### Blue Choice PPO℠ Quick Reference Guide

<table>
<thead>
<tr>
<th>Major Characteristics</th>
<th>Benefits, Eligibility, Claims Status or Verification</th>
<th>Claim Reviews, All Correspondence</th>
<th>Preauthorization, Online Approval of Benefits for Selected Outpatient Services and Inpatient Admissions</th>
<th>Laboratory and Radiology Services</th>
<th>Behavioral Health Services (Mental Health and Chemical Dependency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Blue Choice PPO physicians and professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.</td>
<td>• Eligibility and benefit information may be obtained through <a href="http://www.avaliy.com">avaliy.com</a> or a web vendor of your choice or call BCBSTX Provider Customer Service: 800-451-0287*.</td>
<td>• Claim Reviews/Correspondence should be sent to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</td>
<td>• Access the IExchange Web application through the BCBSTX website at <a href="http://www.bcbstx.com/provider/">http://www.bcbstx.com/provider/</a></td>
<td>• Laboratorv Services</td>
<td>• Important: Not all plans include Behavioral Health benefits</td>
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<td>• To receive Network benefits, Blue Choice PPO subscribers must receive medical care from Blue Choice PPO physicians and professional providers. <strong>No referrals are required.</strong></td>
<td>• Claim Status may be obtained through the Availity Claim Research tool or a web vendor of your choice.</td>
<td>• The Claim Review form with instructions is located on the BCBSTX website: bcbstx.com/provider</td>
<td>• Tools/IExchange.html</td>
<td>• Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. To schedule a Patient Service Center (PSC) appointment, log onto <a href="http://www.questdiagnostics.com/patient">QuestDiagnostics.com/patient</a> or call 888-277-8772.</td>
<td>• Blue Cross and Blue Shield of Texas (BCBSTX) manages all behavioral health services (mental health and chemical dependency).</td>
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<td>• To receive Network benefits, referrals to out-of-network physicians and professional providers must be authorized by the Medical Care Management (UM) Dept.</td>
<td>• To adjust a claim, call BCBSTX Provider Customer Service: 800-451-0287*</td>
<td>• Verification does not apply to administrative services only (ASO) plans.</td>
<td>• Current listings of providers and their NPI numbers are available online through the IExchange Web application or <a href="http://www.bcbstx.com/provider/">Provider Finder</a>.</td>
<td>• To locate other participating labs in the Blue Choice PPO network, visit the Online Provider Directory (Provider Finder).</td>
<td>• Subscribers are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the subscriber. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services.</td>
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<td>• Some services may be self-referred to a Blue Choice PPO physician or professional provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the subscriber’s benefit plan.</td>
<td>• All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980</td>
<td>• Eligibility and verification must be completed prior to the delivery of behavioral health services.</td>
<td>• For approval of select outpatient services and inpatient admissions, refer to the IExchange webpage at <a href="http://www.bcbstx.com/provider/tools/iexchange.html">http://www.bcbstx.com/provider/tools/iexchange.html</a></td>
<td>• Refer to the online Blue Choice PPO Physicians, Professional Provider, Facility and Ancillary Provider Manual (Section II)</td>
<td>• To obtain preauthorization, call: BCBSTX 800-528-7264*</td>
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<td>• If the physician or professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</td>
<td>• Refer to the Preauthorization/Notification/Referral Requirements List under Clinical Resources on bcbstx.com/provider to determine the services that require preauthorization or referrals or call the IExchange interactive Voice Response (IVR) at 877-774-8592.</td>
<td>• For case management or to contact the Medical Care Mgmt Dept., call 855-896-2701.</td>
<td>• Preauthorization must be obtained prior to the delivery of behavioral health services.</td>
<td>• Preauthorization must be obtained for the following services when performed in a physician’s or professional provider’s office, outpatient department of a hospital or a freestanding imaging center: - CT/CTA scans - MRI/MRA scans - SPECT/Nuclear Cardiology studies - PET scans</td>
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<td>• Blue Choice PPO 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. Physicians and professional providers must submit a complete claim for any services provided to a member. Blue Choice PPO physicians or professional providers may not seek payment from the member for claims submitted after the 365 day filing deadline.</td>
<td>• Effective 8/1/17 eviCore will manage preauthorization for certain specialized clinical services. Refer to the Preauthorization/Notification/Referral Requirements List under Clinical Resources on bcbstx.com/provider for eviCore preauthorization requirements. To authorize eviCore services contact the eviCore Healthcare Web Portal at <a href="https://www.evicore.com">https://www.evicore.com</a> or call 855-252-1117.</td>
<td>• To locate other participating labs in the Blue Choice PPO network, visit the Online Provider Directory (Provider Finder).</td>
<td>• All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980</td>
<td>• To obtain a RQI, contact AIM as follows: Call Center: 800-859-5299 Internet: aimsonthespecialtyhealth.com Fax: 800-610-0050</td>
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<td>• The Claim Review form with instructions is located on the BCBSTX website: bcbstx.com/provider</td>
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<td>Note: Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests.</td>
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<td>• For routine radiology services not part of the RQI, refer to the Blue Choice PPO Physicians, Professional Provider, Facility and Ancillary Provider Manual (Section B)</td>
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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 Choice PPO Physician and Professional Provider – Provider Manual online at [bcbstx.com/provider](http://www.bcbstx.com/provider).
### 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 **800-AVAILITY (282-4546)**.
- 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-AVAILITY (282-4546)**.
- 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 UB04 claim form.
- All claims must be filed with the insured's complete unique ID number including any letter or 3-digit alpha 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 and 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 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, investigatory or otherwise unknown or excluded services; and
- Not bill either BCBSTX or subscribers for covered services which are not medically necessary.

#### For All Blue Choice PPO Products, 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 subscriber ID card and keep the copy with the patient's file;
- Eligibility, benefits, and/or verification requests, contact your 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 Claim Research tool or a web vendor of your choice.
- For Claim Adjustments, call BCBSTX Provider Customer Service at 800-451-0287*.
- Utilize the iExchange Web application at [http://www.bcbstx.com/provider/tools/exchange.html](http://www.bcbstx.com/provider/tools/exchange.html) to obtain: approval of benefits for 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 855-896-2701.

#### 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)
- **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 **800-AVAILITY (282-4546)** to obtain a new EDI Agreement.
- For Provider Record ID questions or to obtain a Provider Record ID application, please contact the Provider Services department at **972-996-9610**, press 3.

#### BlueCard (Out-of-State Claims):
- To check benefits or eligibility, call 800-676-BLUE (2583)*:
  - File all claims that include a 3-digit alpha prefix 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 3-digit alpha prefix);
  - File all other claims directly to the Home Plan’s address as it appears on the back of the subscriber’s ID card;
  - For status of claims filed to BCBSTX, contact your electronic connectivity vendor, i.e. Availity or other electronic connectivity vendor or call the toll-free Provider Customer Service number indicated on the subscriber’s ID card or as listed on the previous pages for the appropriate plan type.

#### Blue Choice PPO - Outpatient, Non-Emergency Diagnostic Imaging Services (Statewide):
- AIM Specialty Health's (AIM) will be responsible for managing outpatient, non-emergency diagnostic imaging services for Blue Choice PPO subscribers.
- Ordering physicians or providers (PCPs & specialists) must contact AIM to obtain a Radiology Quality Initiative (RQI) for the following services when performed in a physician’s or professional provider’s office, outpatient department of a hospital or a freestanding imaging center: CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies and PET scans.
- To obtain a RQI, contact AIM as follows: Call Center: **800-859-5299**, Internet: [aimspecialtyhealth.com](http://aimspecialtyhealth.com)
- or by Fax: **800-610-0050** (Note: Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests.)
- For routine radiology services not part of the RQI, refer to the [Blue Choice PPO Physicians Professional Providers, Facility and Ancillary Provider Manual (Section B)](http://bluechoiceppo.com) for more details.
The Affordable Care Act (ACA) includes a provision that gives Health Insurance Marketplace members who receive advanced premium tax credits (APTC), also known as subsidies, a three-month grace period to pay their premium.

- **Grace Period Overview:**
  - The three-month grace period is only required for enrollees who have made one full premium payment during the benefit year and who are receiving the APTC.
  - The health plan is responsible for adjudicating claims during the first month after a member enters the grace period. The claims adjudicated are for dates of service rendered within the first month of this grace period.
  - During the second and third months of the grace period, issuers have the choice of either pending the claims or adjudicating the claims and seeking a refund if the member doesn’t pay all outstanding premium payments.
  - If a member fails to pay all outstanding premiums by the end of the three-month grace period, the health plan must terminate the member’s coverage.

- **How will BCBSTX make providers aware?**
  - Eligibility and Benefits Determination will include a paid through date and be provided by:
    - Electronic and/or clearinghouse compliant with the HIPAA 270/271
    - Interactive Voice Response (IVR) / automated telephone system
    - Provider Customer Service
  - Reminders to check for grace period status will be included on correspondence related to:
    - Pre-determinations
    - Preauthorizations
    - Referrals

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

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

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