



Commercial Plans

Aetna

- [Reimbursement policy](#) (must be registered with Navinet to view policies)
- [Medical policy](#)
- [Quarterly Newsletter \(West OfficeLink\)](#)
- [Provider Manual](#)
- [Demographic change form](#)
- [Patient claim form](#)
- [Out-of-network disclosure form](#)*
- [Predetermination](#) (referred to as an "organization determination"; Medicare Advantage plans only)

BCBSTX

- [Reimbursement policy](#)
- [Medical policy](#)
- [Newsletter \(Blue Review\)](#)
- [Provider Manual](#) (password: manual)
- [Predetermination](#) - [Blue Choice PPO](#), [Blue Essentials](#), [Blue Advantage HMO](#) and [Blue Premier](#), [Blue Cross Medicare Advantage \(HMO\)](#), [Blue Cross Medicare Advantage \(PPO\)](#)
- [Demographic change form](#)
- [Patient claim form](#)
- [Out-of-network disclosure form](#)*
- [Employee Retirement System of Texas \(ERS\)](#)

Cigna

- [Reimbursement policy](#)
- [Medical policy](#)
- [Newsletter](#)
- [Policies and Procedures](#)
- Demographic change form - contracted providers must [login](#) to Cigna for Healthcare Professionals to use the online change form.
- [Patient claim form](#)
- [Out-of-network disclosure form](#)*
- [Predetermination](#) (referred to as an "organization determination"; Medicare Advantage plans only)

Humana

- [Reimbursement policy](#)

- [Medical policy](#)
- [Newsletter](#)
- [Provider Manual](#)
- Predetermination (coverage determination, advance organization determination, etc.) - obtained through Clinical Intake at 1-800-523-0025 for both commercial and Medicare products.
- [Demographic changes](#) - contact Human Provider relations at providerverification@humana.com
- [Patient claim form](#)

United HealthCare (UHC)

- Reimbursement policy – [Commercial](#) and [Medicare Advantage](#)
- Medical policy – [Commercial](#) and [Medicare Advantage](#)
- [Newsletter](#)
- [Provider Manual](#)
- [Demographic change form](#)
- [Patient claim form](#)
- [Out-of-network disclosure form](#)*
- [Predetermination](#) (referred to as a "coverage decision"; Medicare Advantage plans only)
- [Preauthorization](#) - [Commercial plan FAQs](#)

Appeals and Disputes

- The [Appeals and Disputes Process](#) web page contains instructions for the above payers.

Contract and Fee Schedule Requests

- To request contracts and fee schedules from the above payers, follow the instructions provided [here](#).

Complaints

- To file a complaint, follow the instructions provided [here](#).

* [Texas HB 574](#) - An act regarding out-of-network disclosures that took effect September 1, 2015. This act provides information regarding access to out of network physicians/providers/facilities disclosure forms.

