



BlueCross BlueShield of Texas

Recoupment Process – BlueChoice & BlueChoice Solutions (PPO/POS) Introduction

Under “Refund Policy – BlueChoice/BlueChoice Solutions” in the same Recoupments/ Refunds section on the BCBSTX Web site as this article, Blue Cross and Blue Shield of Texas (BCBSTX) has 180 days following the payee’s receipt of an overpayment to notify a physician or provider that the overpayment has been identified and to request a refund.* For additional information on the BCBSTX BlueChoice/BlueChoice Solutions Refund Policy, including when a physician or provider may submit an appeal and when an overpayment may be placed into recoupment status, see “Refund Policy – BlueChoice/BlueChoice Solutions”.

Note: In some unique circumstances a physician or provider may request, in writing, that BCBSTX review all claims processed during a specified period; in this instance all underpayments and overpayments will be addressed on a claim-by-claim basis.

* The refund request letter may be sent at a later date when the claim relates to BCBSTX accounts and transactions that are excluded from the requirements of the Texas Insurance Code and other provisions relating to the prompt payment of claims, including:

- Self-funded ERISA (Employee Retirement Income Security Act)
- Indemnity Plans
- Medicaid, Medicare and Medicare Supplement
- Federal Employees Health Benefit Plan
- Self-funded governmental, school and church health plans
- Employee Retirement System
- Texas Health Insurance Risk Pool
- Out-of-state Blue Cross and Blue Shield plans (BlueCard)
- Out-of-network (non-participating) providers
- Out-of-state provider claims including Away From Home Care

Recoupment Process – BlueChoice & BlueChoice Solutions (PPO/POS)

When a physician’s or provider’s overpayment is placed into a recoupment status, the claims system will automatically off-set future claims payment and generate a Provider Claims Summary (PCS) to the physician or provider (Recoupment Process). The PCS will indicate a recouped line along with information concerning the overpayment of the applicable BlueChoice or BlueChoice Solutions claim(s).

To view an example of a recoupment, please refer to the sample PCS on page 2 below.

For additional information or if you have questions regarding the BCBSTX BlueChoice/BlueChoice Solutions Recoupment Process, please contact **1-800-451-0287** to speak with a Customer Service Advocate.

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Sample PCS Recoupment

DATE: 12/05/05
 PROVIDER NUMBER: XXXXX
 CHECK NUMBER: 999999
 TAX IDENTIFICATION NUMBER: XXXXXXXX

TEST PROVIDER
 123 ADDRESS
 CITY TX 76401-0007

ANY MESSAGES WILL BEGIN ON PAGE 1

PATIENT: A. PATIENT
 PERF PRV: 0000000000000000XXXXXX IDENTIFICATION NO: ZGHOST-SSAXXXXXXXXXX
 CLAIM NO: 00000101010101010101 PATIENT NO: 999999999MS CLAIM TYPE: MCP

FROM / TO DATES	PS*	TS**	PROC CODE	AMOUNT BILLED	CONTRACT ALLOWABLE	SERVICES NOT COVERED	DEDUCTIONS/OTHER INELIGIBLE	AMOUNT PAID
08/20-08/20/05	03	2	67038	15,900.00	10,300.00	5,600.00 (1)	1,137.67 (2)	9,162.33
				15,900.00	10,300.00	5,600.00	1,137.67	9,162.33

AMOUNT PAID TO PROVIDER FOR THIS CLAIM: \$9,162.33

DEDUCTIONS/OTHER INELIGIBLE
 PORTION ELIGIBLE FOR PAYMENT BY ANOTHER CARRIER/MEDICARE: 1,137.67
 DEDUCTIONS/OTHER INELIGIBLE: \$1,137.67
 TOTAL SERVICES NOT COVERED: 5,600.00
 PATIENT'S SHARE: \$0.00

RECOUPMENTS TAKEN

PAT NAME	PAT ACCT NO	GROUP-SUBS NUMBER	CLAIM NUMBER	FROM/TO DATES	AMOUNT REASONS
DOE J	00000000000	ABCTX-000000000	9812345689986	02/09-02/09/05	\$8,122.25 OVERPAYMENT

PROVIDER CLAIMS		AMOUNT SUMMARY	
NUMBER OF CLAIMS:	1	AMOUNT PAID TO SUBSCRIBER:	\$0.00
AMOUNT BILLED:	\$15,900.00	AMOUNT PAID TO PROVIDER:	\$9,162.33
AMOUNT OVER MAXIMUM ALLOWANCE:	\$0.00	RECOUPMENT AMOUNT:	\$8,122.25
AMOUNT OF SERVICES NOT COVERED:	\$6,737.67	NET AMOUNT PAID TO PROVIDER:	\$1,040.08
AMOUNT PREVIOUSLY PAID:	\$0.00		

* PLACE OF SERVICE (PS) 03. PHYSICIAN'S OFFICE. | ** TYPE OF SERVICE (TS) 2. SURGERY

MESSAGES:

- PAYMENT CANNOT EXCEED THE ALLOWABLE CHARGE DETERMINED BY MEDICARE.
- THE MEMBER/PATIENT MAY HAVE HEALTH COVERAGE THROUGH ANOTHER CARRIER/MEDICARE. EXPENSES MAY BE ELIGIBLE FOR PAYMENT BY THAT CARRIER. BLUE CROSS BLUE SHIELD REQUIRES ADDITIONAL INFORMATION FROM THE SUBSCRIBER REGARDING POSSIBLE OTHER COVERAGE TO FURTHER DETERMINE THIS CLAIM.