BlueCross BlueShield of Texas

BlueCard (Out-of-State Plans)
Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Correspondence, Claim Appeals & Reconsideration	Precertification	Laboratory & Radiology Services	Behavioral Health (Mental Health & Chemical Dependency)
• Benefits vary by plan type. • If the ID number includes an alpha prefix, BCBSTX will be your primary contact for claims filing and customer service. • If the ID number does not include an alpha prefix, you will need to contact the Home Plan directly. Please follow the instructions on the back of the ID card. • Physicians/professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.	• To check benefits or eligibility, call: **1-800-676-BLUE (2583)** • **Verification does not apply to Out-of-State Plans.** • **Claims for all subscribers whose ID cards indicate an alpha prefix should be submitted electronically.** BCBSTX Electronic Payor ID: **84980** • If the physician/professional provider must file a paper claim and the ID Card number includes an alpha prefix, mail claim to: BCBSTX P.O. Box 660044 Dallas, Texas 75266-0044 • For claim status, contact BCBSTX Provider Customer Service: **1-800-451-0287** • Claims for all subscribers whose ID cards do not indicate an alpha prefix should be submitted to the address on the back of the subscriber's ID card. • Services not covered under the BlueCard program include stand alone Dental and Prescription Drug programs. Please contact the patient's Home Plan for information about these services.	• All correspondence, claim appeals and reconsiderations that indicate an alpha prefix on the subscriber's ID card, should be sent to: BCBSTX Claim Appeals/ Reconsiderations P.O. Box 660044 Dallas, TX 75266-0044 • The Claim Appeal/ Reconsideration Review form with instructions is on the BCBSTX Web site: **www.bcbstx.com/ provider** • If the ID number does not indicate an alpha prefix on the subscriber's ID card, contact Customer Service utilizing the phone number on the back of the subscriber's ID card for instructions on where to send correspondence, claim appeals and reconsiderations.	• Please contact the telephone number for precertification listed on the back of the ID card.	**Laboratory Services** • Laboratory Corporation of America (LabCorp) is the **preferred** lab for all outpatient clinical reference laboratory services. • For locations or questions, contact LabCorp at **1-888-LABCORP** or visit LabCorp's Web site: **www.labcorp.com** • To locate other participating labs in the BlueChoice network, visit the Online Provider Directory through the BCBSTX Web site: **www.bcbstx.com/provider** **Radiology Services** • The American Imaging Management (AIM) Radiology Quality Initiative (RQI) program does not apply to BlueCard subscribers.	• Please contact the telephone number for Behavioral Health or Customer Service listed on the back of the subscriber's ID card for instructions.

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 & other Professional Provider - Provider Manual online at www.bcbstx.com/provider.

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BlueCross BlueShield of Texas

Additional Information Page

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 **800.AVAILITY (282-4546)**.
  - 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 precertifications, 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 **800.AVAILITY (242-4546)** 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.

HMO Blue Texas – Outpatient Clinical Reference Lab Services *(Exception: Capitated IPAs/Medical Groups – see note below):*

- For physicians and professional providers located in the following counties, the lab services/procedures that will be reimbursed on a fee-for-service basis ***if performed in the physician's/professional provider's office*** for HMO Blue Texas members are included on the Reimbursable Lab Services list located on the BCBSTX Web site @ **www.bcbstx.com/provider** or located in Section B of the HMO Blue Texas Provider Manual:
  (Austin, Bell, Bexar, Brazoria, Brazos, Calhoun, Chambers, Collin, Comal, Cooke, Dallas, Denton, Ellis, Fannin, Fort Bend, Galveston, Gonzales, Grayson, Grimes, Guadalupe, Hardin, Harris, Hood, Houston, Hunt, Jackson, Jefferson, Johnson, Kaufman, Lavaca, Leon, Liberty, Madison, Matagorda, McLennan, Montague, Montgomery, Orange, Parker, Polk, Robertson, Rockwall, San Jacinto, Somervell, Tarrant, Trinity, Victoria, Walker, Waller, Washington, Wharton & Wise).

Note: *Physicians/professional providers who are contracted/affiliated with a capitated IPA/Medical Group, and physicians/professional providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is a member of a capitated IPA/Medical Group, must contact the applicable IPA/Medical Group for instructions regarding outpatient laboratory services.*

Continued on next page

HMO Blue Texas - Outpatient, Non-Emergency Diagnostic Imaging Services *(Austin, Dallas-Fort Worth & San Antonio Areas ONLY)*:

- American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic imaging services for HMO Blue Texas members in the following counties: *Bastrop, Bexar, Collin, Comal, Dallas, Denton, Ellis, Grayson, Hays, Johnson, Kaufman, Parker, Rockwall, Tarrant, Travis, Williamson and Wise.* **Note**: Precertification is not required for outpatient, non-emergency diagnostic imaging services for HMO Blue Texas members performed by providers located outside of the counties listed. Providers must call AIM to obtain a precertification before scheduling or performing the following services: CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies and PET scans.
- Imaging services performed in conjunction with emergency room services are excluded from this precertification requirement.
- Imaging services performed in conjunction with inpatient hospitalization, outpatient surgery (hospital and freestanding surgery centers) or 23-hour observation may require an HMO Blue Texas precertification for the approved level of care; however, a separate precertification from AIM is not required.
- To obtain a precertification, contact AIM as follows: **Call Center:** 1-800-859-5299, **Internet:** www.americanimaging.net **or by Fax:** 1-800-610-0050

BlueChoice (PPO/POS) - Outpatient, Non-Emergency Diagnostic Imaging Services (Statewide):

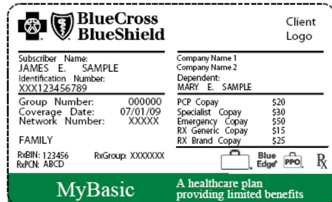
(Note: Effective July 1, 2008, the RQI program no longer applies to BlueChoice Solutions subscribers)

- American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic imaging services for BlueChoice (PPO/POS) 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 Physician & other Professional Provider - Provider Manual (Section B).

Limited Benefit Products and the Importance of Verifying Eligibility:

- Verifying Blue Cross and Blue Shield of Texas (BCBSTX) members' benefits and eligibility is more important then ever, since new products and benefit types entered the market. In addition to patients who have traditional Blue Cross and Blue Shield of Texas PPOs, HMOs, POS or other coverage plans, typically with high lifetime coverage limits, i.e., ($1 million or more), you may also see patients whose annual benefits are limited to $50,000 or less. These plans are called Limited Benefit products.
- Limited Benefit products work like traditional PPO products but with a smaller annual maximum benefit. Because of the smaller benefit cap, members with this coverage are more likely to exhaust their benefits over a year than with a traditional PPO with catastrophic coverage – making verification of these members' eligibility an important part of your processes.
- ***How to Recognize Members with Limited Benefits Products?***
  Patients who have BCBSTX limited benefits insurance coverage carry an ID cards that has:
  - A product name that can vary from Blue Plan to Blue Plan, but appears at the bottom of the ID card, within the **green stripe**
  - A tagline in a **green stripe** at the bottom of the card
  - A **black cross and/or shield** to help differentiate it from other ID cards

Sample ID card:



Please Note: Administrative Services Only (ASO) accounts can elect to utilize the new ID card above or continue with their existing ID cards.

- **How to Find Out Patients Benefits Limits if their Coverage is Limited?**
  Regardless of the benefit product type, we recommend that you verify patient's benefits and eligibility and collect any patient liability (copayment, coinsurance, deductible and/or amount over member benefit coverage limit).
  Here are the steps:
  - Electronically, submit a HIPAA 270 eligibility inquiry to BCBSTX at www.bcbstx.com or via an Electronic Data Interchange (EDI) transaction.
  - By phone, call BCBSTX Provider Customer Service at 1-800-451-0287 and 1-800-676-BLUE eligibility line for out-of-area members.

  Whether you submit an inquiry electronically or by phone, you will receive the member's accumulated benefits to help you understand the remaining benefits left for the member. If the cost of services extends beyond the member's benefit coverage limit, inform the member of any additional liability they might have.
- **What Should I Do if the Patient's Benefit Coverage Limit is Met in the Middle of the Treatment?**
  Annual benefit limits should be handled in the same manner as any other limits on the medical insurance coverage. Any services beyond the covered amounts or the number of treatmenta might be member's liability. If a member exhausts the annual maximum benefit, you may not charge the member more than the current BCBSTX allowable amount. We recommend that you inform the patient of any potential liability they might have as soon as possible.
- **Who do I contact if I have additional questions about Limited Benefit Products?**

If you have any questions regarding BCBSTX or any other Blue Plans' Limited Benefits products, contact BCBSTX at 1-800-451-0287.

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