Directors & Medical Advisory Committees	A - 5
	Member Training	A - 6
	Health Care Provider Orientation/Training Online	A - 6
	Online Provider Directory/Website Information	A - 6
	Blue Review Newsletters	A - 6
	Secure Server Policy	A - 6
	Provider Access & Servicing Strategy (PASS) Educational Opportunities	A - 7
	Provision of Contract Copies	A - 8
	Request a Sample of Maximum Allowable Fees	A - 8
	Provider Customer Service	A - 9
	Telephone Numbers & Hours	A - 9
Health Care Provider Roles & Responsibilities	**Networks and IDs (a)**	
	Overview	B (a) — 2
	ID Card	B (a) — 2
	Using the ID Card	B (a) — 2
	ID Card Information	B (a) — 3
	Texas Department of Insurance (TDI) Requirements	B (a) — 3
	Check Eligibility and Benefits	B (a) — 4

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Table of Contents (TOC), *continued*

Section	Topic	Page
Health Care Provider Roles & Responsibilities, cont.	Member Access	B (a) — 4
	Blue Choice PPO ID Card Information	B (a) — 4
	Blue Choice PPO Sample Group ID Card	B (a) — 5
	Blue High Performance Network (Blue HPN) Information	B (a) — 6
	Blue HPN ID Card Information	B (a) — 7
	Exclusive Provider Organization (EPO) Plan	B (a) — 8
	BlueEdge Products	B (a) — 8
	Eligibility and Benefits (b)	
	Eligibility and Benefits Overview	B (b) — 2
	Checking Eligibility and Benefits	B (b) — 2
	Eligibility Statement	B (b) — 2
	Premium Payment for Individual Plan	B (b) — 2
	Verification	B (b) — 3
	Verification Procedure	B (b) — 3
	Delegated Entity Responsible for Claim Payment	B (b) — 4
	Required Elements to Initiate a Verification	B (b) — 4
	Declination	B (b) — 5
	Additional Fees Charged By Health Care Providers Beyond Copayment and Coinsurance	B (b) — 6
	Predetermination Requests	B (b) — 7
	Room Rate Notifications	B (b) — 7
	Blue Card Program	B (b) — 8
	Why is Blue Card Program Important to Health Care Providers?	B (b) — 8
	Look for the PPO Blue Card Logo	B (b) — 9
	How Blue Card Works	B (b) — 9
	How to Use the BlueCard 800# Network	B (b) — 10
	Roles and Responsibilities (c)	B (c) — 2
	Roles and Responsibilities Overview	B (c) — 2
	Role of the Primary Care Physician (PCP)	B (c) — 2
	Role of PCP for Blue Choice PPO Members	B (c) — 4
	Referrals to Specialty Care Health Care Providers	B (c) — 5
	Role of the Specialty Care Health Care Providers	B (c) — 5
	Role of the OBGyn	B (c) — 6
	Notification of Obstetrical & Newborn Care	B (c) — 7
	Predetermination Requests	B (c) — 8
	Health Care Provider Complaint Procedure	B (c) — 10
	Failure to Establish Health Care Provider Patient Relationship – Performance Standard	B (c) — 11
	Failure to Establish Health Care Provider Patient Relationship – Procedures	B (c) — 12
	Failure to Establish Health Care Provider Patient Relationship – Sample Letter from Health Care Provider to Member	B (c) — 14
	Affordable Care Act	B (c) — 15
	Risk Adjustment	B (c) — 15

Table of Contents (TOC), *continued*

Section	Topic	Page
Health Care Provider Roles & Responsibilities, *Cont.*	**Lab and Radiology (d)**	
	Outpatient Lab and Radiology Pverview	B (d) — 2
	Laboratory Services	B (d) — 2
	Prior Authorization for Certain Outpatient Lab Services	B (d) — 2
	Radiology Services Overview	B (d) — 3
	AIM Specialty Health® Programs	B (d) — 4
	Routine Radiology Services	B (d) — 4
	Provider Transparency & AIM's OptiNet Assessment Tool	B (d) — 4
	Low-Tech Imaging	B (d) — 6
	AIM Physician's Guide for Radiology Services	B (d) — 7
	How to Join (e)	
	How to Join Overview	B (e) — 2
	Provider Onboarding Process	B (e) — 2
	Provider Onboarding Process Notes	B (e) — 3
	Case Status Checker	B (e) — 3
	How to Join Plan Networks	B (e) — 4
	Change in Your Status or Changes Affecting Your Provider Record ID	B (e) — 6
	Termination of Unused Provider Record	B (e) — 7
	Credentialing Process (f)	
	Credentialing Overview	B (f) — 2
	Credentialing Process for Office Based Physicians and Professional Providers	B (f) — 2
	Hospital Privileges	B (f) — 2
	Expedited Credentialing Process for Office Based Physicians & Professional Providers	B (f) — 2
	Initial Credentialing Process for Office Based Physicians and Professional Providers	B (f) — 3
	Getting Started With CAQH	B (f) — 4
	Credentialing Process for Ancillary/Hospital Providers	B (f) — 5
	Hospitals or Facilities Credentialing Process	B (f) — 6
	Credentialing Updates	B (f) — 7
	Recredentialing	B (f) — 8
	Medical Advisory Committee	B (f) — 10
	Credentialing Review Requests • Who Can Submit a Review Request? • Submitting Review Requests • Credentialing Review Process	B (f) — 11
	Provider Termination Process	B (f) — 23
Authorization Process	**Authorization Process (C)**	
	Prior Authorization & Predeterminations	C — 2
	Availity Authorizations & Referrals	C — 2

Table of Contents (TOC), *continued*

Section	Topic	Page
Authorization Process, cont.	Renewals of Existing Authorizations	C — 3
	Expedited Appeal Process	C — 3
	Standard Appeal Process	C — 3
	Provider Request for Case Match Review	C — 3
	To Appeal an Adverse Determination for Medical Necessity or Experimental/Investigational	C — 4
	Appeal Process for Denials of Out-of-Network Requests and Non-covered Benefits	C — 4
Referral Notification Program	**Referral Notification Program (D)**	
	Referral Notification Program Overview	D — 2
	When is a Referral Necessary?	D — 2
	Important Information About the Referral Notification Program	D — 2
	Information Necessary for Referral Notification	D — 3
	Notification Procedure Through Availity® Authorizations & Referrals	D — 3
	Notification Procedure by Fax or Phone	D — 4
	Referrals Out-of-Network/Plan Procedure	D — 4
	Out-of-Network Referral to an Out-of-Network Provider When an In-Network Provider is Available	D — 5
Prior Authorizations & Case Management	**Prior Authorizations & Case Management (E)**	
	Utilization Management Overview	E — 3
	What Requires Prior Authorization	E — 3
	AIM Specialty Health® Prior Authorizations	E — 3
	Responsibility for Prior Authorization	E — 3
	Renewal of Existing Prior Authorization	E — 4
	When to Prior Authorize	E — 4
	Does Observation Require Prior Authorization	E — 4
	How to Prior Authorize Services Managed by BCBSTX Medical Management	E — 4
	After Hours Calls	E — 4
	Faxing Prior Authorization Requests	E — 4
	Information Necessary to Prior Authorize	E — 5
	Information About the Prior Authorization Program	E — 5
	Accessibility of Medical Management Criteria	E — 6
	Extended Care Prior Authorizations Procedure	E — 7
	Extended Care Prior Authorizations – Home Health Services	E — 7
	Extended Care Prior Authorizations – Hospice	E — 7
	Extended Care Prior Authorizations – Home Infusion Therapy	E — 7
	Extended Care Prior Authorizations – Skilled Nursing Facility	E — 7
	Extended Care Prior Authorization – Important Note	E — 8

Table of Contents (TOC), *continued*

Section	Topic	Page
Prior Authorizations and Case Management, cont.	Prior Authorization of Inpatient Care	E — 8
	Non-Emergency Elective Medical/Surgery Admission Guidelines	E — 8
	Urgent/Emergent Admissions Procedure	E — 8
	Admission on Day of Surgery	E — 8
	Information Needed When Requesting an Extension	E — 9
	Concurrent Review of Inpatient Admissions	E — 9
	Responsibility of Concurrent Review	E — 9
	Extension Review Procedure	E — 10
	Discharge Planning	E — 10
	Case Management Services	E — 11
	Case Management Examples	E — 11
	Health Care Provider's Involvement	E — 11
	Referrals to Case Management	E — 12
	Evaluation of New Technology	E — 12
	Emergency Care Services	E — 13
	Emergency Inpatient Admissions Rendered Outside the Plan Service Area	E — 13
	Emergency Hospital Admission	E — 13
	Continuity of Care Program Criteria	E — 14
	Continuity of Care Program Procedure	E — 15
Filing Claims	**Filing Claims (F)**	
	General information (a):	
	Claims Filing Overview	F(a)—2
	Clinical Coding and Payment Policies	F(a)—2
	Provider Tools	F(a)—2
	How to File Claims	F(a)—2
	Update Provider Demographics	F(a)—3
	Address for Claims Filing and Customer Service Phone Numbers	F(a)—4
	Claims Filing Reminders	F(a)—5
	Prompt Pay (b):	
	Prompt Pay	F(b)—2
	Prompt Pay Legislation	F(b)—2
	Penalty Legislation - Definition of a Clean Claim	F(b)—3
	Prompt Pay Legislation - Statutory Claim Payment Periods	F(b)—4
	Prompt Pay Legislation - Statutory Penalty Amounts	F(b)—4
	Prompt Pay Legislation - Coordination of Benefits	F(b)—5
	Billing Requirements (c):	
	Billing requirements Overview	F(c)—3
	Coordination of Benefits and Patient's Share	F(c)—3
	Coordination of Benefits Subrogation	F(c)—4

Table of Contents (TOC), *continued*

Section	Topic	Page
Filing Claims, cont.	Coordination of Benefits Questionnaire	F(c)—4
	Correct Coding	F(c)—5
	Splitting Charges on Claims	F(c)—5
	Services Rendered Directly by Health Care Provider	F(c)—5
	Billing for Non-Covered Services	F(c)—6
	Surgical Procedures Performed in Health Care Provider's Office	F(c)—7
	Contracted Health Care Providers Must File Claims	F(c)—8
	CPT® Modifier 50 Bilateral Procedures - Professional Claims Only	F(c)—8
	Proper Speech Therapy Billing	F(c)—9
	Care Coordination Services	F(c)—9
	Urgent Care Center Services Billed Using CPT Code S9088	F(c)—9
	National Drug Code - Billing Guidelines for Professional Claims	F(c)—10
	Billing and Documentation Information and Requirements:	F(c)—11
	Permissible Billing	F(c)—11
	Pass Through Billing	F(c)—11
	Under Arrangement Billing	F(c)—11
	All-Inclusive Billing	F(c)—12
	Other Requirements and Monitoring:	F(c)—12
	Clinical Laboratory Improvement Amendments of 1988 Certification Requirement	F(c)—12
	Review of Codes	F(c)—12
	Limitations and Conditions	F(c)—12
	Obligation to Notify Blue Cross and Blue Shield of Texas of Certain Changes	F(c)—12
	Assignment	F(c)—13
	Fraudulent Billing	F(c)—13
	Provider with Multiple Specialties	F(c)—13
	Claim Forms (d):	
	Claim Form Overview	F(d)—2
	Electronic Data Interchange (EDI)	F(d)—2
	CMS-1500 Claim Form	
	Ordering Paper Claim Forms	F(d)—2
	Return of Paper Claims with Missing National Provider Identifier Number	F(d)—2
	Sample CMS-1500 Claim Form	F(d)—3
	CMS-1500 Key	F(d)—4
	CMS-1500 Place of Service Codes, Instructions and Examples of Supplemental Information in Item Number 24 and Reminders	F(d)—5
	How to Complete the UB-04 Claim Form	F(d)—6
	What Forms are Accepted	F(d)—6

Table of Contents (TOC), *continued*

Section	Topic	Page
Filing Claims, cont.	Sample UB-04 Form Procedure for Completing UB-04 Form	F(d)—7
	Procedure for Completing UB-04 Form	F(d)—8
	Electronic Filing (e):	
	Electronic Claim Overview	F(e)—2
	Availity Overview	F(e)—2
	Electronic Remittance Advice (ERA)	F(e)—2
	Electronic Funds Transfer (EFT)	F(e)—3
	Electronic Payment Summary(EPS)	F(e)—3
	Electronic Claim Submission & Payer Response Reports	F(e)—3
	Payer Response Reports	F(e)—4
	System Implications	F(e)—4
	Benefits of Electronic Medical Claims/Electronic Data Interchange	F(e)—5
	Payer Identification Code	F(e)—5
	What BCBSTX Claims Can Be Filed Electronically?	F(e)—6
	Availity Authorizations & Referrals Confirmation Number	F(e)—6
	How Does Electronic Claims Filing Work?	F(e)—6
	Submit Secondary Claims Electronically	F(e)—6
	Duplicate Claims Filing is Costly	F(e)—7
	Providers with Multiple Specialties	F(e)—7
	Ancillary Services (f):	
	Ancillary Services Overview	F (f)— 3
	Prior Authorizations and Predeterminations	F (f)— 3
	Diabetic Education	F (f)— 3
	Durable Medical Equipment (DME)	F (f)— 4
	DME Benefits	F (f)— 4
	Custom DME	F (f)— 4
	Repair DME	F (f)— 4
	Replacement Parts	F (f)— 5
	DME Rental or Purchase	F (f)— 5
	DME Prior Authorization	F (f)— 5
	Prescription or Certificate of Medical Necessity	F (f)— 6
	Life-Sustaining DME	F (f)— 7
	Life-Sustaining DME List	F (f)— 7
	Home Infusion Therapy	F (f)— 8
	Services Incidental to Infusion and Injection and Therapy Per Diem	F (f)— 10
	Home Infusion Therapy Schedule	F (f)— 10
	Imaging Centers	F (f)— 11
	Imaging Prior Authorization or Prenotification	F (f)— 11
	High Tech Procedures – AIM Specialty Health®	F (f)— 12
	Imaging Center Tests Not Typically Covered	F (f)— 13
	Independent Laboratory Claims Filing	F (f)— 14

Table of Contents (TOC), *continued*

Section	Topic	Page
Filing Claims, *cont.*	Independent Laboratory Services	F (f)— 14
	Prior Authorization for Certain Outpatient Lab Services	F (f)— 14
	Independent Laboratory Policy	F (f)— 15
	Independent Laboratory – Non-Covered Tests	F (f)— 16
	Prosthetics & Orthotics	F (f)— 17
	Prosthetics & Orthotics –Healthcare Common Procedure Coding System Code Description – Non-Covered	F (f)— 17
	Radiation Therapy Center Claims Filing	F (f)— 21
	Facility Claims (g)	
	Facility Claims Overview	F (g)—3
	Revenue Code, Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding SystemCodes	F (g)—3
	Room Rate Notification	F (g)—3
	Outpatient Admission Type Hierarchy	F (g)—3
	Hospital Claims Filing Instructions - Inpatient	F (g)—4
	Type of Bill (TOB)	F (g)—4
	National Provider Identifier (NPI)	F (g)—4
	Patient Status	F (g)—4
	Occurrence Code/Date	F (g)—4
	Late Charges/Corrected Claim	F (g)—4
	Diagnosis Related Group (DRG) Facilities	F (g)—5
	Preadmission Testing	F (g)—5
	Pre-Op Tests	F (g)—6
	Mother & Baby Claims	F (g)—6
	Clinic Charges	F (g)—6
	Diabetic Education	F (g)—6
	Trauma	F (g)—6
	Provider Based Billing	F (g)—7
	Provider Based Billing and Claim Examples	F (g)—8
	Treatment Room Claim	F (g)—11
	Treatment Room Claim and Claim Examples	F (g)—12
	Non-Weighted DRGs	F (g)—13
	Filing UB-04 Claims for Ancillary Providers and Facilities:	F (g)—13
	-Ambulatory Surgery Centers/Outpatient	F (g)—13
	-Freestanding Cardiac Cath Lab Centers	F (g)—14
	-Dialysis Claim Filing	F (g)—14
	-Freestanding Emergency Centers	F (g)—15
	-Home Health Care	F (g)—15
	-Non-Skilled Service Examples for Home HealthCare	F (g)—16

Table of Contents (TOC), *continued*

Section	Topic	Page
Filing Claims, *cont.*	-Hospice Claim Filing	F (g)—17
	-Radiation Therapy Center	F (g)—17
	-Skilled Nursing Facility	F (g)—18
	-Rehab Hospital	F (g)—18
	Claim Review Process (h):	
	Claim Review Process	F (h)—2
	Proof of Timely Filing	F (h)—2
	Types of Disputes & Timeframe for Request	F (h)—3
	Sample Claim Review Form	F (h)—4
	Recoupment Process	F (h)—5
	Sample Provider Claim Summary Recoupment	F (h)—6
	Professional PCS Summary Field Explanations	F (h)—7
	Refund Policy	F (h)—8
	Refund Letters – Identifying Reason for Refund	F (h)—9
	Provider Refund Form (Sample)	F (h)—10
	Provider Refund Form Instructions	F (h)—11
	Electronic Refund Management (ERM)	F (h)—12
	How to Gain Access to eRM Availity® Users	F (h)—12
Pharmacy	Introduction	G — 2
	Pharmacy Network	G — 2
	Drug List Evaluation	G — 2
	Drug List Updates	G — 3
	Generic Drugs	G — 4
	Drug Utilization Review (DUR) Overview	G — 4
	Covered Pharmacy Services	G — 5
	Non-Covered Pharmacy Services	G — 5
	Drugs Requiring Prior Authorization	G — 6
	Specialty Pharmacy Program and Specialty Pharmacy Network	G — 7
	Specialty Pharmacy Program - Split Fill	G — 9
	Are You a Provider Billing for Compound Drugs?	G — 10
	Are You a Provider Billing Unlisted Drugs?	G — 11
	Forms	G — 12

Table of Contents (TOC), *continued*

Section	Topic	Page
Federal Employee Program	Federal Employee Program (FEP) Overview	H — 2
	No PCP or Referrals	H — 2
	Enrollment Codes	H — 2
	Option Defined	H — 2
	Federal Employee Program Group Number	H — 2
	FEP Blue Focus Option	H — 3
	FEP Blue Focus Sample ID Card	H — 3
	Basic Option	H — 4
	Basic Option ID Card Sample	H — 4
	Standard Option	H — 5
	Standard Option ID Card Sample	H — 5
	Federal Employee Customer Service	H — 6
	Telephone Number and Hours	H — 6
	Online Access	H — 6
	Mailing Address	H — 6
	Prior Approval/Authorization Requirements	H — 7
	Inpatient/Outpatient Prior Approval/Authorization	H — 7
	How Do I Obtain a Prior Approval/Authorization	H — 9
	Behavioral Health Prior Approval/Authorization	H — 9
	FEP Claims Filing	H — 10
	FEP Claims Inquiries	H — 10
	FEP Pharmacy Programs	H — 10
	FEP Disease Management Programs	H — 10
	FEP Blue Health Connection	H — 11

Table of Contents (TOC), *continued*

Section	Topic	Page
Behavioral Health Services	Integrated Behavioral Health Program	I — 2
	Behavioral Health Program Components	I — 2
	Focused Outpatient Management Program	I — 3
	Psychological/Neuropsychological Testing Program	I — 4
	Telehealth and Telemedicine	I — 4
	Clinical Screening Criteria	I — 5
	Prior Authorization Requirements for Behavioral Health Services	I — 6
	Responsibility for Prior Authorization	I — 7
	Prior Authorization Process for Behavioral Health Services	I — 8
	Renewal of Existing Prior Authorization	I — 8
	Failure to Prior Authorize	I — 9
	Appointment Access Standards	I — 9
	HEDIS Indicators	I — 9
	Continuity and Coordination of Care	I — 10
	Forms	I — 11
	Behavioral Health Customer Service Phone and Fax Numbers and Address	I — 11
	Provider Claims Filing Information	I — 12
	Behavioral Health Contacts	I — 12
	Updates	I — 12
	Behavioral Health Clinical Appeals	I — 13

Table of Contents (TOC), *continued*

Section	Topic	Page
Quality Improvement Program	Quality Improvement Program Overview	J — 3
	Objectives of the Quality Improvement Program	J — 3
	Quality Initiatives	J — 5
	Support Provided to Quality Improvement Program	J — 6
	Medical Director Involvement	J — 6
	Quality Improvement Committee	J — 8
	Texas Medical Advisory Committee & Texas Peer Review Committee	J — 9
	Network Management Representative Involvement	J — 10
	On-Site Physician Office Review (POR) Nurses	J — 10
	Responsibilities of the Quality Improvement Programs Department	J — 10
	Responsibilities Providers	J — 10
	Patient Appointment Access Standards	J — 11
	Patient Appointment Access Standards Definitions	J — 11
	Physician Office Review Program	J — 14
	Goals of the Office Review Program	J — 14
	Safety and Environment Component	J — 14
	Laboratory Services Component	J — 14
	Radiology Services Component	J — 15
	Medical Record-Keeping Practice Component	J — 15
	Medical Record Documentation Component	J — 15
	Performance Goals	J — 15
	Frequency of Office Visit	J — 16
	Feedback to Physicians on the Office Review	J — 16
	Sample Physician Office Review Work Sheet	J — 17
	Principles of Medical Record Documentation Introduction	J — 19
	What is Documentation and Why is it Important?	J — 19
	How does the Documentation in Your Medical Record Measure Up?	J — 19
	Principles of Documentation	J — 20
	Sample of Medical Record Review and Medical Record Keeping Documentation Worksheet	J — 21
	Medical Recordkeeping Documentation and Frequently Asked Questions	J — 22

Table of Contents (TOC), *continued*

Section	Topic	Page
Condition Management/ Disease Management Program and Clinical Practice Guidelines and Bridges to Excellence	Condition Management/Disease Management Program Overview and Compliance	K — 2
	Program Goals – Condition Management/Disease Management Programs	K — 2
	Condition Management/Disease Management Program Overview and Compliance	K — 3
	Physician Collaboration	K — 4
	Gap Closure	K — 5
	Case Management Program Overview and Compliance	K — 6
	Outcome Measures	K — 6
	Women and Family Health	K — 7
	Clinical Practice Guidelines Overview	K — 8
	Preventive Care Guidelines	K — 8
	Clinical Practice Guidelines	K — 8
Privacy of Health Information	Privacy of Health Information Overview	L — 2
	BCBSTX Corporate Privacy Policies	L — 3
Blue Distinction	Blue Distinction Program	M — 2
Hospital Acquired Conditions/ Serious Reportable Events	Policy	N — 2
	Hospital Acquired Conditions	N — 3
	Serious Reportable Events	N — 3

Table of Contents (TOC), *continued*

Section	Topic	Page
Subscriber Rights and Responsibilities	Subscriber Rights and Responsibilities	O — 2
	Communication Rights and Responsibilities	O — 2
Appendix	Terms, Definitions and Rules	

Proprietary Information	**The material contained in this Provider Manual is proprietary information and is intended for the exclusive use of participating Plan Health Care Providers. The information is current as of publication but may be amended from time to time, as provided for in the Plan Provider Agreements.**

Welcome to the Blue Choice PPO℠ and Blue High Performance Network℠ (Blue HPN)℠ Network

The Plan Network Objective	The Plan network is composed of physicians, 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.
The Plan Network Benefits	The Plan network benefits both the BCBSTX subscriber and their physician, professional provider, facility or ancillary 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 Plan network physicians, professional providers, facility and ancillary providers.
Information Provided in this Provider Manual	This Provider Manual has been created for Plan network physicians, professional providers, facility and ancillary providers. The information in the Provider Manual is specific to these products: • Blue Choice PPO • Blue High Performance Network • BlueEdge • EPO • Federal Employee Program (FEP) The subscriber identification (ID) card furnishes information about the products listed above that health care 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 BCBSTX 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 BCBSTX 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.

Welcome to the Blue Choice PPO℠ and Blue High Performance Network℠ (Blue HPN)℠ Network

Information Provided in this Provider Manual, cont.

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

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

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

Modifications

BCBSTX may amend this Agreement or may modify the Provider Manual where such amendment or modification is materially adverse to a health care provider or Medical Group and is not required by the applicable laws only upon ninety (90) days prior written notice to health care provider or medical group. The health care provider or medical group may terminate this Agreement by giving written notice of such termination by the health care 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 the health care provider or medical group that it will not carry into effect such amendment or modification. Health care 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 the health care provider or medical group.

Proprietary Information

The information contained in this provider manual is the proprietary information of BCBSTX and is intended for the exclusive use of Plan contracted health care providers. The information is current at the time it is being published and may be amended from time to time, as provided in the BCBSTX Provider Agreement.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsements, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

AIM Specialty Health is an independent medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).