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, recommended clinical review, 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 participant whose PCP is with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions.

MAIN CHARACTERISTICS

- HealthSelect of Texas In-Area plan participants must select a Primary Care Provider (PCP) from the HealthSelect network which uses 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 for HealthSelect of Texas In-Area plan participants. A PCP referral is required for all in-network specialty care physicians and professional providers for in-network benefits.
- To receive in-network level benefits due to network inadequacy, 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 or to verify a participant's vision benefit, contact EyeMed Vision Care, LLC at **(844) 949-2170; TTY: 711.**
- For additional information, refer to the ERS Tools page or the Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠ and MyBlue Health℠ Provider Manual**.** Refer to **Section M - Employees Retirement System of Texas (ERS) Participants Benefit Plan** using Blue Essentials Network for ERS information.

BENEFITS AND ELIGIBILITY

- Eligibility and benefit information may be obtained through Availity® Essentials or a web vendor of your choice or by calling **HealthSelect of Texas Provider Customer Service** at **1-800-451-0287.**
  Note: *To access eligibility and benefits, you must have full participant's information, i.e., participant's ID, patient date of birth, etc.*
- Patient eligibility and benefits should be checked prior to every scheduled appointment.

CLAIM SUBMISSIONS

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

  HealthSelect of Texas, PO Box 660044, Dallas, TX 75266-0044
- For **Blue Essentials** contracted providers, 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 participant. **Blue Essentials** providers may not seek payment from the participant for claims submitted after the 180-day filing deadline.

CLAIMS STATUS ANDPROCESSING

- Claim status may be obtained through the Availity Essentials Claim Status Tool or a web vendor of your choice.
- To request claim reconsideration, you must have a document control number (claim number) then submit:
  - Electronically via Claim Reconsideration Requests when available.
  - By mailing a **Claim Review** form which is located on the BCBSTX provider website. Select **Education & Reference** then select **Forms.**
  - By calling the **BCBSTX Provider Customer Service** at **1-800-451-0287**.
- Claim Reviews and Correspondence should be sent to:

  HealthSelect of Texas, PO Box 660044 Dallas, TX 75266-0044

UTILIZATION MANAGEMENT - Recommended Clinical Review (RCR) and Referrals

- Effective Sept. 1, 2024, ERS no longer has any prior authorization requirements. Providers are encouraged to submit an optional recommended clinical review to determine medical necessity.
- Providers should verify through Availity or their preferred vendor if RCR is available or referrals are required for select outpatient or inpatient services, and to determine if they are managed by Medical Management at BCBSTX or Carelon Medical Benefit Management (Carelon).
- Refer to Utilization Management on the provider website for additional information.
- For case management or to contact the Medical Management Dept. call **1-800-441-9188**.
- For Mental Health and Substance Use Disorders, see additional section below.
- To submit referrals for specialty care or RCR 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**
   - 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 request
   - For more information, refer to **Availity Authorizations & Referrals** under **Provider Tools** on the provider website.
2) By Phone: **1-855-896-2701**

Carelon Medical Benefit Management:

Effective Sept.1, 2024. **Carelon** handles RCR for advanced imaging, musculoskeletal (joint/spine), genetic/ molecular testing, radiation (oncology) therapy for cancer and medical oncology specialty drugs and supportive care.

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

ProgenyHealth
ProgenyHealth manages NICU admissions and concurrent review for admits after Sept.1, 2024. Providers can notify them via fax at **1 (855)732-8182.**

LABORATORY AND RADIOLOGY SERVICES

- All Plan providers should refer participants to in-network lab or radiology providers for outpatient services. To locate participating providers in the Plan network, visit Provider Finder®.
- Some lab and radiology services may be applicable to recommended clinical review through BCBSTX or Carelon.
- The following are participating statewide outpatient clinical labs for **HealthSelect of Texas p**articipants:
  - Quest Diagnostics, Inc. - For locations and questions contact Quest at **1-888-277-8772** or visit Quest's website at www.questdiagnostics.com.
  - Clinical Pathology Laboratory (CPL) – For locations or questions, contact CPL at **1-800-595-1275 o**r visit CPL's website at www.cpllabs.com.
  - LabCorp for locations and questions, contact **1-888-LabCorp** or visit LabCorp's website www.labcorp.com.
- For additional information, refer to the Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual.

MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES

- Effective Sept. 1, 2024, prior authorization is no longer required. Providers are encouraged to submit RCR requests **prior** to the delivery of care including all inpatient, partial hospitalization and outpatient behavioral health services.
- No referrals are needed from the PCP.
- To obtain RCR, check benefits, eligibility, and claims status/problems call **1-800-528-7264.**
- The health care provider is responsible for filing claims.
- Submit electronically using BCBSTX Electronic Payor ID: 84980
- Mail paper claims to: BCBSTX PO BOX 660044 Dallas, TX 75266-0044
- Note: Claim Status may be obtained through the Availity Essentials Claim Status tool or a web vendor of your choice.

ADDITIONAL INFORMATION

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 **1-800-282-4548**.
- For information on electronic filing, access the Availity website at availity.com.
- If you must submit paper claims, submit on the Standard CMS-1500 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 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.

BCBSTX encourages the provider's office to:

- Ask for the subscriber's ID card at the time of a visit.
- Copy both sides of the participant ID card and keep the copy with the patient's file.
- Eligibility and benefits requests, contact availity.com or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the subscriber's ID card.
- Claim Status may be obtained through the Availity Essentials Claim Status Tool or a web vendor of your choice.
- Utilize BlueApprovR or Availity Authorization & Referrals at www.availity.com or call **1-855-896-2701** to obtain referrals and recommended clinical reviews where applicable for outpatient services and inpatient admissions, maternity care, 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 ID 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:
  Physical address (primary, secondary, tertiary); Billing address; NPI and Provider Record ID changes; moving from Group to Solo practice or vice versa; moving from Group to Group practice; and backup/covering providers. Utilize the Demographic Change Form to submit changes.
- 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.

ADDITIONAL INFORMATION - continued

Provider Record ID and Network Effective Dates (cont.):

- 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-of-State Claims):

- To check benefits or eligibility, call **1-800-676-BLUE (2583)***;
- File all claims that include a 3-characterprefix on the subscriber's ID card to BCBSTX (Note: The subscriber's unique ID number may contain alpha characters which may or may not directly follow the character prefix);
- File all other claims directly to the Home Plan's address as it appears on the back of the participant ID card;
- For status of claims filed to BCBSTX, contact Availity Essentials or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the subscriber's ID card.

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

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.