BlueCross BlueShield of Texas

Blue Premier and Blue Premier Access℠ Quick Reference Guide

MAIN CHARACTERISTICS

- **Blue Premier** members must select a **Blue Premier** Primary Care Health Care Provider.
  - To receive benefits, all medical care must be directed by the selected **Blue Premier** PCP. A PCP referral is required to all **Blue Premier** Specialty Care Health Care Providers.
- **Blue Premier Access:**
  - **No referral is required** to receive benefits from an in network **Blue Premier** Primary Care Physician or Specialty Care Physicians. PCP selection is not required.
- **Blue Premier** and **Blue Premier Access:**
  - Health care providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.
  - Some services may be self-referred to a **Blue Premier** or **Blue Premier Access** health care provider (i.e., annual well woman exam, annual routine eye exam) as indicated by the member's benefit plan.
  - **Away From Home Care** benefits are available for members temporarily residing outside of Texas, in a participating location, for at least 90 days.
  - To receive benefits, referrals to out- of-network healthcare providers must be authorized by the Utilization Management Dept.

BENEFITS AND ELIGIBILTY

- Eligibility and benefit information may be through Availity® Essentials or an electronic web vendor of your choice or call **Blue Premier and Blue Premier Access** Provider Customer Service at **800-451-2087.** Note: *To access eligibility and benefits, you must have member's full information, e.g., member's ID, patient date of birth, etc.*
- Verification of benefits does not apply to administrative services only plans.

CLAIMS SUBMISSIONS

- All claims should be submitted electronically. **BCBSTX Electronic Payor ID: 84980**
- If the provider must file a paper claim, mail claim to:

  Blue Premier and Blue Premier Access
  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 or reimbursement. Providers must submit a complete claim for any services provided to a member. **Blue Premier and Blue Premier Access** providers may not seek payment from the member for claims submitted after the 180 day filing deadline.

CLAIMS STATUS AND PROCESSING

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

  Blue Premier and Blue Premier Access
  PO Box 660044
  Dallas, TX 75266-0044

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 a recommended clinical review is available for select outpatient or inpatient services and determine if they are managed by Medical Care Management with BCBSTX, Carelon Medical Benefit Management or Alacura Medical Transportation Management.
- 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 Utilization Management Dept., call **800-441-9188**.
- For Behavioral Health services managed by Magellan - see **Behavioral Health** section below.
- To submit referrals for specialty care and prior authorizations requests for inpatient and outpatient services managed by:

BCBSTX Medical Management:

1) Submit electronically using:

(a) BlueApprovR℠

- Log into Availity
- Select Payer Spaces from the navigation menu and choose BCBSTX within Payer Spaces, select the Applications tab and Blue ApprovR
- 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 i**nstead 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 servicesauthorizedby**Carelon** mayincludeadvancedimaging,cardiology,sleepmedicine,pain management,jointandspine surgery,radiationtherapy,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 Premier** providers. To locate participating providers in the **Blue Premier** 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 Chemical Dependence)

- **Magellan Behavioral Health Providers of Texas, Inc.** coordinates all behavioral health (mental health and chemical dependency) services for **Blue Premier & Blue Premier Access** members.
- Call **Magellan** at **800-729-2422** to obtain prior authorization, check benefits, eligibility, claims status/problems or verification.
- Provider or behavioral health professional must contact **Magellan** to prior authorize required inpatient, partial hospitalization and outpatient behavioral health services.
- Prior authorization must be obtained when required before the delivery of care for behavioral health services.
- The physician or professional provider is responsible for filing claims. Claims should be submitted electronically as indicated in your **Magellan** contract agreement. if you are unable to submit electronically, contact the number on the back of the member's ID card for appropriate paper filing instructions.

ADDITIONAL INFORMATION

For all Blue Premier and Blue Premier Access products, BCBSTX encourages the provider's office to:

- Ask for the member's ID card at the time of a visit;
- Copy both sides of 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.

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.

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 advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas: Physical address (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.
- 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 provider files claims electronically and their Provider Record ID changes, the provider must contact Availity at 1-800-282-4548. to obtain a new EDI Agreement.
- Submit a Provider Onboarding form to obtain a Provider Record ID. Review the Network Participation on our website for more information.

BlueCard® (Out-of-State Claims):

- To check benefits or eligibility, call **800-676-BLUE (2583)**;
- File all that include a 3-character prefix on the member's 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's 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.
- Refer to BlueCard Program for more information.

ADDITIONAL INFORMATION

Blue Premier and Blue Premier Access – Outpatient Clinical Reference Lab Services:

All outpatient clinical reference lab services must be referred to **Blue Premier** and **Blue Premier Access** participating provider. Refer to Provider Finder for in-network lab providers.

This guide is intended to be used for quick reference and may not contain all the necessary information. For detailed information, refer to the applicable online provider manual at https://www.bcbstx.com/provider/standards/standards-requirements/

Alacura Medical Transportation Management, LLC. is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide utilization management services for members with coverage through 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.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

Please note that checking of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered