BlueCross BlueShield of Texas

# Blue Essentials℠ Quick Reference Guide

IMPORTANT NOTE: Health care providers contracted /affiliated with a capitated IPA/Medical Group must contact IPA/Medical Group for instructions regarding referral process/providers, outpatient lab and radiology services, prior authorization, reimbursement and contracting and claims questions. Additionally, health care providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions.

## MAIN CHARACTERISTICS

- **Blue Essentials** members must select a **Blue Essentials** Primary Care Provider.
- **Blue Essentials** providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.
- Some services may be self-referred to a **Blue Essentials** health care 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 **Blue Essentials** PCP. A PCP referral is required to all **Blue Essentials** specialist providers.
- To receive benefits, referrals to out-of-network providers must be authorized by the **Medical Management** Dept.
- Vision Care Services- Provided by EyeMed Vision Care. Members can be directed to www.eyemedvisioncare.com to search for network providers or to call Member Services at **844-684-2255.**
- **Blue Essentials** members 19 and younger will receive their annual eye exam and eye wear from **EyeMed Vision Care** providers. **Blue Essentials** members will continue to use **Blue Essentials** contracted providers for medical eye care. Please include all appropriate diagnosis codes on your claims to accurately represent the services provided. To request network participation with **EyeMed Vision Care**, please call **888-581-3648**. For all other **Blue Essentials** members, providers for vision care could vary. Contact the customer service number on the member's ID card to verify the member's vision benefits.
- **Blue Essentials** members under age 20 have an included dental benefit. For more information, refer to the member's **Blue Essentials** ID card or call **Dental Network of America** at **800-820-9994**.

## BENEFITS AND ELIGIBILITY

- Eligibility and benefit information may be obtained through Availity® Essentials or an electronic web vendor of your choice or call **Blue Essentials Provider Customer Service** at **800-451-0287**.
  **Note:** *To access eligibility and benefits, you must have member's full information, i.e., member's ID, patient date of birth, etc.*
- Verification of benefits does not apply to administrative services only plans.

## CLAIM SUBMISSIONS

- All claims should be submitted electronically. **Blue Essentials Electronic Payor ID: 84980**
- If the provider must submit a paper claim, mail claim to:
  **Blue Essentials**, PO Box 660044 Dallas, TX 75266-0044
- 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. Providers must submit a complete claim for any services provided to a member. **Blue Essentials** providers may not seek payment from the member for claims submitted after the 180 day filing deadline.

## CLAIM STATUS AND PROCESSING

- Claim Status may be obtained through the Claim Status Tool via Availity or a web vendor of your choice.
- To request claim reconsideration, you must have a document control number (claim number) then submit:
  - Electronically via the Claim Reconsideration Request when available.
  - Mail the **Claim Review** form which is located on the BCBSTX provider website. Select **Education & Reference** then select **Forms**.
  - Call **Blue Essentials Provider Customer Service** at **800-451-0287** (to adjust a claim, you must have a document control number (claim number).
  - Claim Reviews and Correspondence should be sent to:
    **Blue Essentials**, PO Box 660044 Dallas, TX 75266-0044

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## UTILIZATION MANAGEMENT- Prior Authorization, Recommended Clinical Review and Referrals

- Providers should verify through Availity® or their preferred vendor if prior authorization or referrals are required or recommended clinical review is applicable for select outpatient or inpatient services and determine if they are managed by Medical Management with BCBSTX, Carelon Medical Benefit Management or Alacura Transportation Management, LLC.
- Some services may be subject to a Prior Authorization Exemption.
- Refer to Utilization Management on the provider website for additional information.
- For case management or to contact the Medical Management Dept., call **800-441-9188**.
- For Behavioral Health services - see **Behavioral Health** section below.
- To submit referrals for specialty care, prior authorization and RCR requests for inpatient and outpatient services managed by:

**BCBSTX Medical Management:**

**1)** Submit electronically using:

(α) **BlueApprovR℠**
(β) Log into Availity
(χ) Select **Payer Spaces** from the navigation menu and choose **BCBSTX** within **Payer Spaces**, select the **Applications** tab and **Blue ApprovR**
(δ) For more information, refer to **BlueApprovR** under **Provider Tools** on the provider website.

**(b) Availity Authorizations & Referrals Tool**

- Log into Availity
- Select **Patient Registration** menu option, choose **Authorizations & Referrals**, then **Authorizations** (choose **Referrals** instead of **Authorizations** if you are submitting a referral request
- Select **Payer BCBSTX**, then choose your organization
- Select **Inpatient Authorization** or **Outpatient Authorization**
- Review and submit your authorization
- For more information, refer to **Availity Authorizations & Referrals** under **Provider Tools** on the provider website.

**2)** By Phone: **855-896-2701**

**Carelon Medical Benefit Management:**
**BlueHPN** services authorized by **Carelon** may include advanced imaging, cardiology, sleep medicine, pain management, joint and spine surgery, radiation therapy, medical oncology support and genetic testing.

1) Submit electronically using CarelonProviderPortal
2) By Phone: **800-859-5299**
3) Fax **800-610-0050** - Note: Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests.

**Alacura:**

(1) By Phone: **866-671-4834**
(2) By Fax: **866-671-4995**
(3) Online: https://alacura.my.site.com/preauth/s/

## LABORATORY AND RADIOLOGY SERVICES

- Providers should refer outpatient lab and radiology services to in-network participating **Blue Essentials** providers. To locate participating providers in the **Blue Essentials** network, visit Provider Finder®.
- Lab and radiology services may require prior authorization or referrals through **Medical Management** with **BCBSTX** or **Carelon**. See **Utilization Management** section above for more information.
- Advanced Imaging services may require site of care review
- Some ASO members may be applicable to the Clinical Payment and Coding Policies for Lab Management
- Refer to Section B (d) of the Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠ Provider Manual for more information.

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## BEHAVIORAL HEALTH (Mental Health and Substance Use Disorders

- Prior authorization when required must be obtained ***prior*** to the delivery of care including inpatient, partial hospitalization and outpatient behavioral health services.
- No referrals are needed from the PCP.
- To obtain prior authorization or RCR, check benefits, eligibility, claims status/problems or to check benefits call **800-528-7264.**
- The patient, PCP or behavioral health professional must prior authorize all inpatient, partial hospitalization and outpatient behavioral health services.
- The health care provider is responsible for filing claims.
- Electronically using BCBSTX Electronic Payor ID: 84980
- Mail paper claims to: **Blue Essentials** PO BOX 660044 Dallas, TX 75266-0044
- Note: Claim Status may be obtained through the Availity® Claim Status tool or a web vendor of your choice.

## ADDITIONAL INFORMATION

**For Blue Essentials members, BCBSTX provider should:**

- Ask for the member ID card at the time of visit.
- Copy the member's ID card and keep the copy with the patient's file.
- Check eligibility and benefits and prior authorization requirements, via availity.com/essentials or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID card.
- Request prior authorization or referrals when required or submit RCR when applicable

**Claims Submission:**

- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
- 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 **800-282-4548**.
- For information on electronic filing, access the Availity website at availity.com.
- If you must submit paper claims, submit on the Standard CMS-1500 (02/12) or UB-04 claim form.
- All claims must be filed with the insured's complete unique ID number including any letter or 3-character 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 or professional provider, the services may be billed by the physician or professional provider. However, if the physician or 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 or 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 or professional provider.

**ParPlan** is a 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.
- Not bill either BCBSTX or subscribers for covered services which are not medically necessary.

**Provider Record and Network Effective Dates:**

- The Consolidated Appropriations Act requires name, address, phone, specialty and digital contact information in the provider directory be verified every 90 days. Refer to Verify and Update Your Information on how to submit.
- A minimum of 30 days' notice is required when making change affecting the health care provider's BCBSTX status, especially in the following areas (primary, secondary, tertiary); Billing address; NPI and Provider Record ID changes; Moving from Group to Solo practice or vice versa; and moving from Group to Group practice. Utilize the Demographic Change Form to submit these requests.
- New Provider Record ID effective dates will be established when the request is received in the BCBSTX corporate office. This applies to all additions, changes and cancellations.
- New Provider Record ID effective dates will be established when the request 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 ID on a retroactive basis.
- Retroactive Provider Record ID 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 ID.
- If the health care provider files claims electronically and their Provider Record ID changes, the health care provider must contact the Availity at **800-282-4548** to obtain a new EDI Agreement.
- Submit a Provider Onboarding form to obtain a Provider Record ID. Please visit the Network Participation tab on our website for more information.

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## ADDITIONAL INFORMATION

**BlueCard® (Out-of-State Claims):**

- To check benefits or eligibility, call **800-676-BLUE** (2583);
- File all claims that include a 3-character prefix on the member ID card to BCBSTX (**Note**: The member's unique ID number may contain alpha characters which may or may not directly follow the 3-character prefix);
- File all other claims directly to the Home Plan's address as it appears on the back of the member ID card;
- For status of claims filed to BCBSTX, contact availity.com or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID card or as listed on the previous pages for the appropriate plan type.
- Refer to BlueCard Program for more information.

This guide is intended to be used for quick reference and may not contain all the necessary information. For detailed information, refer to the **Blue Essentials®, Blue Advantage HMO℠, Blue Premier® and MyBlue Health® Provider Manual** online at: https://www.bcbstx.com/provider/standards/standards-requirements/manuals/hmo-manual.