Traditional/Indemnity Quick Reference Guide

MAIN CHARACTERISTICS

- Benefits may vary by plan type.
- Referrals are not required
- **Par Plan** providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable

BENEFITS AND ELIGIBILITY

- Eligibility and benefit information may be obtained through Availity® Essentials or an electronic web vendor of your choice or call **BCBSTX Provider Customer Service** at **1-800-451-0287**.
  Note: *To access eligibility and benefits, you must have full member's information, i.e.,. member's ID, patient date of birth, etc.*

CLAIM SUBMISSIONS

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

  BCBSTX, P.O. Box 660044 Dallas, TX 75266-0044

- Claims must be submitted within 365 days of the date of service. Claims that are not submitted within 365 days from the date of service are not eligible for reimbursement. Providers must submit a complete claim for any services provided to a member. BCBSTX participating providers may not seek payment from the member for claims submitted after the 365 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 request a claim reconsideration, you must have a document control number (claim number) then submit:
  - Electronically via the Claim Reconsideration Requests when available.
  - Mail the Claim Review form which is located on the BCBSTX provider website. Select Education & Reference then select Forms.
  - Call Provider Customer Service at 1-800-451-0287.
  - Claim Reviews and Correspondence should be sent to:

    BCBSTX
    PO Box 660044
    Dallas, TX
    75266-0044

UTILIZATION MANAGEMENT - Prior Authorization

Prior authorization and online approval of medical benefits for outpatient services and inpatient admissions does not apply to Traditional/Indemnity subscribers.

LABORATORY AND RADIOLOGY SERVICES

- Providers should refer outpatient lab or radiology to participating Traditional/Indemnity (ParPlan) providers. To locate participating Traditional/Indemnity (ParPlan) providers, visit Provider Finder®.

BEHAVIORAL HEALTH (Mental Health and Substance User Disorders)

Important: Not all plans include Behavioral Health Benefits through BCBSTX.

- BCBSTX manages all behavioral health services.
- Members are responsible for requesting prior authorization when required, although behavioral health professionals and physicians or a family member may request prior authorization on behalf of the patient. All services must be medically necessary. Prior authorization may be required from BCBSTX for inpatient, partial hospitalization and outpatient behavioral health services.
- To obtain prior authorization, call BCBSTX: **1-800-528-7264**
- Prior authorization must be obtained when required prior to the delivery of behavioral health services.
- All claims should be submitted electronically using BCBSTX Electronic Payor ID: **84980**.
- If the provider must file a paper claim, mail claim to BCBSTX, P.O. Box 660044 Dallas, TX 75266-0044.
- Claim status may be obtained through the Availity Claim Status Tool or a web vendor of your choice or call Provider Customer Service at 1-800-451-0287. (To access the Interactive Voice Response (IVR) system, you must have full member's information, i.e., member's ID, patient date of birth, etc.)

ADDITIONAL INFORMATION

For Traditional/Indemnity plans, BCBSTX encourages the provider's office to:

- Ask for the member's ID card at the time of a visit;
- Copy the member ID card and keep the copy with the patient's file;
- Eligibility, benefits, and/or verification requests, contact availity.com or web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID card.
- Claim Status may be obtained through the Availity Claim Status tool or a web vendor of your choice.
- For Claim Adjustments, call BCBSTX Provider Customer Service at 1-800-451-0287. To adjust a claim, you must have a document control number.

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 members 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 members for covered services which are not medically necessary.

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 (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.

ADDITIONAL INFORMATION

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 **1-800-676-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.
  * Interactive Voice Response (IVR) system. To access, you must have full member's information, i.e., member's ID, patient date of birth, etc.)

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.

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

Please note that verification 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.

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