



BlueChoice Reference Guide

Developed by the Provider Affairs Operations/ Education/Communications Department




Product Description	Network	Laboratory Services	Precertification Requirements	Referral Requirements	Billing and Reimbursement
<p>A managed care, point-of-service benefit plan, offering members the choice to seek care within the BlueChoice network and receive the highest level of benefits or to self refer and go out-of-network and incur a lower level of benefits.</p> <p>BlueChoice members select a participating Primary Care Physician (PCP) who provides services and coordinates all health care needs with BlueChoice Participating Specialist Physicians (PSP) and other BlueChoice network providers, hospitals and ancillary facilities.</p> <p>Females 13 years of age and older may also choose a network OB/GYN, or a Certified Nurse Midwife in addition to their PCP.*</p> <p>*Exceptions:</p> <ul style="list-style-type: none"> Albertsons UPS <p>Female members from these employer groups may self refer for one annual exam.</p>	<p>Hospital Network:</p> <p>There are network contracted hospitals in Illinois and Indiana.</p> <p>Physician Network:</p> <p>PCP requirements:</p> <ul style="list-style-type: none"> PPO & BlueChoice contracted <p>Specialist Network:</p> <p>PCPs must refer to these contracted specialists.** All other specialty types must be referred within the PPO network.</p> <p>Ancillary Networks:</p> <ul style="list-style-type: none"> Home Infusion Certified Nurse Midwives Speech, Occupational and Physical Therapy <p>**See the BCBSIL Provider Finder® at www.bcbsil.com for contracted specialists.</p>	<p>Network PCPs must utilize any independent BCBSIL PPO contracted laboratory.</p> <p>Reimbursement to BlueChoice contracted physicians for laboratory services will be based on the BlueChoice Schedule of Maximum Allowances. Providers can request reimbursement through the BCBSIL Web site or by calling customer service. A BlueChoice referral form is not required for any laboratory service.</p>	<p>Services that must be precertified:</p> <ul style="list-style-type: none"> Inpatient admission Obstetrical Services – First Trimester and Delivery Outpatient surgical procedures (performed outside the PCP office) Major diagnostic procedures (performed in the office or outpatient setting): MRIs, CT Scans, Angiograms, OSCOPIES including UGI Edoscopies, Laparoscopies, Arthroscopies, Colonoscopies & Cystoscopies Home Health services IV infusion Skilled Nursing Facility admission Human Organ Transplants Hospice Inpatient Rehabilitation <p>Precertification telephone number: (800) 232-3476</p> <p>Precertification fax number: (800) 385-9125</p>	<p>Services for which a referral must be written:</p> <ul style="list-style-type: none"> Specialist consultation Chiropractic services Durable Medical Equipment (DME) Physical, Speech and Occupational Therapy Emergency room visits (only when directed by the PCP) Podiatrists Diagnostic testing (other than those that require pre-certification) Ultrasounds OB/GYN care for specific employer groups that do not have the option to select an OB/GYN PCP or Certified Nurse Midwife <p>Referral fax number: (800) 852-1360</p> <p>Mental Health/Chemical Dependency: It is the member's responsibility to precertify any in- or out-of-network Mental Health/Chemical Dependency care within 48 hours of a mental health emergency. Please refer to the telephone number on the back of the ID card.</p>	<p>Billing:</p> <p>BlueChoice professional providers:</p> <ul style="list-style-type: none"> Must bill for services using the CMS-1500 (12/90) or CMS-1500 (08/05) formats, either electronically or on paper May collect any copayment at the time of service Should bill BCBSIL prior to collecting any fees other than co-payments from the patient. After receiving the payment and Provider Claim summary (PCS) providers may bill the member for any applicable deductibles, coinsurance or non-covered services. May not balance bill the patient for any fees over the allowable charge. <p>Reimbursement:</p> <p>Reimbursement is based on fee-for-service in accordance with the BlueChoice Schedule of Maximum Allowances (SMA). Additionally, PCP/PSPs are assigned a payment tier based on the following criteria:</p> <ul style="list-style-type: none"> Achievement quality Utilization Compliance with program requirements <p>Claims must be filed with BCBSIL on or before December 31 of the calendar year following the year in which the services were rendered. Services furnished in the last quarter of the year (October, November, December) are considered to be furnished in the following year. For example, a claim with a service date between 10/01/05 and 9/30/06 must be filed before 12/31/07. Claims not filed within the above time frames will not be eligible for payment. Some employer groups have different requirements for filing claims. For example: A group could require that claims for their employees be filed within six months following the service date.</p>

Log on to the BCBSIL Provider Web site at www.bcbsil.com for more product information.

BlueChoice Identification Card

BlueChoice Preferred members are identified by the letter **M** in the third position of the alpha prefix (**XOM**), or a national account alpha prefix that relates to the group name, such as the ID card for A.M. Castle, AMC shown below:

BlueChoice Identification Card:

 BlueCross BlueShield of Illinois		<h1>BlueChoice</h1>	
Subscriber:	Doe, Jane	Plan Codes:	121/621
Participant	Jane Doe	Group No.	123456
Identification Number:	XOM123456789	Copays:	
Participant's PCP Name:	Dr. John Smith	Office Visit	\$10
Participant's 2nd PCP Name:	Dr. Mary Jones	Emergency	\$50
		PCP Effective Date	01-01-07
		2 nd PCP Effective Date	01-01-07
			PRIME
			BIN:011552
			PCN: ILDR

To the Member: To receive the highest level of in-network benefits, all medical care must be provided or authorized by your Primary Care Physician (PCP). Out-of-network care not authorized by your PCP will be paid at a reduced level of benefits and you will be responsible for precertifying the care.

Out-of-Network Hospital Admission: To avoid further benefit reductions, you must call the Medical Support Department at least one business day prior to elective admissions and skilled nursing care, private duty nursing and home care or within two business days of an emergency admission. For maternity, call as soon as pregnancy is confirmed and within two business days of admission. **1-800-972-9357.**

Mental Health/Chemical Dependency Treatment: Call Mental Health/Chemical Dependency to precertify, any in- or out-of-network care. Call within 48 hours of a mental health emergency. **1-800-851-7489.**



To Hospital/Physician: For out of network claims, please call Customer Service. All other hospitals and physicians should file claims to your local BlueCross BlueShield Plan.

Customer Service: 1-800-409-9462

Pharmacy Program: 1-800-423-1973

For claims information via the internet: www.bcbsil.com
BlueCross BlueShield of Illinois, an independent licensee of the BlueCross and BlueShield Association, provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.

National Account BlueChoice Identification Card:

 BlueCross BlueShield of Illinois		 Castle Metals	
		BlueChoice	
Subscriber	Doe, Jane	Plan Codes:	621/121
Participant	Jane	Group No.	081732
Identification Number	AMC123456789	Copays:	
Participant's PCP Name	Dr. John Smith	Office Visit	\$15
Participant's 2nd PCP Name	Dr. Mary Jones	Emergency	\$50
		PCP Effective Date	01-01-07
		2 nd PCP Effective Date	01-01-07

To the Insured: To receive the highest level of in-network benefits, all medical care must be provided or authorized by your Primary Care Physician (PCP). Out-of-network care not authorized by your PCP will be paid at a reduced level of benefits and you will be responsible for precertifying the care.

Out-of-Network Hospital Admissions: To avoid further benefit reductions, you must call the Medical Support Department at least one business day prior to elective admissions and within two business days of an emergency admission. For maternity, call as soon as pregnancy is confirmed and within two business days of admission. **1-800-972-9357**

Healthy Expectations: 1-800-824-3095

Mental Health/Substance Abuse Treatment: Call Mental Health Client Services to precertify any in- or out-of-network care. Call within 48 hours of a mental health emergency. **1-800-851-7498.**

To Hospital/Physician: Illinois Hospitals and Physicians should file claims in the usual manner to:

**Blue Cross Blue Shield of Illinois
P.O. Box 805107
Chicago, Illinois 60680-4112**

All other hospitals and physicians should file claims to the local Blue Cross and Blue Shield Plan.

CUSTOMER SERVICE: 1-800-458-6024