

Blue High PerformanceSM (Blue HPNSM) an
Exclusive Provider Organization (EPO)
Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Prior Authorizations and Referrals	Laboratory and Radiology Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<ul style="list-style-type: none"> Benefits vary by plan type. The Blue HPN service areas within Texas are Austin, Dallas-Fort Worth, Houston-Beaumont and San Antonio-Laredo. Blue HPN follows the current processes and requirements of our Blue Choice[®] PPO network Blue HPN/EPO physicians and professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. To receive benefits, Blue HPN/EPO members must receive medical care from within their Blue HPN/EPO network. No referrals or PCP selection are required. In Blue HPN service areas, members have access to emergent care with non-Blue HPN providers. In Non-Blue HPN service areas, members have access to urgent and emergent care. To receive benefits, referrals to out-of-network physicians and professional providers must be authorized by the Medical Care Management Dept. Unless an out-of-network physician or professional provider is authorized by the Medical Care Management Dept., there are no benefits available for the Blue HPN/EPO member. 	<ul style="list-style-type: none"> Eligibility and benefits information may be obtained through availity.com or a web vendor of your choice or call Provider Customer Service at 1-800-451-0287* Claim Status may be obtained through the Availity Claim Status Tool or a web vendor of your choice. To adjust a claim, submit a Claim Review Form or call Provider Customer Service at 1-800-451-0287** Claim Verifications do not apply to Blue HPN/EPO members. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician or professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 Blue HPN/EPO 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 HPN/EPO physicians and professional providers may not seek payment from the member for claims submitted after the 365 day filing deadline. <p><small>* To access eligibility and benefits, you must have full member information, i.e., member's ID, date of birth, etc. **To adjust a claim, you must have a document control number (claim number)</small></p>	<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"> 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 Medical Care Management, AIM Specialty Health[®]. Refer to Utilization Management on the provider website for additional information. Submit requests managed by BCBSTX <p>Medical Management:</p> <p>(1) Online using Authorizations & Referrals</p> <ul style="list-style-type: none"> ✓ Log in to Availity.com ✓ Select Patient Registration menu option, choose Authorizations & Referrals, then Authorizations* ✓ Select Payer BCBSTX, then choose your organization. ✓ Select Inpatient Authorization or Outpatient Authorization ✓ Review and submit your authorization ✓ Refer to Availity Authorizations & Referrals under Provider Tools on the provider website. <p>*Choose Referrals instead of Authorizations if you are submitting a referral request.</p> <p>(2) By Phone: 1-855-896-2701</p> <ul style="list-style-type: none"> Services prior authorized by AIM Specialty Health, may include Advanced imaging, Cardiology, Sleep medicine, Pain management, Joint and spine surgery, Radiation therapy and Genetic testing. <p>Online: aimspecialtyhealth.com</p> <p>Phone 1-800-859-5299</p> <ul style="list-style-type: none"> Current listings of providers and their NPI numbers are available online through Provider Finder <p>For case management or to contact the Medical Care Management Dept., call 1-800-441-9188.</p>	<p>Laboratory Services</p> <ul style="list-style-type: none"> Providers should refer outpatient lab services to in-network participating Blue HPN/EPO lab providers. To locate participating labs in the Blue HPN/EPO network, visit the Provider Finder. <p>Radiology Services</p> <ul style="list-style-type: none"> Providers should verify through Availity or their preferred vendor if prior authorization or prenotification Radiology Quality Initiative (RQI) is needed for Radiology services and determine if they are managed by AIM Specialty Health[®] (AIM) Submit requests managed by AIM: Ordering physicians and professional providers must obtain a RQI for the following services when performed in a physician or professional provider's office, outpatient department of a hospital or a freestanding imaging center: <ul style="list-style-type: none"> - CT/CTA scans - MRI/MRA scans - SPECT/Nuclear Cardiology studies - PET Scans <p>Online: aimspecialtyhealth.com</p> <p>Phone 1-800-859-5299</p> <ul style="list-style-type: none"> For routine radiology services not part of the RQI, refer to the Blue Choice PPO and Blue HPN Provider Manual (Section B). 	<p>Important: Not all plans include Behavioral Health Benefits</p> <ul style="list-style-type: none"> Blue Cross and Blue Shield of Texas (BCBSTX) manages all behavioral health services (mental health and chemical dependency). Members are responsible for requesting prior authorization, although behavioral health professionals and physicians or a family member may request prior authorization on behalf of the patient. All services must be medically necessary. Prior authorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. To obtain prior authorization, call BCBSTX 1-800-528-7264 Prior authorization must be obtained before the delivery of behavioral health services. <ul style="list-style-type: none"> Refer to the online Blue Choice PPO and Blue HPN Provider Manual (Section I) All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 For claims status inquiries, contact Availity or your electronic connectivity vendor or call BCBSTX Provider Customer Service: 1-800-451-0287* <p><small>* To access eligibility and benefits, you must have full member information, i.e., member's ID, date of birth, etc.</small></p>

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 and Blue HPN – Provider Manual online at bcbstx.com/provider/gri/bluechoice_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 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 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.

For All Blue Choice PPO and Blue HPN products, 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 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.
- Utilize [Availity Authorization and Referrals](http://availity.com) at availity.com 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 **1-800-441-9188**.

For Claim Adjustments, call Provider Customer Service at **1-800-451-0287**

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 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 physician or professional provider files claims electronically and their Provider Record ID changes, the physician or professional provider must contact 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's 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.

Blue HPN/EPO - Outpatient, Non-Emergency Diagnostic Imaging Services (Statewide):

- AIM Specialty Health (AIM) may be responsible for managing outpatient, non-emergency diagnostic imaging services for **Blue Choice PPO and Blue HPN/EPO** members.
- Ordering physicians or professional providers (PCPs and specialists) must contact AIM to obtain a **Radiology Quality Initiative (RQI)** number 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 number, contact AIM as follows: Call Center: **1-800-859-5299**, Internet: 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 and Blue HPN – Provider Manual \(Section B\)](#).

* 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.