



BlueCross BlueShield  
of Texas



# Utilization Management (UM) Provider Training STAR, STAR Kids, and CHIP

SEPTEMBER 2022

SKSCP-9042-1011

# Agenda

- Customer Service
  - Intake Department
  - Prior Authorization
  - Reviews
  - Case Management
  - Medicaid Provider Website
  - Questions
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# **Customer Service**

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# Customer Service

Assists members and providers with benefits, eligibility, primary care physician assignments, or claim information

## STAR and CHIP

Member: 1-888-657-6061

Provider: 1-877-560-8055

## STAR Kids

Member: 1-877-688-1811

Provider: 1-877-784-6802

TTY: 711

Available Monday thru Friday from 8 a.m. to 5 p.m. CT



# **Intake Department**

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# Intake Department

Intake Department assists with:

Providers determining if an authorization is required

Creating Cases

Forwarding cases to nurses for review as needed

Utilization requests are initiated by providers either by phone or fax to the Intake Department

STAR and CHIP

Intake Phone Number 1-877-560-8055

Intake Fax Number 1-855-653-8129

STAR Kids

Intake Phone Number 1-877-784-6802

Intake Fax Number 1-866-644-5456

# Intake Department Continued

Prior authorization and/or continued stay review  
phone calls and fax requests from provider

Phone calls regarding overall  
questions and/or case status  
inquiries

Notification of delivery processing  
and tracking via phone calls and  
fax

Assembly and indexing of  
incoming faxes

Handles the authorization  
requests for out-of-network  
providers

# Required Information for Intake Department

Call Utilization Management based on member's plan

Have the following information when you call:

Diagnosis with the ICD-10 Code

Date of injury/date of hospital admission and third-party liability information (if applicable)

Specialist or name of attending physician and NPI number

Treatment and discharge plans (if known)



Member name and Patient Control Number (PCN) aka Medicaid/CHIP identification number

Procedure with the CPT, HCPCS Code

Facility name (if applicable) and NPI number

Clinical information supporting the request



# Time Frames:

## 24 Hours

Concurrent Stay requests (when a member is currently in a hospital bed)

## 3 Business Days

Prior authorization routine requests (before outpatient service has been provided)

## 1 Hour

Urgent prior authorization requests are initiated before outpatient services have been provided and are reviewed within this time frame.\*

## Phone Numbers:

- STAR/CHIP: **1-877-560-8055**
- STAR Kids: **1-877-784-6802**

**\*URGENT Prior Authorization is defined as a condition that a delay in service could result in harm to a member.**

**Note: BCBSTX Prior Authorization form or the Standard Authorization form must be included with submission.**



# **Prior Authorization**

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# Prior Authorization vs. Concurrent Review

## Prior Authorization

Review outpatient request

Examples: Home Care, DME, CT/MRI, etc.

## Concurrent Review

Review inpatient request

Examples: Acute Hospital, Skilled Nursing Facility, NICU, Rehabilitation, etc.

# Prior Authorization

Texas Department of Insurance (TDI) Standard  
Prior Authorization Request Form for Health Care  
Services

Request for Prior Authorization Form:

STAR and CHIP Fax: 1-855-653-8129

STAR Kids Fax: 1-866-644-5456

Submittal of Medical Records not accepted in place  
of Prior Authorization

Include Prior Authorization Number on claim form for  
faster processing

# Neonatal Intensive Care Unit (NICU) Members

- BCBSTX utilizes MCG Guidelines to determine appropriate level of care (LOC)
- NICU admissions are unique in that the member may stay for an extended period
- Levels of care can vary throughout the stay
- Progression can go from higher to lower level, then back to higher level, depending on acuity
- Clear and detailed documentation of baby's current clinical status helps ensure appropriate LOC determination
- NICU authorization should be requested as soon as baby is admitted to NICU
- Always reference authorization number in all communication about baby including claims submissions

# Services Not Requiring a Prior Authorization

In Network  
services not  
requiring a prior  
authorization

- Diagnosis and treatment of sexually transmitted diseases
- Testing for the Human Immunodeficiency Virus (HIV)
- Family Planning services to prevent or delay pregnancy
- Behavioral Health Outpatient Services
- Annual Well-Women exam
- Prenatal services
- Texas Health Steps
- **Additional Services may apply**

# Post Stabilization Care

## Stabilized Members

- Require notification of admission for post-stabilization care
- Within one business day following treatment of an emergency condition
- Failure to timely notify and obtain pre-approval may result in denial of claim

# Questions



## Important Utilization Management Questions

Three most important questions for Utilization Management (UM) request are:

- What service is being requested?
- When is the service scheduled?
- What is the clinical justification?





# Reviews

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# Nurse Review

Nurses utilize the following to determine whether or not coverage of a request can be approved:

- If the request meets criteria, then the nurse will authorize the request
- Nurses review for medical necessity only, and never initiate denial
- If the request does not appear to meet criteria, the nurse refers the request to a Peer Clinical Reviewer (PCR) – aka Physician Reviewer

Clinical  
Guidelines

Medical Policies

MCG  
Guidelines

Plan Benefits

# Physician Review

- The Peer Clinical Review (PCR) reviews the cases that are not able to be approved by the nurse
- Only a physician can deny service for lack of medical necessity
- If denied by the PCR, the UM staff will notify the provider's office of the denial. Providers have the right to:

Request a peer-to-peer  
discussion with the reviewing  
physician

## Appeal UM adverse determinations:

- Submit no later than 60 calendar days from the date of the letter that explains the reason for your denial of coverage for a medical service.
- Providers can file an appeal, or expedited appeal by:

Phone:  
BCBSTX Customer  
Service  
1-877-688-1811  
Or  
Fax 1-855-235-1055

Mail:  
Blue Cross and Blue Shield  
of Texas  
C/O Complaints and Appeals  
Department  
P.O. Box 660717  
Dallas, TX 75266

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# **Case Management**

# Case Management

The mission of Case Management (CM) is to empower members to take control of their health care needs by coordinating quality health care and the optimization of benefits

The CM team includes credentialed, experienced registered nurses many of whom are Certified Case Managers (CCMs) as well as social workers

Social Workers add valuable skills that allow us to address not only the member's medical needs, but also any psychological, social and financial issues

Providers, nurses, social workers and members, or their representative, may refer members to Case Management  
STAR and CHIP: 1-877-560-8055  
STAR Kids: 1-877-784-6802

# Submitting Appeals and Complaints

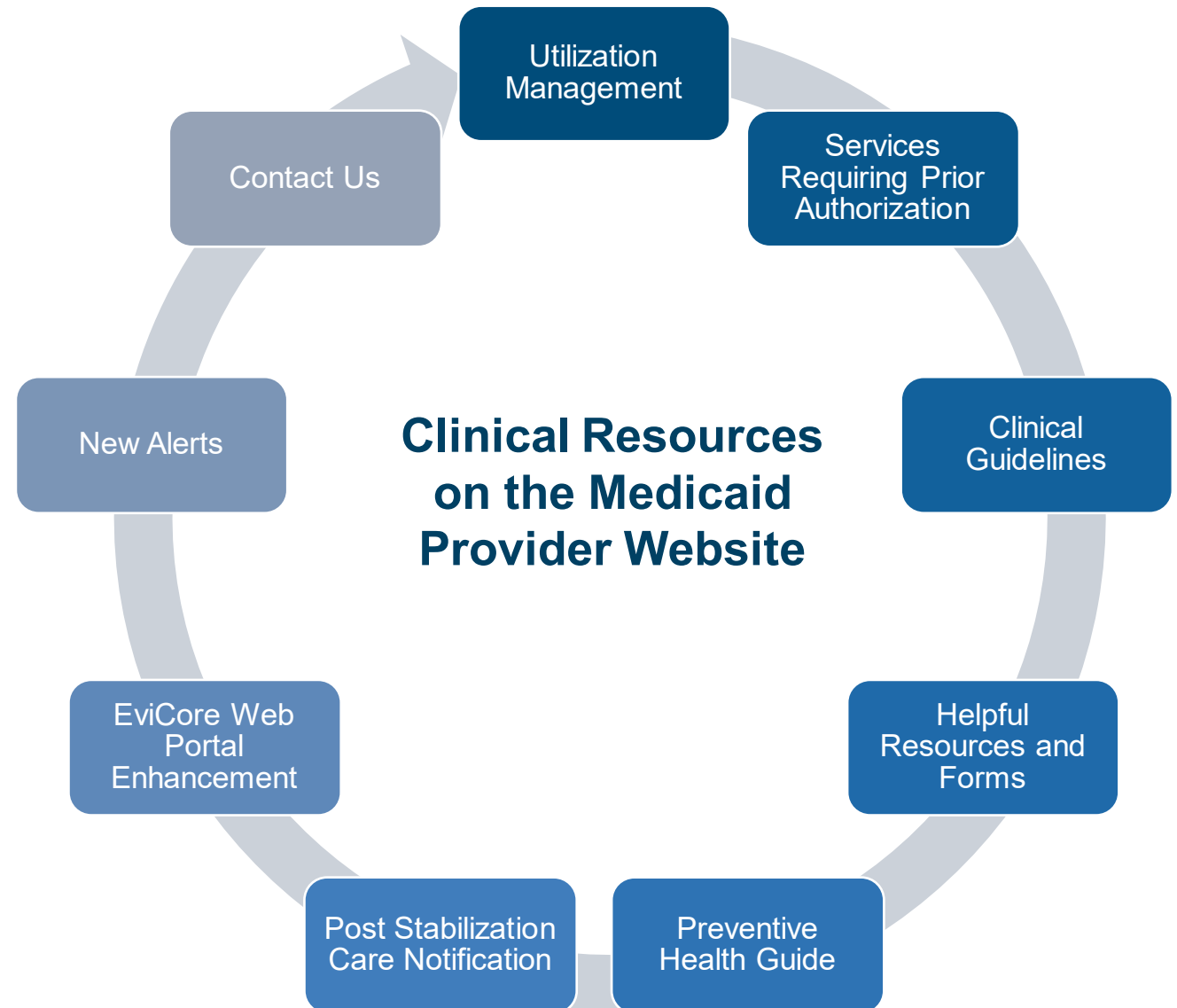
Blue Cross and Blue Shield of Texas  
Attn: Complaints and Appeal Department  
P.O. Box 660717  
Dallas, TX 75266  
Fax: 1-855-235-1055

# BCBSTX Medicaid Provider Website Clinical Resources



Website link:

<https://www.bcbstx.com/provider/medicaid/index.html>





BlueCross BlueShield of Texas

## Questions?

Please contact:

BCBSTX Network Representatives

Phone: 1-855-212-1615

[TexasMedicaidNetworkDepartment@bcbstx.com](mailto:TexasMedicaidNetworkDepartment@bcbstx.com)



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**Thank you for attending our  
training**