

Blue Choice PPOSM Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Utilization Management - Prior Authorizations and Referrals	Laboratory and Radiology Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<ul style="list-style-type: none"> Blue Choice PPO physicians and professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. To receive Network benefits, Blue Choice PPO members must receive medical care from Blue Choice PPO physicians and professional providers. No referrals are required. To receive Network benefits, referrals to out-of-network physicians and professional providers must be authorized by the Blue Cross and Blue Shield of Texas (BCBSTX) Utilization Management Department. 	<ul style="list-style-type: none"> Eligibility and benefit information may be obtained through availity.com or a web vendor of your choice or call BCBSTX Provider Customer Service: 800-451-0287* Claim Status may be obtained through the Availity Claim Status Tool or through a web vendor of your choice. To adjust a claim, call BCBSTX Provider Customer Service: 1-800-451-0287* Verification does not apply to administrative services only (ASO) plans. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician or professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 Blue Choice PPO claims must be submitted within 365 days of the date of service. Claims that are not submitted within 365 days from the date of service are not eligible for reimbursement. Physicians and professional providers must submit a complete claim for any services provided to a member. Blue Choice PPO physicians or professional providers may not seek payment from the member for claims submitted after the 365 day filing deadline. <i>* Interactive Voice Response (IVR) system. To access, you must have full member's information, i.e., member's ID, patient date of birth, etc.)</i> <i>** To adjust a claim, you must have a document control number (claim number).</i> 	<ul style="list-style-type: none"> Claim Reviews/ Correspondence should be sent to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 The Claim Review form with instructions is located on the BCBSTX website at: bcbstx.com/provider Select the Education and Reference tab, then select Forms. 	<ul style="list-style-type: none"> Providers should check using Availity® or their preferred vendor if prior authorization or referrals are required for select outpatient or inpatient services and determine if they are managed by BCBSTX Utilization Management or AIM Specialty Health® (AIM). Refer to Utilization Management on the provider website for additional information. Submit requests managed by BCBSTX Utilization Management: <ul style="list-style-type: none"> (1) Online using Availity Authorization & Referrals: <ul style="list-style-type: none"> ✓ Log in to availity.com ✓ Select Patient Registration menu option, choose Authorizations & Referrals, then Authorizations* ✓ Select Payer BCBSTX, then choose your organization ✓ Select Inpatient Authorization or Outpatient Authorization. ✓ Review and submit your authorization. ✓ Refer to Availity Authorizations & Referrals under Provider Tools on the provider website. *Choose Referrals instead of Authorizations if you are submitting a referral request. (2) By Phone: 1-855-896-2701. Submit requests managed by AIM Specialty Health® <ul style="list-style-type: none"> - Online at aimspecialtyhealth.com - Phone - 1-800-859-5299 See also next column for radiology services managed by AIM. Current listings of providers and their NPI numbers are available online through Provider Finder. For case management or to contact the Utilization Management Dept., call 1-800-441-9188. 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Providers should refer outpatient lab services to in-network participating Blue Choice PPO lab providers. To locate participating labs in the Blue Choice PPO network, visit the Provider Finder. <p>Radiology Services</p> <ul style="list-style-type: none"> Providers should check using Availity or their preferred vendor if prior authorization or a Radiology Quality Initiative (RQI) is needed for radiology services managed by AIM. Refer to Utilization Management column for services requiring prior authorization through AIM. For services requiring an RQI, ordering physicians and professional providers must contact AIM for the following services when performed in a physician's or professional provider's office, outpatient department of a hospital or a freestanding imaging center: <ul style="list-style-type: none"> - CT/CTA scans - MRI/MRA scans - SPECT/Nuclear Cardiology Studies - PET Scans Submit AIM services: Online at aimspecialtyhealth.com Phone 1-800-859-5299 Fax 1-800-610-0050 Note: Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests. For routine radiology services not requiring prior authorization or RQI, refer to the Blue Choice PPO and Blue HPN - Provider Manual (Section B (d) - Outpatient Lab and Radiology). 	<p>Important: Not all plans include Behavioral Health benefits</p> <ul style="list-style-type: none"> BCBSTX manages all behavioral health services (mental health and chemical dependency). Members are responsible for requesting prior authorization, although behavioral health professionals and physicians or a family member may request prior authorization on behalf of the patient. All services must be medically necessary. Prior authorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. To obtain prior authorization, call BCBSTX: 1-800-528-7264 Prior authorization must be obtained prior to the delivery of behavioral health services. Refer to the online Blue Choice PPO and Blue HPN - Provider Manual (Section I). All claims should be submitted electronically using BCBSTX Electronic Payor ID: 84980. If the provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 For claims status inquiries, contact Availity or your preferred vendor or call Provider Customer Service: 1-800-451-0287* <p><i>* Interactive Voice Response (IVR) system. To access, you must have full member's information, i.e., member's ID, patient date of birth, etc.)</i></p>

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the **Blue Choice PPO and Blue High Performance - Provider Manual** online at https://www.bcbstx.com/provider/gri/bluechoice_manual.html.



Claims Submission:

- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
 - For support relating to claims that are being sent to the Availity platform, submitters should contact Availity Client Services at **1-800-282-4548**.
 - For support relating to claims and/or other transactions available on the Availity portal or other Availity platforms, submitters should contact Availity Client Services at **1-800-282-4548**.
 - For information on electronic filing, access the Availity website at availity.com.
- Paper claims must be submitted on the Standard CMS-1500 (02/12) or UB04 claim form.
- All claims must be filed with the insured's complete unique ID number including any letter or 3-character prefix.
- Duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period.
- If services are rendered directly by the physician or professional provider, the services may be billed by the physician or professional provider. However, if the physician or professional provider does not directly perform the service and the service is rendered by another provider, only the rendering provider can bill for those services. **Note:** This does not apply to services provided by an employee of a physician and professional provider, e.g. Physician Assistant, Surgical Assistant, Advanced Practice Nurse, Clinical Nurse Specialist, Certified Nurse Midwife and Registered Nurse First Assistant, who is under the direct supervision of the billing physician or professional provider.

ParPlan is a Blue Cross and Blue Shield of Texas (BCBSTX) payment plan under which health care professionals agree to:

- File all claims electronically for BCBSTX patients;
- Accept the BCBSTX allowable amount;
- Bill members only for deductibles, cost-share (coinsurance) and medically necessary services which are limited or not covered; either at the time of service or after BCBSTX has reimbursed the provider;
- Not bill BCBSTX for experimental, investigative or otherwise unproven or excluded services; and
- Not bill either BCBSTX or members for covered services which are not medically necessary.

For All Blue Choice PPO Products, BCBSTX encourages the provider's office to:

- Ask for the member's ID card at the time of a visit;
- Copy both sides of the member ID card and keep the copy with the patient's file;
- Eligibility, benefits, and/or verification requests, contact availity.com or web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID card.
- Claim Status may be obtained through the Availity Claim Status tool or a web vendor of your choice.
- For Claim Adjustments, call BCBSTX Provider Customer Service at **1-800-451-0287***.
- Utilize [Availity Authorization and Referrals](http://www.availity.com) at www.availity.com to obtain: approval of benefits for select outpatient services and inpatient admissions, maternity notifications, or for notification within 48 hours of an emergency hospital admission. Use aimspecialtyhealth.com for AIM managed authorizations. For case management, call the Medical Care Management Department at **1-800-441-9188**.

Provider Record ID and Network Effective Dates:

- A minimum of 30 days advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas: (1) Physical address (primary, secondary, tertiary); (2) Billing address; (3) NPI and Provider Record ID changes; (4) Moving from Group to Solo practice; (5) Moving from Solo to Group practice; (6) Moving from Group to Group practice; and (7) Backup/covering providers.
- **New** Provider Record ID effective dates will be established when the request is received in the BCBSTX corporate office. This applies to all additions, changes and cancellations.
- BCBSTX will not add, change or cancel information related to the Provider Record ID on a retroactive basis.
- Retroactive Provider Record ID effective dates will not be issued.
- Retroactive network participation will not be issued.
- Delays in status change notifications will result in reduced benefits or non-payment of claims filed under the new Provider Record ID.
- If the provider files claims electronically and their Provider Record ID changes, the provider must contact the Availity at **1-800-282-4548** to obtain a new EDI Agreement.
- Submit a **Provider Onboarding form** to obtain a Provider Record ID. Please visit the [Network Participation](#) tab on our website for more information.

BlueCard (Out-of-State Claims):

- To check benefits or eligibility, call 800-676-BLUE (2583)*;
- File all claims that include a 3-character prefix on the member's ID card to BCBSTX (**Note:** The member's unique ID number may contain alpha characters which may or may not directly follow the 3-character prefix);
- File all other claims directly to the Home Plan's address as it appears on the back of the member's ID card;
- For status of claims filed to BCBSTX, contact your electronic connectivity vendor, i.e., Availity or other electronic connectivity vendor or call the toll-free Provider Customer Service number indicated on the member's ID card or as listed on the previous pages for the appropriate plan type.

Blue Choice PPO - Outpatient, Non-Emergency Diagnostic Imaging Services (Statewide):

- AIM Specialty Health® (AIM) will be responsible for managing prior authorizations for some outpatient, non-emergency diagnostic imaging services for **Blue Choice PPO** members.
- Ordering physicians or providers (PCPs & specialists) may need to contact AIM to obtain a **Radiology Quality Initiative (RQI)** for the following services when performed in a physician's or professional provider's office, outpatient department of a hospital or a freestanding imaging center: CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies and PET scans.
- To obtain an AIM Prior Authorization or RQI, contact AIM as follows: Internet: aimspecialtyhealth.com, Call Center: **1-800-859-5299** or by Fax: **800-610-0050** (**Note:** Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests.)
- For routine radiology services not requiring a prior authorization or RQI, refer to the [Blue Choice PPO and Blue HPN - Provider Manual \(Section B\)](#) for more details.

* Interactive Voice Response (IVR) system. To access, you must have full member's information, i.e., member's ID, patient date of birth, etc.) ** To adjust a claim, you must have a document control number (claim number).



The **Affordable Care Act (ACA)** includes a provision that gives Health Insurance Marketplace members who receive **advanced premium tax credits (APTC)** also known as subsidies, a three-month grace period to pay their premium.

• **Grace Period Overview:**

- The three-month grace period is only required for enrollees who have made one full premium payment during the benefit year and who are receiving the **APTC**.
- The health plan is responsible for adjudicating claims during the first month after a member enters the grace period. The claims adjudicated are for dates of service rendered within the first month of this grace period.
- During the second and third months of the grace period, issuers have the choice of either pending the claims or adjudicating the claims and seeking a refund if the member doesn't pay all outstanding premium payments.
- If a member fails to pay all outstanding premiums by the end of the three-month grace period, the health plan must terminate the member's coverage.
- For additional details, go to www.Healthcare.gov

• **How will BCBSTX make providers aware?**

- Eligibility and Benefits Determination will include a paid through date and be provided by:
 - Electronic and/or clearinghouse compliant with the HIPAA 270/271
 - Interactive Voice Response (IVR) / automated telephone system
 - Provider Customer Service
- Reminders to check for grace period status will be included on correspondence related to:
 - Predeterminations
 - Prior authorizations
 - Referrals

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By clicking this link, you will go to a new website/app (“site”). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to Blue Cross and Blue Shield of Texas.

AIM Specialty Health is an independent medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).