



BlueCross BlueShield
of Texas



REFERRAL PROCESS

State of Texas Access Reform (STAR) and Children’s Health Insurance Program (CHIP) Members

OVERVIEW	PRIMARY CARE PHYSICIAN REFERRAL PROCESS	SPECIALIST REFERRAL PROCESS
<p>Purpose — To provide guidance on how to refer STAR and CHIP Members to Specialists and other Professional Providers.</p> <p>For More Information — Refer to the BCBSTX Provider Manual on our Web site at: http://www.bcbstx.com/provider/medicaid/education_reference.html</p>	<p>In-Network Referrals — Primary Care Physicians (PCPs) may refer Members to in-network Specialists and other Professional Providers by completing and faxing the Record of Referral to Specialty Care Form to the Provider the Member is being referred to.</p> <p>The Record of Referral to Specialty Care Form can be obtained on our Web site: http://www.bcbstx.com/provider/medicaid/forms.html</p> <p style="text-align: center;">MEMBER SELF REFERRALS</p> <p>Members can self-refer for the following:</p> <ul style="list-style-type: none"> • Diagnosis and treatment of sexually transmitted diseases • Testing for the Human Immunodeficiency Virus (HIV) • Behavioral Health Services • Annual Well Woman exam (in-network only) • Prenatal services/obstetric care (in-network only) • Family planning services to prevent or delay pregnancy 	<p>In-Network Referrals — Specialists may refer Members to other in-network Specialists and Professional Providers by completing and faxing the Record of Referral to Specialty Care Form to the Provider the Member is being referred to.</p> <p>The Record of Referral to Specialty Care Form can be obtained on our Web site: http://www.bcbstx.com/provider/medicaid/forms.html</p> <p>Keep the Member’s PCP Informed — Specialists and other Professional Providers are required to provide updates to the Member’s PCP (or referring physician) about the Member’s diagnosis and treatment plan.</p> <p>Claims Billing —Enter the referring Provider’s name in Box 17 and their National Provider Identifier (NPI) in Box 17B on the CMS-1500 Claim Form. This information is located on the Record of Referral to Specialty Care Form.</p> <p style="text-align: center;">OUT OF NETWORK CARE</p> <p>ALL OUT OF NETWORK CARE REQUIRES AUTHORIZATION</p> <p>Contact Medical Management at: 877-560-8055 FAX: 855-653-8129 M-F 8AM to 5PM (Central time)</p>