

***IMPORTANT NOTE:** Health care providers contracted /affiliated with a capitated IPA/Medical Group must contact IPA/Medical Group for instructions regarding referral process/providers, outpatient lab and radiology services, prior authorization, reimbursement and contracting and claims questions. Additionally, health care providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions.*

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Prior Authorizations and Referrals (See "Important Note" above)	Laboratory and Radiology (See "Important Note" above)	Behavioral Health Services (Mental Health and Chemical Dependency)
<ul style="list-style-type: none"> • Blue Essentials members must select an Blue Essentials Primary Care Provider (PCP). • Blue Essentials health care providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. • Some services may be self-referred to an Blue Essentials health care provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the member's benefit plan. • To receive benefits, all medical care must be directed by the selected Blue Essentials PCP. A PCP referral is required to all Blue Essentials Specialty Care Physicians and Health Care Providers (SCP). • To receive benefits, referrals to out-of-network health care providers must be authorized by the Medical Care Management Dept. • Vision Care Services - Provided by EyeMed Vision Care. Members can be directed to www.eyemedvisioncare.com to search for network providers or to call Member Services at 1-844-684-2255. 	<ul style="list-style-type: none"> • Obtain eligibility and benefits through availability.com or a web vendor of your choice or call Blue Essentials Provider Customer Service at 1-877-299-2377. <i>To access eligibility and benefits, you must have full member information, i.e., member's ID, patient date of birth, etc.</i> • Claim status may be obtained through the Availability Claim Status Tool or through a web vendor of your choice. • To adjust a claim, call Blue Essentials Provider Customer Service at 1-877-299-2377. <i>To adjust a claim, you must have a document control number (claim number)</i> • Verification of benefits does not apply to administrative services only (ASO) plans. • All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 • If the health care provider must file a paper claim, mail claim to: Blue Essentials P.O. Box 660044 Dallas, TX 75266-0044 • Blue Essentials 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. Health care providers must submit a complete claim for any services provided to a member. Blue Essentials participating health care providers may not seek payment from the member for claims submitted after the 180-day filing deadline. 	<ul style="list-style-type: none"> • Claim Reviews/ Correspondence should be sent to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 • The Claim Review form with instructions is located on the BCBSTX website at: bcbstx.com/provider. Select the Education and Reference tab, then select Forms. 	<ul style="list-style-type: none"> • Health care providers should verify through Availity® 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® (AIM). • Refer to Utilization Management on the provider website for additional information. • Submit requests managed by BCBSTX Utilization Management: <ol style="list-style-type: none"> 1) Online using Authorization & Referrals <ul style="list-style-type: none"> ✓ Log on to availability.com ✓ Select Patient Registration menu option, choose Authorizations & Referrals, then Authorizations* ✓ Select Inpatient Authorization or Outpatient Authorization ✓ Review and submit your authorization ✓ For more information, refer to Availity Authorizations & Referrals under Provider Tools on the provider website. *Choose Referrals instead of Authorizations if you are submitting a referral request. 2) By Phone: 1-855-896-2701 • Submit requests managed by AIM Specialty Health: <ol style="list-style-type: none"> (1) Online at aimspecialtyhealth.com (2) Phone - 1-800-859-5299 • Current listings of health care providers and their NPI numbers are available online through Provider Finder®. • For case management or to contact the BCBSTX Utilization Management Dept., call 1-800-441-9188. 	<p>Laboratory Services</p> <ul style="list-style-type: none"> • Providers should refer outpatient lab services to in-network participating Blue Essentials lab providers. • To locate participating labs in the Blue Essential network, visit the Provider Finder. <p>Radiology Services</p> <ul style="list-style-type: none"> • Some radiology services may require prior authorization or referrals. See Prior Authorization and Referrals column for more information. <p>Refer to Section B (d) of the Blue EssentialsSM, Blue Advantage HMOSM, Blue PremierSM and MyBlue HealthSM Provider Manual for more information.</p>	<ul style="list-style-type: none"> • Prior authorization must be obtained prior to the delivery of care including all inpatient, partial hospitalization and outpatient behavioral health services. • No referrals are needed from the PCP. • To obtain prior authorization, check benefits, eligibility, claims status/problems or verification of benefits call 1-800-528- 7264 • The patient, PCP or behavioral health professional must prior authorize all inpatient, partial hospitalization and outpatient behavioral health services. • The health care provider is responsible for filing claims. <ul style="list-style-type: none"> ○ Electronically using BCBSTX Electronic Payor ID: 84980 ○ Mail paper claims to: Blue Essentials P.O. Box 660044 Dallas, TX 75266-0044 <p>Note: Claim Status may be obtained through the Availability[®] Claim Status tool or a web vendor of your choice.</p>

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, Blue Advantage HMO, Blue Premier MyBlue Health Provider Manual online https://www.bcbstx.com/provider/gri/hmo_manual.html.



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.
- 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 health care provider, the services may be billed by the health care provider. However, if the health care provider does not directly perform the service and the service is rendered by another health care provider, only the rendering health care provider can bill for those services. **Note:** This does not apply to services provided by an employee of a health care 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 health care provider.

ParPlan is a Blue Cross and Blue Shield of Texas (BCBSTX) payment plan under which health care providers 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 health care 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.

For Blue Essentials members, BCBSTX encourages the health care 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 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 Status tool or a web vendor of your choice.
- For Claim Adjustments, call Provider Customer Service at **1-877-299-2377****
- Utilize [Availity Authorizations & Referrals](http://availity.com) at availity.com 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. Utilize aimspecialtyhealth.com for AIM managed authorizations. For case management, call the Medical Care Management Department at **1-800-441-9188**.

Provider Record and Network Effective Dates:

- A minimum of 30 days' notice is required when making changes affecting the health care 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 health care providers.
- **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 health care provider files claims electronically and their Provider Record ID changes, the health care 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.

BlueCard (Out-of-State Claims):

- To check benefits or eligibility, call **1-800-676-BLUE (2583)***;
- File all claims that include a 3-character prefix on the 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-character prefix);
- File all other claims directly to the Home Plan's address as it appears on the back of the member 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 or as listed on the previous pages for the appropriate plan type.

**Interactive Voice Response (IVR) system. To access, 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).*

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