

## Refund Policy – BlueChoice® PPO & POS

Blue Cross and Blue Shield of Texas (BCBSTX) under its BlueChoice plan, strives to pay claims accurately the first time; however, when payment errors occur, BCBSTX needs your cooperation in correcting the error and recovering any overpayment.

### When a Physician or Other Health Care Provider Identifies an Overpayment:

- If you identify a refund due to BCBSTX, please submit your refund to the following address:

Blue Cross and Blue Shield of Texas  
P.O. Box 731431  
Dallas, TX 75373-1431

- [View Provider Refund Form](#)

### When BCBSTX Identifies an Overpayment:

If BCBSTX identifies an overpayment, a refund request letter will be sent to the payee within 180 days following the payee's receipt of the overpayment that explains the reason for the refund and includes a remittance form and a postage-paid return envelope. In the event that BCBSTX does not receive a response to their initial request, a follow-up letter is sent requesting the refund.

- Within 45 days following its receipt of the initial refund request letter (Overpayment Review Deadline), the Physician or Provider may request a claim review of the overpayment determination by BCBSTX by submitting a Claim Review form in accordance with the Claim Review Process referred to below. In determining whether this deadline has been met, BCBSTX will presume that the refund request letter was received on the 5<sup>th</sup> business day following the date of the letter.
- If BCBSTX does not receive payment in full within the Overpayment Review Deadline, we will recover the overpayment by offsetting current claims reimbursement by the amount due BCBSTX (refer to Recoupment Process below) after the later of the expiration of the Overpayment Review Deadline or the completion of the Claim Review Process provided that the Physician or Provider has submitted the Claim Review form within the Overpayment Review Deadline.
- For information concerning the Recoupment Process, please refer to the "Recoupment Process – BlueChoice PPO & POS" on pages F-38 & F-39 of Section F in the [BlueChoice Physician & other Professional Provider – Provider Manual](#) or go back to the same **Recoupments/Refunds** section on the BCBSTX Provider website as this article.

**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.

For additional information or if you have questions regarding the BlueChoice PPO & POS Refund Policy, please contact **800-451-0287** to speak with a BCBSTX Customer Advocate. If you want to request a review of the overpayment decision, please view the [Claim Review Process](#) along with the Claim Review Form & Instructions or review pages F-35 through F-37 of Section F in the [BlueChoice Physician & other Professional Provider – Provider Manual](#). You can also locate the Claim Review Form & Instructions on the BCBSTX Provider website at [bcbstx.com/provider](http://bcbstx.com/provider). The information is located under the Education & Reference Center tab/Forms section.

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## Refund Letters – Identifying Reason for Refund

BCBSTX's refund request letters under its BlueChoice plan include information about the specific reason for the refund request, as follows:

- Your claim should have been authorized and processed by American Imaging Management (AIM).
- The services rendered require *Preauthorization/Referral*; none was obtained.
- Your claim was processed with an *incorrect copay/coinsurance or deductible*.
- Your claim was received after the timely filing period; *proof of timely filing needed*.
- Your claim was processed with the *incorrect fee schedule/allowed amount*.
- Your claim should be submitted to the member's *IPA or Medical Group*.
- Your claim was processed with the *incorrect anesthesia time/minutes*.
- Your claim was processed with in-network benefits; however, it should have been processed with *out-of-network benefits*.
- Total charges processed exceeded the amount billed.
- Per the Member/Provider this claim was submitted in error.
- *Medicare should be primary* due to ESRD. Please file with Medicare and forward the EOMB to Blue Cross and Blue Shield.
- The patient has *exceeded the age limit* and is not eligible for services rendered.
- The patient listed on this claim is *not covered under the referenced policy*.
- The dependent was *not a full time student* when services were rendered; benefits are not available.
- The claim was processed with *incorrect membership information*.
- The services were performed by the anesthesiologist; however, they were *paid at the surgeon's benefit level*.
- The services were performed by the assistant surgeon; however, they were *paid at the surgeon's benefit level*.
- The services were performed by the co-surgeon; however, they were *paid at the surgeon's benefit level*.
- The service rendered was considered a *bilateral procedure*; separate procedure not allowed.
- Claims submitted for rental; *DME has exceeded purchase price*.

**Note:** 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 Pool (THIP)
- 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