





Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews and Correspondence	Prior Authorization and Referrals	Laboratory and Radiology Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<p><b>MyBlue Health:</b> Members are required to select one of the following Primary Care Provider (PCP) types; family practitioner, internist, pediatrician, physician assistant (PA) or advanced practice registered nurse (APN) and/or obstetrician/gynecologist. Depending on the plan, some <b>MyBlue Health</b> members may choose a <b>MyBlue Health Select PCP</b> located with the following practice groups based on their benefits:</p> <ul style="list-style-type: none"> <li>• CentroMed</li> <li>• CommUnityCare</li> <li>• Lone Star Circle of Care</li> <li>• Sanitas</li> </ul> <p>Other independent community physicians may be eligible to serve as a <b>MyBlue Health Select Primary Care Physician</b> and will be indicated as a <b>MyBlue Health Select PCP</b> in the Provider Directory.</p> <p><b>Note:</b> In Dallas and Harris counties only, <b>Sanitas Members</b> have the option to see a Sanitas APN/PA, if their Sanitas PCP is unavailable within a Sanitas clinic.</p> <ul style="list-style-type: none"> <li>• To receive benefits, all medical care must be directed by the selected <b>MyBlue Health Select PCP</b>. A PCP referral is required to all <b>MyBlue Health</b> Specialty Care Physicians (SCP) and Professional Providers.</li> <li>• Physicians and professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.</li> <li>• Some services may be self-referred to a <b>MyBlue Health</b> physician or professional provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the member's benefit plan.</li> <li>• EyeMed is the preferred pediatric Vision Vendor</li> </ul>	<ul style="list-style-type: none"> <li>• Eligibility and benefit information may be obtained through <a href="http://availability.com">availability.com</a> or a web vendor of your choice or call <b>MyBlue Health</b> Provider Customer Service: <b>1-800-451-0287*</b></li> <li>• Claim Status may be obtained through the <a href="#">Availity Claim Status Tool</a> or a web vendor of your choice.</li> <li>• To adjust a claim, call <b>MyBlue Health</b> Provider Customer Service: <b>1-800-451-0287*</b></li> <li>• <b>All claims should be submitted electronically.</b> <b>MyBlue Health</b> Electronic Payor ID: <b>84980</b></li> <li>• If the physician or professional provider must file a paper claim, mail claim to: <ul style="list-style-type: none"> <li><b>MyBlue Health</b> P.O. Box 660044 Dallas, TX 75266-0044</li> </ul> </li> <li>• Claims must be submitted within <b>180</b> days of the date of service. Claims that are not submitted within <b>180</b> 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 member. <b>MyBlue Health</b> Physicians and professional providers may not seek payment from the member for claims submitted after the <b>180-day</b> filing deadline. <ul style="list-style-type: none"> <li>* To access eligibility and benefits you must have full member's information, i.e., member's ID, patient date of birth, etc.</li> <li>** To adjust a claim, you must have a document control number (claim number)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Claim Reviews and Correspondence should be sent to: <ul style="list-style-type: none"> <li><b>MyBlue Health</b> P.O. Box 660044 Dallas, TX 75266-0044</li> </ul> </li> <li>• The <b>Claim Review form</b> with instructions is located on the BCBSTX website at: <a href="http://bcbstx.com/provider">bcbstx.com/provider</a> Select <b>Education &amp; Reference</b> tab then select <b>Forms</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• Providers should verify through Availity<sup>®</sup> or their preferred vendor if prior authorization or referrals are required for select outpatient or inpatient services and determine if they are managed by BCBSTX Utilization Management or AIM Specialty Health<sup>®</sup> (AIM). Refer to <a href="#">Utilization Management</a> on the provider website for additional information.</li> <li>• Submit requests managed by <b>BCBSTX Utilization Management:</b> <ol style="list-style-type: none"> <li>(1) Online using Authorizations &amp; Referrals Tool on Availity. <ul style="list-style-type: none"> <li>✓ Log in to <a href="http://availability.com">availability.com</a></li> <li>✓ Select <b>Patient Registration</b> menu option, choose <b>Authorizations &amp; Referrals</b>, then <b>Authorizations*</b></li> <li>✓ Select <b>Payer BCBSTX</b>, then choose your organization</li> <li>✓ Select <b>Inpatient Authorization</b> or <b>Outpatient Authorization</b></li> <li>✓ Review and submit your authorization</li> <li>*Choose <b>Referrals</b> instead of Authorizations if you are submitting a referral request.</li> </ul> </li> <li>(2) By Phone: <b>1-855-896-2701</b></li> </ol> </li> <li>• Submit requests managed by AIM Specialty Health: <ol style="list-style-type: none"> <li>(1) Online at <a href="http://aimspecialtyhealth.com">aimspecialtyhealth.com</a></li> <li>(2) Phone - <b>1-800-859-5299</b></li> </ol> </li> <li>• Current listings of providers and their NPI numbers are available online through <a href="#">Provider Finder</a>.</li> <li>• For case management or to contact the Utilization Management Dept., call <b>1-800-441-9188</b>.</li> </ul>	<p><b>Laboratory Services</b></p> <ul style="list-style-type: none"> <li>• For HMO physicians and other professional providers located in counties on the <a href="#">HMO Reimbursable Lab County Listing</a>, lab services on the <a href="#">Reimbursable Lab Services List</a> will be reimbursed on a fee-for-service basis if performed in the physician's or professional provider's office. <b>All other outpatient lab services must be sent to a participating lab.</b></li> <li>• Statewide In-Network Clinical Labs for HMO members include: <ul style="list-style-type: none"> <li>✓ Clinical Pathology Laboratory (CPL) - contact at 1-800-595-1275 or visit <a href="#">CPL's website</a></li> <li>✓ Laboratory Corporation of America<sup>®</sup> (LabCorp) - contact at <b>1-888-522-2677</b> or visit <a href="#">LabCorp's website</a></li> <li>✓ Quest Diagnostics, Inc.<sup>®</sup> - contact <b>1-888-277-8772</b> or visit <a href="#">Quest's website</a>.</li> </ul> </li> </ul> <p>Refer to <a href="#">Provider Finder</a> for other MyBlue Health in-network lab providers.</p> <p><b>Radiology Services</b></p> <ul style="list-style-type: none"> <li>• Some radiology services may require prior authorization or referrals. See <b>Prior Authorization and Referrals</b> column for more information.</li> </ul> <p>Refer to Section B (d) of the <b>Blue Essentials<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup> and MyBlue Health<sup>SM</sup></b> Provider Manual for more information.</p>	<ul style="list-style-type: none"> <li>• Magellan Behavioral Health Providers of Texas, Inc. (Magellan) coordinates all behavioral health (mental health and chemical dependency) services for <b>MyBlue Health</b> members.</li> <li>• To obtain prior authorization, check benefits, eligibility, claims status/problems or verification, call Magellan at <b>1-800-729-2422</b>.</li> <li>• The patient, PCP or behavioral health professional must contact Magellan to prior authorize all inpatient, partial hospitalization and outpatient behavioral health services.</li> <li>• Prior authorization must be obtained <b>prior</b> to the delivery of care for behavioral health services.</li> <li>• 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.</li> </ul>

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<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup>, Blue Premier Access<sup>SM</sup>, and MyBlue Health<sup>SM</sup> Provider Manual** online at [https://www.bcbstx.com/provider/gri/hmo\\_manual.html](https://www.bcbstx.com/provider/gri/hmo_manual.html).

#### For MyBlue Health, 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;
- Eligibility, benefits and/or verification requests, contact [availity.com](http://www.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.
- Utilize **Availity Authorizations & Referrals** at <http://www.availity.com>  to obtain approval of BCBSTX managed referrals, select outpatient services and inpatient admissions, maternity notifications, or for notification within 48 hours of an emergency hospital admission. Utilize [aimspecialtyhealth.com](http://aimspecialtyhealth.com)  for AIM managed authorizations. For case management, call the Medical Care Management Department at **1-800-441-9188**.

#### 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](http://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.

#### 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:
  - (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 when the completed 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 the Availity 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](#) tab on our website for more information.

#### MyBlue Health – Outpatient Clinical Reference Lab Services

All outpatient clinical reference lab services must be referred to **MyBlue Health** participating providers. Refer to Provider Finder  for in-network lab providers.

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

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

 By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy. 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 Blue Cross and Blue Shield of Texas. AIM Specialty Health is an independent medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).