



IMPORTANT NOTE: Physicians/professional providers contracted/affiliated with a capitated IPA/Medical Group must contact IPA/Medical Group for instructions regarding referral process/providers, outpatient lab & radiology services, precertifications, reimbursement, contracting and claims related questions. Additionally, physicians/professional providers 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 also contact the applicable IPA/Medical Group for instructions.

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Correspondence, Claim Appeals & Reconsiderations	Referrals & Precertification (See "Important Note" above)	Laboratory & Radiology Services (See "Important Note" above)	Behavioral Health (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> Members must select an HMO Blue Texas Primary Care Physician (PCP). HMO Blue Texas physicians/professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. Some services may be self-referred to an HMO Blue Texas physician/professional provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the member's benefit plan. To receive benefits, all medical care must be directed by the selected HMO Blue Texas PCP. A PCP referral is required to all HMO Blue Texas Specialty Care Physicians/Professional Providers (SCP). To receive benefits, referrals to out-of-network physicians/professional providers must be authorized by the Utilization Management (UM) Dept. 	<ul style="list-style-type: none"> To check benefits, eligibility, claims status or request verification, call HMO Blue Texas Provider Customer Service at: 1-877-299-2377 Verification does not apply to administrative services only (ASO) plans. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician/professional provider must file a paper claim, mail claim to: HMO Blue Texas, P.O. Box 660044, Dallas, TX 75266-0044 Effective April 21, 2008* Claims must be submitted within 180 days of the date of service. Claims that are not submitted within 180 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 member. HMO Blue Texas Physicians/Professional Providers may not seek payment from the member for claims submitted after the 180 day filing deadline. *Note: Prior to April 21, 2008, the claims filing deadline was 95 days. 	<ul style="list-style-type: none"> <u>All</u> correspondence, claim appeals and reconsiderations should be sent to: HMO Blue Texas 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 	<ul style="list-style-type: none"> Access the iEXCHANGE Web application through the BCBSTX Web site: www.bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 1-800-413-0869, 24 hours a day, 7 days a week. Current listings of providers and their NPI or MCO ID numbers are available online through iEXCHANGE Web or Provider Finder®. For questions or problems, call the iEXCHANGE Support Desk at 1-800-441-9188, select 1, then select 4 For case management or to contact the Utilization Management (UM) Dept., call 1-800-441-9188, select 1, then select 3 For referral and precertification information, refer to the BCBSTX Web site address: www.bcbstx.com/provider or refer to the HMO Blue Texas Provider Manual (Sections D & E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Laboratory Corporation of America (LabCorp) is the exclusive lab for HMO Blue Texas for all outpatient clinical reference laboratory services. (<i>Exceptions: IPAs/Medical Groups, see "IMPORTANT NOTE" above.</i>) For physicians/professional providers located in the counties listed on the Additional Information page, the lab services/procedures that will be reimbursed on a fee-for-service basis if performed in the physician's/professional provider's office, 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. For locations or questions, contact LabCorp at 1-888-LABCORP, or visit LabCorp's Web site at: www.labcorp.com <p>Radiology Services <i>Austin, Dallas/Fort Worth & San Antonio Areas Only</i></p> <ul style="list-style-type: none"> For outpatient, non-emergency diagnostic imaging services, physicians/professional providers in the counties referenced on the Additional Information page must call American Imaging Management (AIM) to obtain a precertification before scheduling or performing the following services: <ul style="list-style-type: none"> - CT/CTA scans - MRI/MRA scans - SPECT/Nuclear Cardiology studies - Pet scans 	<ul style="list-style-type: none"> Magellan Behavioral Health Provider of Texas, Inc. (Magellan) coordinates all behavioral health (mental health & chemical dependency) services for HMO Blue Texas members. To obtain precertification, check benefits, eligibility, claims status/problems or verification, call Magellan Behavioral Health at 1-800-729-2422. The patient, Primary Care Physician (PCP) or behavioral health professional must contact Magellan to precertify all inpatient and outpatient behavioral health services. Precertification must be obtained prior to the delivery of care for behavioral health services. Physician/professional provider is responsible for filing claims. Mail claims to: Magellan Behavioral Health Attn: Claims P.O. Box 1659 Maryland Heights, MO 63043

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 HMO Blue Texas Physician & Professional Provider Manual online at www.bcbstx.com/provider.

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 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 **800.AVAILITY (282-4546)** 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:
(Atascosa*, 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, *Medina**, Montague, Montgomery, Orange, Parker, Polk, Robertson, Rockwall, San Jacinto, Somervell, Tarrant, Trinity, Victoria, Walker, Waller, Washington, Wharton, *Wilson* & Wise*). ***Atascosa, Medina & Wilson were removed effective January 1, 2008 from the HMO Blue Texas Outpatient capitated county listing.**

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.



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) & BlueChoice Solutions* (PPO/POS) - 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 (PPO/POS) & BlueChoice Solutions' (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).

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 applicable online provider manual at www.bcbstx.com/provider.