

## N. Regence BlueCross BlueShield of Utah's Traditional Product

### REGENCE BLUECROSS BLUESHIELD OF UTAH'S Traditional Product

Regence BCBSU's traditional network is the oldest network coverage statewide, having started in 1942. Regence BCBSU traditional product is a comprehensive major medical program. Participating providers include physicians, hospitals, dentists, podiatrists, physical therapists, facilities, etc. Participating providers agree to accept Regence BCBSU's allowed amounts as payment in full less amounts identified as the subscriber's responsibility (i.e., deductibles, coinsurance, copayments and non-covered items or services).

Regence BCBSU's provider network also serves as the network for the Utah Uninsurable Risk Pool, also known as the Utah Comprehensive Health Insurance Pool, or HIPUtah. Traditional coverage places the responsibility for all preauthorization requirements on the subscriber. However, we encourage you as a participating provider to assist with these requirements whenever possible. Please refer to our FOCUS list in the Utilization Management section of this manual for a list of the services which need notification/preauthorization.

If a member chooses a provider who participates with the Regence BCBSU traditional network, their out-of-pocket cost is less. Therefore, it is important when referring a member to another provider, or other services needed (i.e., laboratory, radiology, durable medical equipment, home health, etc.), that you choose a provider who also participates within the network. To easily identify other participating providers, we suggest you refer to our Web site at [www.ut.regence.com](http://www.ut.regence.com), where you will find the most current directory information.

For Members enrolled in Regence BCBSU traditional network, you can obtain current benefit information by contacting Customer Service at 1 (800) 624-6519. The following is a list of specific traditional network requirements.

#### Mental Health Care/Chemical Dependency

##### **Prenotification is required for all inpatient admissions.**



- Inpatient services are subject to maximum benefits and may be subject to deductibles and copayment or coinsurance.
- Outpatient services are subject to maximum benefits and may be subject to deductibles and copayment or coinsurance.

## Outpatient Diagnostic Testing

Regence BCBSU will not provide direct reimbursement to physicians for laboratory work performed by an outside laboratory except for cytopathology and tissue pathology. These services must be billed with a 90 modifier. Providers performing CLIA certified laboratory services in their offices may bill for these and will receive direct reimbursement.

## Member Identification Card

Below is a sample of the front and back of a traditional Regence BlueCross BlueShield of Utah member identification card.

						
Regence BlueCross BlueShield of Utah <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>		410/910 <sup>SM</sup>				
Subscriber Name						
Contract Number						
Coverage		Effective Date				
Group Number		Status				
Dntl	RX	ER	OV	Ded	IP	OP

Carry this identification card with you and present it when you or a covered member of your family needs care provided by a doctor or hospital. The coverage codes on the face of this card indicate which benefits are covered by your contract. For questions about your coverage call Customer Service (801) 333-2100, or toll-free 1 (800) 662-0876. Visit our Web site at [www.regence.com](http://www.regence.com).

If RX coverage is indicated: **Argus (Bin #600428 Carrier #0189000)**  
Pharmacy claim questions: 1 (800) 572-0316

Regence BlueCross BlueShield of Utah  
P.O. Box 30270  
Salt Lake City, Utah 84130-0270

File all claims with your local Blue Cross and/or Blue Shield Plan

Possession of this card is not a guarantee of services of payment.