

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Prior Authorizations and Referrals	Laboratory and Radiology Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<p>Blue Cross and Blue Shield of Texas (BCBSTX) offers two Consumer Driven Health Plans (CDHP) to choose from – BlueEdge HCA (Health Care Account) and BlueEdge HSA (Health Savings Account).</p> <p>Both of these options include:</p> <ul style="list-style-type: none"> • A PPO plan utilizing the Blue Choice PPOSM network of health care providers • A high deductible – which is offset by the HCA/HSA. • An account (HCA or HSA) established from which the first of any services incurred may be paid on a 100% basis. • No copayments for office visits – office visits are subject to the deductible and coinsurance. • Preventive/Wellness services from in-network providers paid at 100% of the allowable fee, separate from the HCA/HSA (services may include: physicals, diagnostic tests including lab, radiology and mammograms, and well child care and immunizations). • With BlueEdge, providers do not need to collect deductible amounts from the member at the time of service. • After HCA or HSA funds are depleted, the member is responsible for any remaining deductible or coinsurance. • The Provider Claim Summary (PCS) will notify you of any patient responsibility – following receipt of the PCS, the member may be billed for any deductible and coinsurance amount. <p>To receive network benefits, BlueEdge members must receive medical care from a health care provider within their applicable network.</p> <p>Network providers may only bill BlueEdge members for deductibles, coinsurance and non-covered services.</p> <p>If the member has BlueEdge HCA (Health Care Account), here are some important features:</p> <ul style="list-style-type: none"> • HCA is employer funded • Amounts paid from the HCA may be applied to meeting the deductible • Claims are paid by BCBSTX from the HCA account until the account is depleted • After HCA funds are depleted, the member is responsible for any remaining deductible or coinsurance <p>If the member has BlueEdge HSA (Health Savings Account), here are some important features:</p> <ul style="list-style-type: none"> • HSA can be funded from employer, member or both • Amounts for PPO-eligible expenses are applied to meeting the deductible • If member elects, claims are paid by BCBSTX using available HSA account balance until the account is depleted • The member may also access their available funds by use of a debit card or checkbook issued by the HSA administrator 	<ul style="list-style-type: none"> • Eligibility and benefit information may be obtained through availability.com or a web vendor of your choice or call BCBSTX Provider Customer Service: 1-800-451-0287* • Claim status may be obtained through the Availability Claim Status Tool or 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) or out-of-state plans; however, verification will apply to fully insured groups. Contact BCBSTX Provider Customer Service: 1-800-451-0287 • All claims should be submitted electronically. 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 • BlueEdge 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, professional providers, facilities, or ancillary providers must submit a complete claim for any services provided to a member. Blue Choice PPO physicians, professional providers, facilities or ancillary providers may not seek payment from the member for claims submitted after the 365 day filing deadline. * <i>To access eligibility and benefits, you must have full member 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 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 verify through 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 Medical Care Management or AIM Specialty Health[®] (AIM). Refer to Utilization Management on the provider website for additional information. • Requests managed by BCBSTX Utilization Management: (1) Submit Online using Authorizations & Referrals <ul style="list-style-type: none"> ✓ Log in to availability.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 Availability 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[®]: - Online at aimspecialtyhealth.com - Phone - 1-855-252-1117 • 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 other participating labs in the Blue Choice PPO network, visit the Online Provider Directory (Provider Finder). <p>Radiology Services</p> <ul style="list-style-type: none"> • Providers should verify through Availability or their preferred vendor if prior authorization or prenotification is needed for radiology services managed by AIM. • Ordering physicians and professional providers must obtain a Radiology Quality Initiative (RQI) for the following services when performed in a physician's or professional provider's office, outpatient hospital or a freestanding imaging center: <ul style="list-style-type: none"> - CT/CAT scans - MRI/MRA scans - SPECT/Nuclear Cardiology Studies - PET scans • Submit AIM services: <ul style="list-style-type: none"> - Online: 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 part of RQI or AIM prior authorizations 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 & 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 member. 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 before the delivery of behavioral health services. • Refer to the online Blue Choice PPO Provider Manual (Section I) for more detailed information. • All claims should be submitted electronically. 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 your electronic connectivity vendor, i.e., Availity or other electronic connectivity vendor or call Provider Customer Service: 1-800-451-0287* <p><i>*Interactive Voice Response (IVR) system. To access, you must have full members 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 HPN - Provider Manual online at bcbstx.com/provider/gr/



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 UB-04 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 or 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 member 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 a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID
- Claim Status may be obtained through the Availity Claim Status tool or a web vendor of your choice.
- For Claim Adjustments, call Blue Cross and Blue Shield of Texas Provider Customer Service at **1-800-451-0287****.
- Utilize the [Availity Authorizations & Referrals](#) to obtain: approval of referrals, 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 Dept., at **1-800-441-9188**.

Provider Record 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 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 **1-800-676-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 ID card;
- For status of claims filed to BCBSTX, contact availity.com or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID card.

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

- AIM Specialty Health® (AIM) will be responsible for managing some outpatient, non-emergency diagnostic imaging services for **BlueEdge PPO** members.
- Ordering physicians or providers (PCPs & specialists) must 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 a RQI, contact AIM as follows: Call Center: **800-859-5299**, Internet: aimspecialtyhealth.com . **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 part of the 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 members information, i.e., member's ID, patient date of birth, etc.) **To adjust a claim, you must provide a Document Control Number (claim number)*

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).