<table>
<thead>
<tr>
<th>Major Characteristics</th>
<th>Benefits, Eligibility, Claims Status or Verification</th>
<th>Claim Reviews, All Correspondence</th>
<th>Prior authorization, Online Approval of Benefits for Select Outpatient Services and Inpatient Admissions (See “Important Note” above)</th>
<th>Laboratory Services (See “Important Note” above)</th>
<th>Behavioral Health Services (Mental Health and Chemical Dependency)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HealthSelect of Texas</strong> participants must select a Primary Care Physician (PCP) from the HealthSelect network which is accessing the Blue Essentials network.</td>
<td><strong>Eligibility and benefit information may be obtained through availity.com or a web vendor of your choice or call HealthSelect of Texas Provider Customer Service at 800-451-0287.</strong></td>
<td><strong>Verification does not apply to HealthSelect of Texas participants.</strong></td>
<td><strong>To adjust a claim:</strong> submit a Claim Review Form or use the Claim Inquiry Resolution Tool on our Electronic Refund Management (ERM) system.</td>
<td><strong>Access the iExchange Web application through the BCBSTX website at <a href="http://www.bcbstx.com/provider/tools/iexchange.html">http://www.bcbstx.com/provider/tools/iexchange.html</a>.</strong></td>
<td><strong>Magellan Behavioral Health Providers of Texas, Inc. (Magellan) coordinates all behavioral health (mental health and chemical dependency) services for HealthSelect of Texas.</strong></td>
</tr>
<tr>
<td>Participating providers may only bill for copayments, cost share (coinsurance) and deductibles where applicable.</td>
<td><strong>Claim status may be obtained through the Availity Claim Research tool or a web vendor of your choice.</strong></td>
<td><strong>Claim Reviews/Correspondence should be sent to:</strong> BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 The Claim Review form with instructions is located on the BCBSTX website: bcbstx.com/provider click on the Education and Reference tab, then click on Forms. <strong>To adjust a claim, you must have a document control number (claim number).</strong></td>
<td><strong>Current listings of providers and their NPI numbers are available online through the iExchange Web application or HealthSelect Provider Finder.</strong></td>
<td><strong>For referrals, approval of benefits for select outpatient prior authorizations 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>. Any network service where prior authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.</strong></td>
<td><strong>To obtain prior authorization, check benefits, eligibility, claims status/problems or verification, call Magellan at 800-442-4093.</strong></td>
</tr>
<tr>
<td>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 member’s benefit plan.</td>
<td><strong>All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980</strong></td>
<td><strong>For the Preauthorization/Notification/Referral Requirements List under Clinical Resources on bcbstx.com/provider to determine the services that require prior authorization or referrals or call the iExchange Interactive Voice Response (IVR) at 855-896-2701.</strong></td>
<td><strong>For questions or problems, call the iExchange Support Desk 800-746-4614.</strong></td>
<td><strong>For case management or to contact the Medical Care Mgmt Dept., call 800-344-2354.</strong></td>
<td><strong>The patient, Primary Care Physician (PCP) or behavioral health professional must contact Magellan to prior authorize all inpatient, partial hospitalization and outpatient behavioral health services.</strong></td>
</tr>
<tr>
<td>To receive benefits, all medical care must be directed by the selected participating PCP. A PCP referral is required for all in network specialty care physicians and professional providers (SCP) for in-network benefits.</td>
<td><strong>If the provider must file a paper claim, mail claim to: HealthSelect of Texas P.O. Box 660044 Dallas, TX 75266-0044</strong></td>
<td><strong>eviCore healthcare will manage prior authorization for certain specialized clinical services. Refer to the Preauthorization/Notification/Referral Requirements List under Clinical Resources on bcbstx.com/provider for eviCore prior authorization requirements. To authorize eviCore services contact eviCore Healthcare on their website: <a href="https://www.evicore.com">https://www.evicore.com</a> or call 855-252-1117.</strong></td>
<td><strong>For referrals, approval of benefits for select outpatient prior authorizations 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>. Any network service where prior authorization is not obtained by the provider before the service is rendered, the service will be denied by BCBSTX and the participant will be held harmless in all instances.</strong></td>
<td><strong>Prior authorization must be obtained prior to the delivery of care for behavioral health services.</strong></td>
<td><strong>The physician or professional provider is responsible for filing claims.</strong></td>
</tr>
<tr>
<td>To receive benefits, referrals to out-of-network physicians and professional providers must be authorized by the Medical Care Management Dept.</td>
<td><strong>Health Select of Texas participant 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. Physicians and professional providers must submit a complete claim for any services provided to a member. Blue Essentials participating providers may not seek payment from the member for claims submitted after the 180 day filing deadline.</strong></td>
<td><strong>To access eligibility and benefits, you must have full subscriber information, i.e. subscriber’s ID, patient date of birth, etc.</strong></td>
<td><strong>Refer to Preauthorization/Notification/Referral Requirements List under Clinical Resources on bcbstx.com/provider to determine the services that require prior authorization or referrals or call the iExchange Interactive Voice Response (IVR) at 855-896-2701.</strong></td>
<td><strong>Mail claims to: Magellan Behavioral Health Providers of Texas, Inc. Attn: Claims P.O. Box 1659 Maryland Heights, MO 63043</strong></td>
<td><strong>For additional information, refer to the Blue Essentials, Blue Advantage HMO and Blue Premier Provider Manual at <a href="http://www.cpllabs.com/">www.cpllabs.com/</a>.</strong></td>
</tr>
<tr>
<td>Vision Care Services - For routine eye care, contact Superior Vision Services Inc 787-396-4128. Contact the customer service number on the member’s ID card to verify the member’s vision benefits.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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://www.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-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 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 (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; and not bill BCBSTX for experimental, investigatory or otherwise unknown or excluded services; and
- Not bill either BCBSTX or members for covered services which are not medically necessary.

**For HealthSelect of Texas** participants, BCBSTX encourages the provider’s office to:
- Ask for the member 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.
- Claim status may be obtained through the Availity Claim Research tool or a web vendor of your choice.
- For Claim Adjustments*, submit a Claim Review form or use the Claim Inquiry Resolution Tool on our Electronic Refund Management (eRM) system.
- Utilize the iExchange Web application at [http://www.bcbsx.com/provider/fools/exchange.html](http://www.bcbsx.com/provider/fools/exchange.html) or call **855-896-2701** to obtain approval of benefits to 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 **800-344-2354**.

**Provider Record 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 as of the date the completed application is received in the BCBSTX corporate office. This applies to all additions, changes and cancellations.
- BCBSTX encourages the provider's office to:
- 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/member ID card to BCBSTX (Note: The member’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/member ID card;
- For status of claims filed to BCBSTX, 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 or as listed on the previous pages for the appropriate plan type.

*To adjust a claim, you must have a document control number (claim number).*
## Additional Information Page, continued

**Outpatient Clinical Reference Lab Services (Exception: Capitated IPAs/Medical Groups – see note below):**
Physicians and professional providers will have lab services/procedures reimbursed on a fee-for-service basis for the services included on the Reimbursable Lab Services list located on the [bcbstx.com/provider](http://bcbstx.com/provider) website or located in Section B of the Blue Essentials, Blue Advantage HMO, and Blue Premier Provider Manual.

*All other outpatient clinical reference lab services must be referred to a participating lab.*

**Note:** Physicians and professional providers who are contracted/affiliated with a capitated IPA/Medical Group, and physicians and professional providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is a member of a capitated IPA/Medical Group, must contact the applicable IPA/Medical Group for instructions regarding outpatient laboratory services.

---

*Interactive Voice Response (IVR) system. To access, you must have full member 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 of the necessary information. For detailed information, refer to the applicable online provider manual at [bcbstx.com/provider](http://bcbstx.com/provider).