

Blue Choice PPOSM and Blue High Performance NetworkSM (BlueHPN)SM Provider Manual - Authorization Process

Important note:

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.

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Utilization Management Overview

Utilization management is how we can help Blue Cross and Blue Shield of Texas (BCBSTX) members continue to access the right care, at the right place and at the right time.

A utilization management review determines whether a benefit is covered under the health plan using evidence-based clinical standards of care. The following are types of Utilization Management:

- **Prior Authorizations** are a pre-service medical necessity review. Prior authorization is the process where we review the requested service or drug to see if it is medically necessary and covered under the member's health plan. Not all services and drugs need prior authorization. A prior authorization is not a guarantee of benefits or payment. The terms of the member's plan control the available benefits. Prior authorization may be required through BCBSTX Utilization Management or an external vendor such as AIM Specialty Health®.
- **Predeterminations** are written requests for verification of benefits before rendering services.
- **Post-Service Medical Necessity Reviews (PSMNR)** may occur after the service was rendered. During a PSMNR, we review clinical documentation to determine whether a service or drug was medically necessary and covered under the member's benefit plan. We may ask you for the information we do not have.

What May Require Review

Providers can go to the [Utilization Management - Prior Authorizations & Predeterminations](#) page under Claims and Eligibility on the [provider website](#) and use [Availity](#)® or your preferred vendor to check eligibility and benefits, determine if you are in-network for your patient and whether prior authorization or prenotification is required and who to contact:

- BCBSTX Utilization Management
- AIM Specialty Health® (AIM)

Availity allows you to determine if prior authorization is required based on the procedure code. In addition, providers can enter requests for prior authorizations managed by BCBSTX Utilization Management using [Availity Authorizations & Referrals](#). Refer to [Eligibility and Benefits](#) on the provider website for more information on Availity.

Get additional information on services requiring prior authorization or prenotification through AIM on the [AIM Specialty Health](#) page on the provider website.

Refer to the Behavioral Health Section I of this manual for information on behavioral health prior authorizations.

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Submitting Authorizations & Predetermin- ations

- **For services managed by BCBSTX Medical Management:**

- **Online:** Use the [Availity's Authorizations & Referrals](#) tool (HIPAA-standard 278 transaction) which allows the electronic submission of inpatient admissions, select outpatient services and referral requests. Additionally, providers can also check the status of previously submitted requests and/or update applicable existing requests. The benefits of using this online functionality:
 - ✓ No separate user enrollment needed
 - ✓ Direct access within the Availity portal
 - ✓ Simplified 5-step process
 1. Log in to [Availity](#)
 2. Select **Patient Registration** menu option, choose **Authorizations & Referrals**, then **Authorizations***
 3. Select **Payer BCBSTX**, then choose your organization
 4. Select a **Request Type** and start request
 5. Review and submit your request

* Choose **Referrals** instead of **Authorizations** if you are submitting a referral request.

If you are not yet registered with Availity, sign up at no charge. If you need registration assistance, contact Availity Client Services at **1-800-282-4548**.

- **Phone** – Contact BCBSTX Medical Management using the number on the back of the member's ID card or call **1-800-441-9188**.

- **For services managed by AIM Specialty Health:**

- **Online:** Use the [AIM Provider Portal](#)
- **Phone:** Contact their call center at **1-800-859-5299**. Please note - do not submit medical records unless requested by AIM. If a PSMNR is requested, the provider can respond in the AIM provider portal. Do not submit medical records to BCBSTX for AIM requests for medical records.

Appeals for AIM can be submitted:

- **Phone: 1-800-859-5299**
- **Fax 1-888-583-1005** AIM Specialty Health
- **Mail:** Attention: Preauthorization Department HCSC Appeals
540 Lake Cook Road,
Deerfield, IL 60015



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Renewal of Existing Prior Authorizations

A renewal of an existing prior authorization issued by **BCBSTX** or AIM can be requested by a physician or health care provider up to 60 days prior to the expiration of the existing prior authorization.

BCBSTX Medical Management Appeals

Expedited Appeal Process

BCBSTX 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 seventy-two (72) hours from the appeal request, whichever is sooner. All appeals are reviewed by a physician or professional provider not previously involved in the case, who is in the same or similar specialty as would manage the condition under review.

Standard Appeal Process

BCBSTX has a standard appeal process for appeals of adverse determinations for a denial of service 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 BCBSTX received the appeal request. All appeals are reviewed by a physician or professional provider not previously involved in the case who is in the same or similar specialty as would manage the condition under review.

Provider Request for Case Match Review

A health care provider may request a case match review by submitting in writing, within ten (10) working days of an appeal denial, good cause for a specialty physician review.

The request will be reviewed and the appealing health care provider shall be notified no later than fifteen (15) working days from the date of the request.

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BCBSTX Medical Management Appeals

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

To appeal an adverse determination for medical necessity or experimental/investigational, a health care provider may write to:

BCBSTX Medical Management
Attention: Appeals Department
P.O. Box 833874
Richardson, TX 75083-3874

Appeal requests may also be submitted by:

Fax: 1-866-221-3607
Phone: 1-855-896-2701

Appeal Process for Denials of Out-of- Network Requests or Non-Covered Benefits

The appeal of a denial of a service that is not covered per the subscriber's Coverage Documents is considered a "complaint" and is resolved via the BCBSTX Complaint Process.

To request such a review, contact Customer Service at the telephone number shown on the subscriber's ID card.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX.

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

BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by Availity or AIM Specialty Health. The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.