

# Blue Cross and Blue Shield of Texas Medicaid Contact List for Providers

## PROVIDER CONTACT INFORMATION

The following information refers to the following plans:

provider's status, access the Online Provider Directory)

- Medicaid (STAR)
- CHIP
- STAR Kids

Customer Service	STAR/CHIP	STAR Kids
8 a.m. – 5 p.m. CST, M-F	1-877-560-8055	1-877-784-6802
Provider Relations	Phone: 1-855-212-1615 Email: TexasMedicaidNetworkDepartment@bcbstx.com	
PROVIDER DIRECTORY		
Online Provider Finder or Provider Status (To verify a	Online Provider Directory	

Provider Finder®

#### CLAINAC AND DAYNAENIT

Electronic Medical Claim Submission	BCBSTX Electronic Pay	BCBSTX Electronic Payor ID: 66001	
Eligibility, Benefit Information, Claims Status orVerification	Availity® or a web vende	Availity® or a web vendor of your choice	
	STAR/CHIP	STAR Kids	
	1-877-560-8055	1-877-784-6802	
Paper Medical Claim Submission		Blue Cross and Blue Shield of Texas	
	P.O. Box 51422 Amarillo, TX 79159-1422	<u>)</u>	
Medical Appeals & Complaints	Mailing Address (Appe	eals):	
	Blue Cross and Blue Shie	Blue Cross and Blue Shield of Texas	
	Attn: Complaints and Ap	Attn: Complaints and Appeals	
	Department	Department	
	P.O. Box 660717	P.O. Box 660717	
	Dallas, TX 75266-0717	Dallas, TX 75266-0717	
	New Fax (Appeals): 1-8	355-235-1055	
	<b>Email: GPD TX Medicai</b>	d A&G	
	Appeal Form: Provider	Appeal Form: Provider Appeal Request Form	

# UTILIZATION MANAGEMENT/PRIOR AUTHORIZATION

### Blue Cross and Blue Shield of Texas UtilizationManagement Department

(For Medical & Behavioral Health Services and MedicalCoverage Determination, Medical Appeals, Medical Grievances)

Prior Authorizations	STAR/CHIP	STAR Kids
Concurrent Review	Phone: 1-877-560-8055	Phone: 1-877-784-6802
Case Management	Fax: 1-855-653-8129	Fax: 1-866-644-5456

Case Management Referrals (STAR/CHIP)	Phone: 1-877-214-5630	
Service Coordination Referrals (STAR Kids) LTSS Authorization	Phone: 1-877-301-4394 Fax: 1-866-644-5456	
Availity® Authorizations & Referrals: An online tool used to request referrals for specialty care a outpatient services Website: Availity Authorizations & Referrals	and prior authorizations for inpa	atient admissions and select
Blue Cross and Blue Shield TX Medicaid eviCore® PriorAuthorization	eviCore Healthcare Web Portal Phone: 1-855-252-1117	
Prior Authorization List	Prior Authorization List and Reports	
BLUE CROSS and BLUE SHIELD MEDICAID (STAR,	CHIP AND STAR Kids) (Behavioral Health)	
Magellan (Behavioral Health Customer Service)	Phone: 1-800-327-7930 Phone: 1-800-735-2988 TTY	
SUPPORTING VENDORS		
DentaQuest®	Phone: 1-800-516-0165	
MCNA Dental	Phone: 1-800-494-6262	
Davis Vision	Phone: 1-800-773-2847	
Nurse Hotline	STAR / CHIP	STAR Kids
	1-844-971-8906	1-855-802-4614
ModivCare (Transportation Services)	Phone: 1-855-933-6993	
Prime Therapeutics Specialty Pharmacy™	STAR: 1-855-457-0405 CHIP: 1-855-457-0403 STAR Kids (Travis Service Area): 1-855-457-0757 STAR Kids (MRSA Central Area): 1-855-457-0758	

<sup>\*</sup> eviCore is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSTX.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX.

Prime Therapeutics LLC is a pharmacy benefit management company. Blue Cross and Blue Shield of Texas (BCBSTX) contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

<sup>\*\*</sup> Prior authorization determines whether the proposed service or treatment meets the definition of medical necessity under the applicable benefit plan. Prior authorization of a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any Prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.