BlueCross BlueShield of Texas

HealthSelect of Texas® Quick Reference Guide

IMPORTANT NOTE: Physicians and professional 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, physicians and professional providers who are not part of a capitated IPA/Medical Group but who provide services to a participant whose PCP is with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions.

Major Characteristics

- **HealthSelect of Texas** participants must select a Primary Care Provider (PCP) from the HealthSelect network which is accessed the Blue Essentials network.
- Participating providers may only bill for copayments, cost share (coinsurance) and deductibles where applicable.
- Some services may be self-referred to a participating in-network **HealthSelect** physician and professional providers (i.e., annual well woman exam, annual routine eye exam) as indicated by the participant's benefit plan.
- **To receive benefits, all medical care must be directed by the selected participating PCP**. A PCP referral is required for all in-network specialty care physicians and professional providers (SCP) for in-network benefits.
- To receive benefits, referrals to out-of-network physicians and professional providers must be authorized by the Medical Care Management Dept.
- Vision Care Services - For routine eye care, contact **Superior Vision Services Inc 1-877-396-4128.** Contact the customer service number on the participant's ID card to verify the participant's vision benefits.
- For additional information, refer to the online **Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠ Provider Manual.** Refer to **Section M** - Employee Retirement System of Texas (ERS) Participants Benefit Plan using Blue Essentials Network for ERS information.

Benefits, Eligibility, Claims Status or Verification

- Eligibility and benefit information may be obtained through availity.com or a web vendor of your choice or call **HealthSelect of Texas** Provider Customer Service at **1-800-451-0287**
- Verification does not apply to HealthSelect of Texas participants.
- Claim status may be obtained through the Availity Claim Status Tool or a web vendor of your choice.
- **All claims should be submitted electronically.** BCBSTX Electronic Payor ID:

  84980
- If the provider must file a paper claim, mail claim to:

  HealthSelect of Texas
  P.O. Box 660044
  Dallas, TX 75266-0044
- **Health Select of Texas** participant 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. Physicians and professional providers must submit a complete claim for any services provided to a participant. **Blue Essentials** participating providers may not seek payment from the participant for claims submitted after the **180**-day filing deadline.

** To access eligibility and benefits, you must have full participant information, i.e., participant's ID, patient date of birth, etc.*

Claim Reviews, All Correspondence

- To adjust a claim,** submit a **Claim Review Form** or use the Claim Inquiry Resolution Tool on our Electronic Refund Management (eRM) system.
- Claim Reviews/ Correspondence should be sent to:

  BCBSTX
  P.O. Box 660044
  Dallas, TX
  75266-0044
- The Claim Review form with instructions is located on the BCBSTX website:

  bcbstx.com/provider

  select the **Education and Reference** tab, then select **Forms.**

***To adjust a claim, you must have a document control number (claim number)*

- **HealthSelect of Texas participant 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. Physicians and professional providers must submit a complete claim for any services provided to a participant. **Blue Essentials** participating providers may not seek payment from the participant for claims submitted after the 180 day filing deadline.

Prior Authorization and Referrals

- Providers should verify through Availity® or their preferred vendor if prior authorization or referrals are required for select outpatient or inpatient services. Some services may be subject to a Prior Authorization Exemption. Refer to Utilization Management on the provider website for additional information.
- Submit requests managed by BCBSTX Medical Management.

  (1) Online using Authorizations & Referrals Tool on Availity**.**

  ✓ Log in to Availity.com
  ✓ Select **Patient Registration** menu option**,** choose **Authorizations & Referrals,** then **Authorizations***
  ✓ Select **Payer BCBSTX,** then choose your organization
  ✓ Select I**npatient Authorization** or **Outpatient Authorization**
  ✓ Review and submit your authorization

  *Choose **Referrals** instead of Authorizations if you are submitting a referral request.

  (2) By Phone: **1-855-896-2701**
- Current listings of providers and their NPI numbers are available online through Provider Finder®.
- For case management or to contact the Medical Care Management Dept., call

  1-855-896-2701

Laboratory Services

(See "Important Note" above)

Laboratory Services

All Plan providers should refer members to in-network lab providers for outpatient lab services. To locate participating labs in the Plan network, visit Provider Finder.

The following are participating statewide outpatient clinical labs for HealthSelect participants:

- **Quest Diagnostics, Inc. -**For locations or questions contact Quest at **1-888-277-8772** or visit: www.questdiagnostics.com
- **Clinical Pathology Laboratory (CPL)** – For locations or questions, contact CPL at **1-800-595-1275** or visit: www.cpllabs.com
- **LabCorp** – For locations or questions, contact LabCorp at **1-888-LABCORP** or visit www.labcorp.com.

- Refer to the BCBSTX Provider Finder for additional participating lab providers.
- For additional information, refer to the Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual.

Mental Health and Substance Use Disorder Services

- Prior authorization must be obtained ***prior*** to the delivery of care including all inpatient, partial hospitalization and outpatient mental health and substance use disorder services.
- To obtain prior authorization, check benefits, eligibility, claims status/problems or check benefits, use Availity Authorizations & Referrals or call:

  1-800-528- 7264
- The patient, PCP or servicing health professional must prior authorize all inpatient, partial hospitalization and outpatient mental health and substance use disorder services..

The health care provider is responsible for filing claims.

Electronically using BCBSTX Electronic Payor ID: 84980

- Mail paper claims to:

  Blue Essentials
  P.O. 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.

This guide is intended to be used for quick reference and may not contain all of 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.

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HealthSelect of Texas® Quick Reference Guide - Additional Information Page

Claims Submission:

- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
  - For support relating to claims that are being sent to the Availity platform, submitters should contact Availity Client Services at **1-800-282-4548**.
  - 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 **1-800-282-4548.**
  - For information on electronic filing, access the Availity website at availity.com
  - Paper claims must be submitted 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 Blue Cross and Blue Shield of Texas (BCBSTX) payment plan under which health care professionals agree to:

- File all claims electronically for BCBSTX patients;
- Accept the BCBSTX allowable amount;
- Bill participant 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; and
- Not bill either BCBSTX or participants for covered services which are not medically necessary.

For HealthSelect of Texas participants**,** BCBSTX encourages the provider's office to:

- Ask for the participant ID card at the time of a visit;
- Copy both sides of the participant's ID card and keep the copy with the patient's file;
- Eligibility, benefits and/or verification requests, contact availity.com or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the participant's ID card.
- Claim status may be obtained through the Availity Claim Status Tool or a web vendor of your choice.
- For Claim Adjustments*, submit a **Claim Review form o**r use the Claim Inquiry Resolution Tool on our Electronic Refund Management (eRM) system.
- Utilize Availity Authorizations & Referrals at availity.com or call **1-855-896-2701** to obtain approval of benefits to select outpatient services and inpatient admissions, maternity notifications, or for notification within 48 hours of an emergency hospital admission. For case management, call the Medical Care Management Department at **1-800-344-2354**.

Provider Record and Network Effective Dates:

- A minimum of 30 days advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas: (1) Physical address (primary, secondary, tertiary); (2) Billing address; (3) NPI and Provider Record ID changes; (4) Moving from Group to Solo practice; (5) Moving from Solo to Group practice; (6) Moving from Group to Group practice; and (7) Backup/covering providers.
- ***New*** Provider Record ID effective dates will be established as of the date the completed application 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 the Availity Health Information Network at **1-800-282-4548** to obtain a new EDI Agreement.
- Submit a **Provider Onboarding Form** to obtain a Provider Record ID. Please visit the Network Participation page on our website for more information.

BlueCard Out-od-State Claims:

- To check benefits or eligibility, call **800-676-BLUE (2583)***;
- File all claims that include a 3-character prefix on the participant's ID card to BCBSTX (**Note**: The participant'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 participant's ID card;
- For status of claims filed to BCBSTX, contact Availity or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the participant's ID card or as listed on the previous pages for the appropriate plan type.

**To adjust a claim, you must have a document control number (claim number).*

**Interactive Voice Response (IVR) system. To access, you must have full participant information, i.e., participant's ID, patient date of birth, etc.)*

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