### Blue Cross Medicare Advantage (PPO) Quick Reference Guide

#### Major Characteristics

- **Blue Cross Medicare Advantage PPO** participating physicians, professional providers, facility and ancillary providers may only collect for copayments, cost share (coinsurance) and deductibles, if applicable.
- To receive in-network benefits, **Blue Cross Medicare Advantage PPO** subscribers must receive medical care from **Blue Cross Medicare Advantage PPO** participating physicians, professional providers, facility and ancillary providers.
- Referrals are not required if **Blue Cross Medicare Advantage PPO** member receives medical care from **Blue Cross Medicare Advantage PPO** participating physicians, professional providers, facilities and ancillary providers.
- **Note:** Blue Cross Medicare Advantage PPO subscribers may self-refer to **Blue Cross Medicare Advantage PPO** participating physicians, professional providers, facility and ancillary providers.
- For **Blue Cross Medicare Advantage PPO** subscribers to receive in-network benefits, referrals to out-of-network physicians, professional providers, facility or ancillary providers which are necessary due to network inadequacy or continuity of care must be authorized by the Medical Care Management Department prior to the services being rendered. Call 877-774-8592.
- **BlueCard** and **Blue Cross Medicare Advantage PPO** - for detailed information, please refer to the **Blue Cross Medicare Advantage PPO** Supplement.

#### Eligibility, Benefit Information, Claims Status or Verification

- Eligibility and benefit information may be obtained through availity.com or a web vendor of your choice or call **Blue Cross Medicare Advantage PPO** Provider Customer Service at 877-774-8592.
- Claim Status may be obtained through the Availity Claim Research tool or a web vendor of your choice.
- To adjust a claim, call **Blue Cross Medicare Advantage PPO** Provider Customer Service at 877-774-8592.
- As of 1/1/17 all claims should be submitted electronically using BCBSX Electronic Payor ID: 66006.
- If the provider must file a paper claim, mail claims to: **Blue Cross Medicare Advantage** c/o Provider Services P.O. Box 3686 Scranton, PA 18505-9998.
- **Blue Cross Medicare Advantage PPO** claims must be submitted within 90 days of the date of service/discharge date. Claims that are not submitted within 90 days from the date of service are not eligible for reimbursement. Physicians, professional providers, facility or ancillary providers must submit a complete claim for any services provided to a subscriber. **Blue Cross Medicare Advantage PPO** physicians, professional providers, facility or ancillary providers may not seek payment from the subscriber for claims submitted after the 90 day filing deadline.

#### Medical Coverage Determinations, Appeals, Grievances and General Correspondence

- Medical Coverage Determinations fax to: 855-874-4711 or mail to: **Blue Cross Medicare Advantage PPO** Attn: Appeals & Grievances P.O. Box 4288 Scranton, PA 18505.
- Medical Appeals fax to: 855-674-9195.
- Expedited Appeal Only. call 877-774-8592.
- Correspondence All general correspondence, mail to: **Blue Cross Medicare Advantage PPO** P.O. Box 4555 Scranton, PA 18505 or fax to: 855-674-9192.
- Current listings of providers and their NPI numbers are available online through the iExchange Web or Provider Finders.
- For case management or to contact the Medicare Care Mgmt Dept call 877-774-8592.
- For approval of benefits for select outpatient preauthorizations and inpatient admissions and notification of inpatient admission for post stabilization care within one (1) business day following treatment of an emergency medical condition, refer to the BCBSX website at [https://www.bcbsx.com/provider/tools/iexchange/index.html](https://www.bcbsx.com/provider/tools/iexchange/index.html).
- Refer to the Preauthorization/Notification/Referral Requirements List located at [https://www.bcbsx.com/provider/network/bma_ppo.html](https://www.bcbsx.com/provider/network/bma_ppo.html) to determine services that require preauthorization or referrals and who to contact or call the iExchange Interactive Voice Response (IVR) system at 877-774-8592.
- Effective 6/1/17, eviCore will manage preauthorization for certain specialized clinical services. Refer to the Preauthorization/Notification/Referral Requirements List on [https://www.bcbsx.com/provider/network/bma_ppo.html](https://www.bcbsx.com/provider/network/bma_ppo.html) for eviCore preauthorization requirements. To authorize eviCore services contact the eviCore Healthcare Web Portal at [https://www.evicare.com](https://www.evicare.com) or call 855-252-1117.

#### Preauthorization, Online Approval of Benefits for Selected Outpatient Services and Inpatient Admissions

#### Laboratory Services and Additional Information

- **Laboratory Services**
  - **Quest Diagnostics**, **Clinical Pathology Laboratories (CPL)**, and **Lab Corp** are the preferred labs for **Blue Cross Medicare Advantage PPO** for all outpatient clinical reference laboratory services.
  - For locations or questions contact: **Quest Diagnostics** at 888-277-8772 or visit Quest's website at [www.Questdiagnostics.com](http://www.Questdiagnostics.com/).
  - **CPL** at 800-595-1275 or visit **CPL**'s website at [www.CPLabs.com](http://www.CPLabs.com).
  - **Lab Corp** at 800-845-6167 or visit **Lab Corp** website at [www.labcorp.com](http://www.labcorp.com).
  - For additional information regarding **Blue Cross Medicare Advantage PPO**, refer to the **Blue Choice PPO** Provider Manual (Section E) and to the **Blue Cross Medicare Advantage PPO** Supplement.

#### Behavioral Health Services (Mental Health and Chemical Dependency)

- **Blue Cross and Blue Shield of Texas** (BCBSTX) will manage all behavioral health services (mental health and chemical dependency).
- **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. Preauthorization applies to the following:
  - All inpatient stays
  - ECT (electroconvulsive therapy)
  - Psychological testing
  - Neuropsychological testing
  - All Intensities of Care
  - Partial Hospitalization Program (PHP)
  - Intensive Outpatient Program (IOP)
  - Residential Treatment Center (RTC)
- **To obtain preauthorization,** call **Blue Cross Medicare Advantage PPO** 877-774-8592.
- Preauthorization must be obtained prior to the delivery of behavioral health services.
- Refer to the online **Blue Choice PPO** Provider Manual - Behavioral Health Services (Section I) and to the **Blue Cross Medicare Advantage PPO** Supplement for more detailed information on [bcbsx.com/provider](http://bcbsx.com/provider).

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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 and to the **Blue Cross Medicare Advantage PPO** Supplement online or to the **Blue Choice Facility Manual** and **Blue Cross Medicare Advantage PPO** - Facility Supplement online at [bcbsx.com/provider].

Updated March 6, 2018
### Claims Submission/Claim Disputes:

- **Blue Cross Medicare Advantage PPO** claims must be submitted within **90** days of the date of service. Claims that are not submitted within **90** days from the date of service are not eligible for reimbursement. Blue Cross Medicare Advantage PPO participating physicians and professional providers may not seek payment from the subscriber for claims submitted after the **90** day claim filing deadline.

- **Blue Cross Medicare Advantage PPO** claims should be submitted electronically. The Electronic Payor ID for Blue Cross Medicare Advantage PPO is **66006**. Contact the Availity Health Information Network at **800-282-4546** for information on electronic filing. For information on electronic filing, access the Availity website at [availity.com](http://availity.com). For support relating to claims that are being sent to the Availity platform, submitters should contact Availity Client Services at **800-AVAILITY (282-4546)**.

- **Blue Cross Medicare Advantage PPO** paper claims must be submitted on the Standard CMS-1500 (02/12) form or UB-04 claim and sent to Blue Cross Medicare Advantage c/o Provider Services P.O. Box 3686 Scranton, PA 18505 - 9998.

- **Blue Cross Medicare Advantage PPO** claims must be filed with the subscriber's complete ID number – exactly as shown on the subscriber's ID card including the 3-digit alpha prefix – **ZGD**.

- **Blue Cross Medicare Advantage PPO** 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.

### Blue Cross Medicare Advantage PPO Participating Physicians and Professional Providers are encouraged to do the following:

- Ask for the subscriber's ID card at the time of each office visit;
- Copy both sides of the subscriber's ID card and keep the copy with the patient's file;
- Eligibility, benefits and/or verification requests, contact [availity.com](http://availity.com) or a web vendor of your choice or call the Blue Cross Medicare Advantage PPO Provider Customer Service telephone 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 Blue Cross Medicare Advantage PPO Provider Customer Service at **877-774-8592**.
- Utilize the iExchange Web application at [http://www.bcbstx.com/provider/tools/iexchange.html](http://www.bcbstx.com/provider/tools/iexchange.html) to obtain approval 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 **855-899-2701**.

### Provider Record and Network Effective Dates

- A minimum of 30 days advance notice is required when making changes affecting the Blue Cross Medicare Advantage PPO provider's record ID or status, especially in the following areas:
  1. Physical address (primary, secondary, tertiary);
  2. Billing address;
  3. Tax Identification Number, 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;
  7. Backup/covering physicians and professional 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 physician or professional provider files claims electronically and their Provider Record ID changes, the physician or professional 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.