

BlueChoice® Annual Maximum Plan Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Correspondence, Claim Appeals & Reconsiderations	Referrals & Precertification	Laboratory & Radiology Services	Behavioral Health (Mental Health & Chemical Dependency)
<p>• BlueChoice physicians/professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.</p> <p>PPO</p> <p>• To receive Network benefits, BlueChoice subscribers must receive medical care from BlueChoice physicians/professional providers. (No referrals are required)</p> <p>• To receive Network benefits, referrals to out-of-network physicians/professional providers must be authorized by the Utilization Management (UM) Dept.</p> <p>Annual Maximum Plan</p> <ul style="list-style-type: none"> • A select number of Annual Benefit Maximum plans are now available to group sizes 2-50. • The Annual Benefit Maximum limit of \$100,000 does not have inside benefit limits. It applies only to an annual limitation. • An identifier is included on the Annual Maximum plan ID Card. See sample on page 3. 	<p>• To check benefits, eligibility, claims status or request verification, call Provider Customer Service:</p> <p style="text-align: center;">1-800-451-0287</p> <p>• All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980.</p> <p>• If the physician/professional provider must file a paper claim, mail claim to:</p> <p style="text-align: center;">BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</p> <p>• BlueChoice (PPO & POS) 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 must submit a complete claim for any services provided to a subscriber. BlueChoice Physicians/Professional Providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline.</p>	<p>• All correspondence, claim appeals and reconsiderations should be sent to:</p> <p style="text-align: center;">BlueChoice Claim Appeals/ Reconsiderations P.O. Box 660044 Dallas, TX 75266-0044</p> <p>• The Claim Appeal/ Reconsideration Review form with instructions is on the BCBSTX Web site:</p> <p style="text-align: center;">www.bcbstx.com/provider</p>	<p>• Access the iEXCHANGE Web application through the BCBSTX Web site:</p> <p style="text-align: center;">www.bcbstx.com/provider</p> <p>or call the iEXCHANGE Interactive Voice Response (IVR) System 1-800-413-0869, 24 hours a day, 7 days a week.</p> <p>• Current listings of providers and their NPI or MCO ID numbers are available online through iEXCHANGE Web or Provider Finder®.</p> <p>• For questions or problems, call the iEXCHANGE Support Desk</p> <p style="text-align: center;">1-800-441-9188, select 1, then select 4</p> <p>• For case management or to contact the Utilization Management (UM) Dept., call:</p> <p style="text-align: center;">1-800-441-9188, select 1, then select 3</p> <p>• For precertification information, refer to the BCBSTX Web site address:</p> <p style="text-align: center;">www.bcbstx.com/provider</p> <p>or refer to the BlueChoice Provider Manual (Sections D & E).</p>	<p>Laboratory Services</p> <ul style="list-style-type: none"> • Laboratory Corporation of America (LabCorp) is the preferred lab for all outpatient clinical reference laboratory services. • For locations or questions, contact LabCorp at <p style="text-align: center;">1-888-LABCORP or visit LabCorp's Web site:</p> <p style="text-align: center;">www.labcorp.com</p> <ul style="list-style-type: none"> • To locate other participating labs in the BlueChoice network, visit the Online Provider Directory through the BCBSTX Web site: <p style="text-align: center;">www.bcbstx.com</p> <p>Radiology Services</p> <ul style="list-style-type: none"> • Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician's/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 • To obtain a RQI number, contact AIM as follows: <p style="text-align: center;">Call Center: 1-800-859-5299 Internet: www.americanimaging.net Fax: 1-800-610-0050</p> <ul style="list-style-type: none"> • For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B). 	<ul style="list-style-type: none"> • INROADS® <i>Behavioral Health Services of Texas, L.P.</i>, coordinates the behavioral health (mental health & chemical dependency) services for the majority of BlueChoice subscribers. • To obtain precertification, benefits or eligibility, call: INROADS® <i>Behavioral Health Services</i> <p style="text-align: center;">1-800-528-7264</p> <ul style="list-style-type: none"> • The patient, Primary Care Physician (PCP) or behavioral health professional must contact INROADS® <i>Behavioral Health Services</i> to obtain a precertification for all inpatient and outpatient behavioral health services. • Precertification must be obtained prior to the delivery of behavioral health services. • All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 • If the physician/professional provider must file a paper claim, mail claim to: <p style="text-align: center;">BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</p> <ul style="list-style-type: none"> • For claims processing questions or status, call Provider Customer Service, <p style="text-align: center;">1-800-451-0287</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 BlueChoice Physician & Professional Provider Manual online at www.bcbstx.com/provider.

Additional Information Page

Claims Submission: • All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980** and the Receiver Type is **G**.

- For support relating to claims that are being sent to the Availity platform, submitters should contact Availity Client Services at (877) 334-8446 or (972) 766-5480 (*Dallas area*).
- 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 800.AVAILITY (282-4546).
- For information on electronic filing, access the Web site at www.availity.com
- Paper claims must be submitted on the Standard CMS-1500 (08/05) or UB04 claim form.
- All claims must be filed with the insured's complete unique ID number including any letter or 3-digit alpha 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/professional provider, the services may be billed by the physician/professional provider. However, if the physician/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/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/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 subscribers 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 subscribers for covered services which are not medically necessary.

For All BlueChoice® products, HMO Blue® Texas and Traditional / Indemnity plans, BCBSTX encourages the provider's office to:

- Ask for the subscriber/member ID card at the time of a visit;
- Copy both sides of the subscriber/member ID card and keep the copy with the patient's file;
- Call the toll-free Provider Customer Service number indicated on the subscriber's/member's ID card or as listed on the previous page for the appropriate plan type to:
 - check benefits, eligibility or request for verification
 - inquire on claims status and/or claim problems
- Utilize the iEXCHANGE IVR (1-800-413-0869) or the iEXCHANGE Web application (www.bcbstx.com/provider) to obtain: referrals, inpatient certifications, maternity notifications, or for notification within 48 hours of an emergency hospital admission. For case management, call the Utilization Management (UM) Department at **1-800-441-9188**, select 1, then select 3

Provider Record & 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 & Provider Record 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 effective dates will be established as of the date the completed application 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 on a retroactive basis.
- Retroactive Provider Record 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.
- If the provider files claims electronically and their Provider Record changes, the provider must contact the Availity Health Information Network at (877) 334-8446 or (972) 766-5480 (*Dallas area*) to obtain a new EDI Agreement.
- For Provider Record questions or to obtain a Provider Record application, please contact the Provider Services department at (972) 996-9610, *press 3*.

BlueCard (Out-of-State Claims):

- To check benefits or eligibility, call 1-800-676-BLUE (2583);
- File all claims that include a 3-digit alpha prefix on the subscriber/member ID card to BCBSTX (**Note:** The subscriber's/member's unique ID number may contain alpha characters which may or may not directly follow the 3-digit alpha prefix);
- File all other claims directly to the Home Plan's address as it appears on the back of the subscriber/member ID card;
- For status of claims filed to BCBSTX contact Provider Customer Service at 1-800-451-0287.

BlueChoice & BlueChoice Solutions* - Outpatient, Non-Emergency Diagnostic Imaging Services (Statewide):

(*Note: Effective July 1, 2008, the RQI program will no longer apply to [BlueChoice Solutions subscribers](#))

- American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic imaging services for BlueChoice & BlueChoice Solutions' subscribers.
- Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician'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 number, contact AIM as follows: **Call Center:** 1-800-859-5299, **Internet:** www.americanimaging.net or **by Fax:** 1-800-610-0050
- For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B).

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BlueCross
BlueShield



www.bcbstx.com

Subscriber **FirstName M. LastName**

Identification No. **ZGP123456789**

Group No. **081845**

Coverage Date **10-01-05**

BC Plan **400** BS Plan **900**

Family **DENTF**

Office Copay **\$15**

Emergency Copay **\$50**

RX Generic Copay **\$10**

Network No. **PTXOA**

RX Brand Copay **\$15/\$30**



**Annual Benefit
Maximum: \$100,000**

TDI