



BlueChoice Select 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 member self directed benefit plan, offering members the choice to seek care within the network and receive the highest level of benefits or to go out-of-network and incur a lower level of benefits. This is a PPO subset.</p> | <p>Hospital Network:</p> <p>There are network contracted hospitals in Illinois and Indiana.</p> <p>Physician Network:</p> <p>The physician network requires PPO and BlueChoice physician contracts**.</p> <p>Ancillary Networks:</p> <ul style="list-style-type: none"> ▪ Home Infusion ▪ Certified Nurse Midwives ▪ Speech, Occupational and Physical Therapy <p>**Visit http://www.bcbsil.com/ and select "Provider FinderSM" for contracted primary care physicians and specialists.</p> <p>Members self refer to network physicians and hospitals for in-network benefits.</p> | <p>Network physicians must utilize any independent BCBSIL PPO contacted 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>It is the member's responsibility to call to precertify the following services:</p> <ul style="list-style-type: none"> ▪ Inpatient admission ▪ Home Health services ▪ Skilled Nursing Facility admission ▪ Human Organ Transplants ▪ Inpatient Rehabilitation ▪ Private Duty Nursing <p>Precertification telephone number is located on the back of the member's ID card.</p> | <p>No referrals required for BlueChoice Select.</p> <p>Mental Health/Chemical Dependency: It is the member's responsibility to call Mental Health/Chemical Dependency to precertify any in- or out-of-network care. Call 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>Professional providers:</p> <ul style="list-style-type: none"> ▪ Must bill 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 copayments 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"> ▪ Clinical Quality Indicators ▪ Utilization Cost Efficiency (UCE) ▪ 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 with the above time frames will not be eligible for payment.</p> |

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

BlueChoice Select Identification Card

BlueChoice Select members are identified by the alpha prefix (**XOU**).

BlueChoice Select Identification Card:

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|---|---|---|
|  | BlueCross BlueShield of Illinois | BlueChoice Select |
| Subscriber Smith, John M. | | |
| Identification No. XOU111223333 | | |
| Group No. 0M9930 | Plan Codes: 121/621 | |
|  | PRIME: BIN# 011552 PCN: ILDR |  |